



National Institute for Public Health and the Environment Ministry of Health, Welfare and Sport

WP4: Strategic paper I

Towards an integrated approach in monitoring and surveillance of vector-borne diseases in Europe

By Marieta Braks on behalf of WP4





National Institute for Public Health and the Environment Ministry of Health, Welfare and Sport

Content

- 1. Basics
- 2. Monitoring and surveillance system
- 3. Harmonization and Priority setting
- 4. Surveillance and intervention
- 5. From monitoring to surveillance: Decision making
- 6. Conclusion

WP4: Strategic paper I | 19 April 2011



1. Basics

Public health

 branch of medicine concerned with the prevention and control of disease and disability in a population, and the promotion of physical and mental health of the population on the international, national, or intra-national administrative level.

Medical entomology

 the application and study of insect and other arthropod biology to disease transmission or sanitary matters

Vector-borne disease

 Disease of which the causative agent is transmitted between vertebrate hosts by another organism (vector)

Vector

 Here: an arthropod which is exclusively required for the transmission and propagation of the pathogen.



1. Basics

Different types of VBD context

based on the current presence ($\sqrt{}$) or absence (-) of disease (endemic human cases), pathogen or vector

Context	Endemic	Pathogen	Vector	Examples of diseases holding for the
	disease			Netherlands
1	٧	٧	٧	Lyme borreliosis
2	-	V	٧	Dirofilariasis
3	-	-	٧	West Nile Fever
4	-	V	-	Leishmaniasis
5	-	-	-	Crimean Congo haemorrhagic fever



1. Basics

Different types of VBD context

based on the current presence ($\sqrt{}$) or absence (-) of disease (endemic human cases), pathogen or vector

Context	Endemic	Pathogen	Vector	Priority setting
	disease			based on
1	٧	٧	٧	Disease burden
2	-	V	٧	Threat
3	-	-	٧	Threat
4	-	V	-	Threat
5	-	-	-	Threat



2. Monitoring and surveillance system



Disease

Pathogen Vector



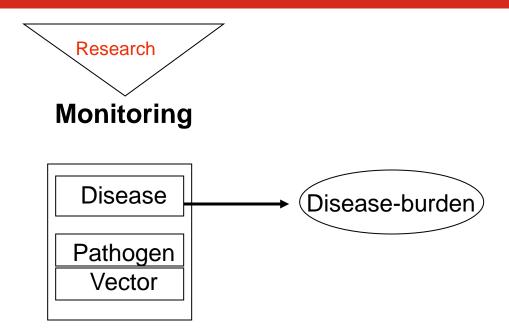
Research

Monitoring

Disease

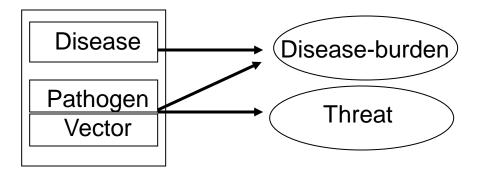
Pathogen Vector



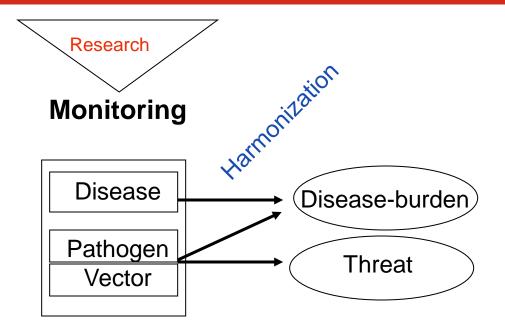




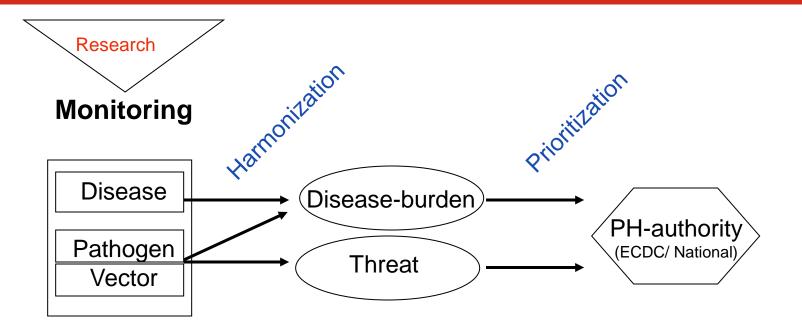




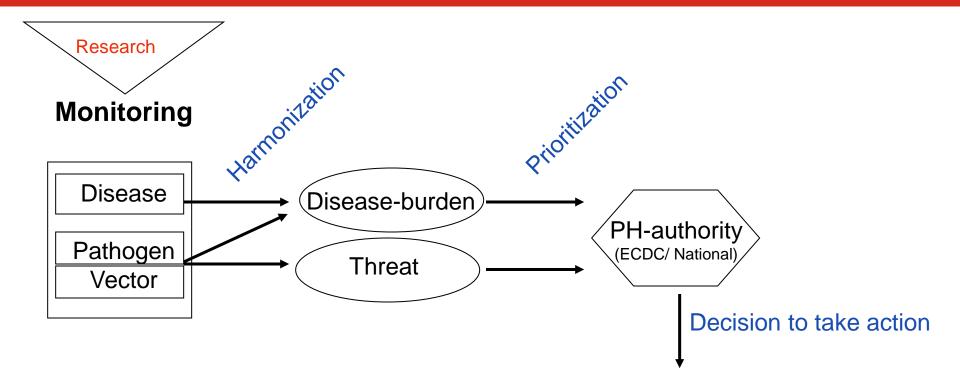




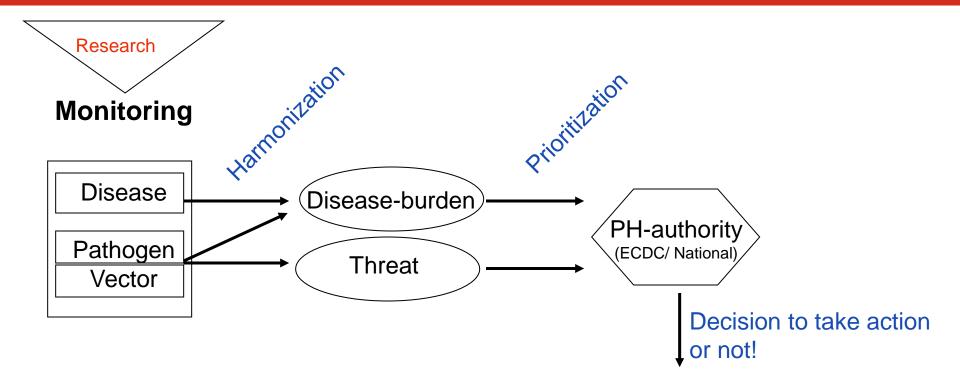




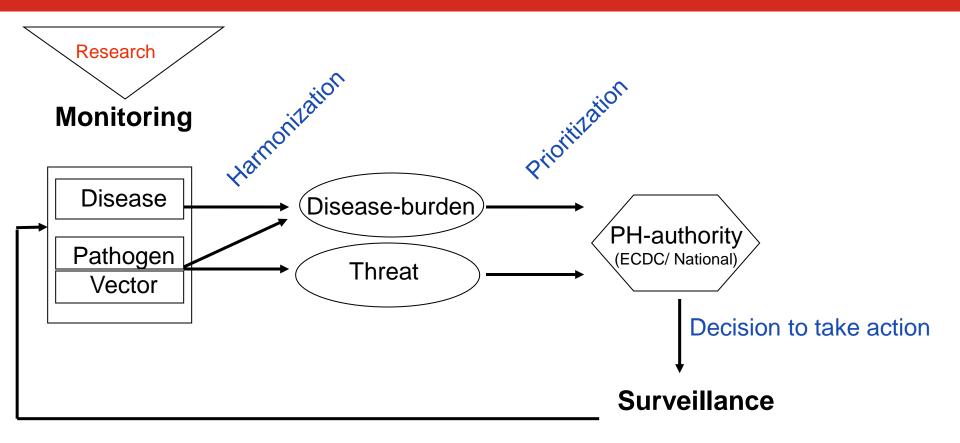




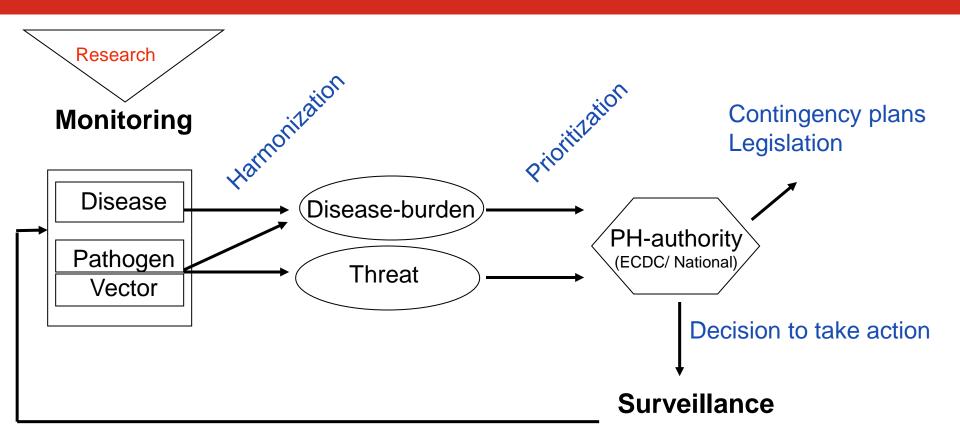




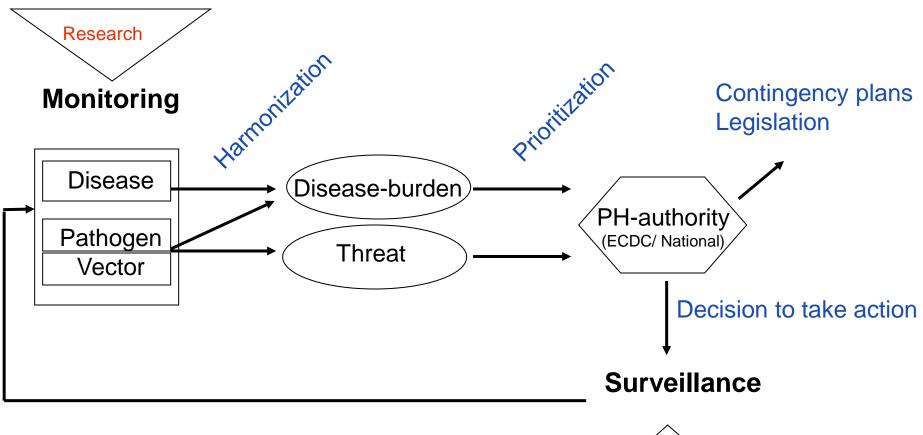






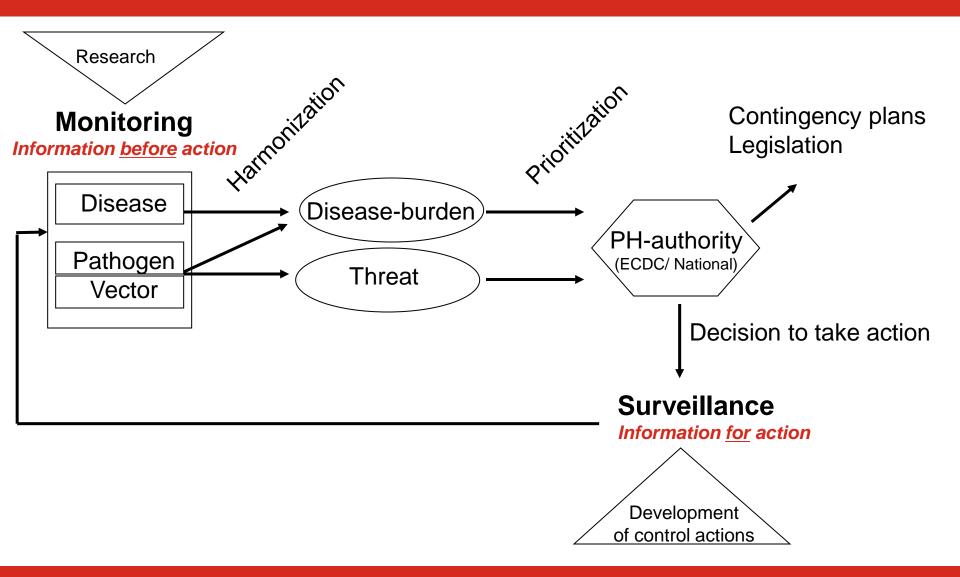














- 1. .
- 2. .
- 3. .
- 4. .
- 5. .



Different types of data input

1. Germ data

Pathogen detection and identification in human, reservoir, vector



- 1. Germ data
- 2. Serological data
 - immunological response in blood of humans and animals to exposure to pathogen



- 1. Germ data
- 2. Serological data
- 3. Clinical data
 - Basic data from clinical patient files



- 1. Germ data
- 2. Serological data
- 3. Clinical data
- 4. Syndromic data
 - Data on clinical symptoms without any differential/laboratory diagnosis



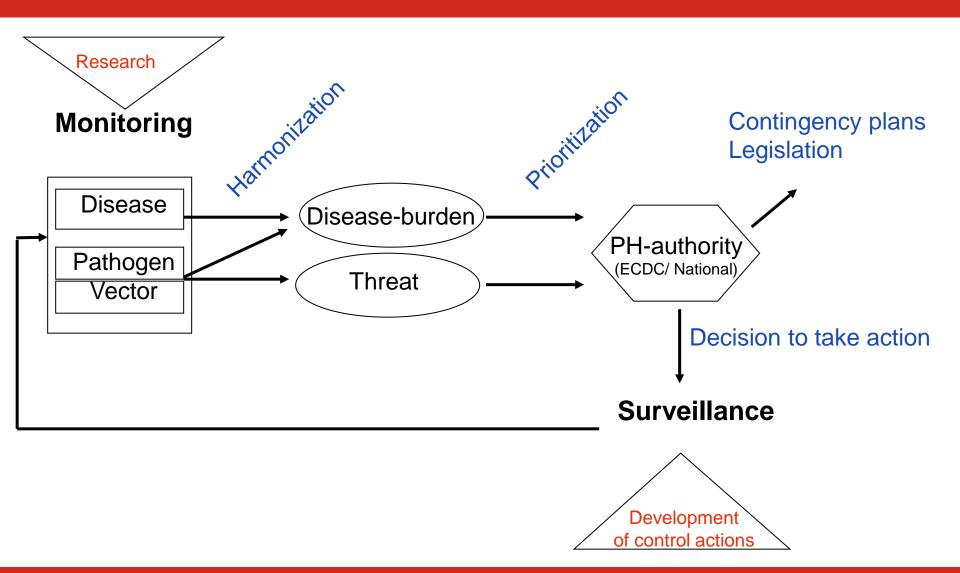
Different types of data input

- 1. Germ data
- 2. Serological data
- 3. Clinical data
- 4. Syndromic data
- 5. Risk data
 - Detecting risk factors e.g.

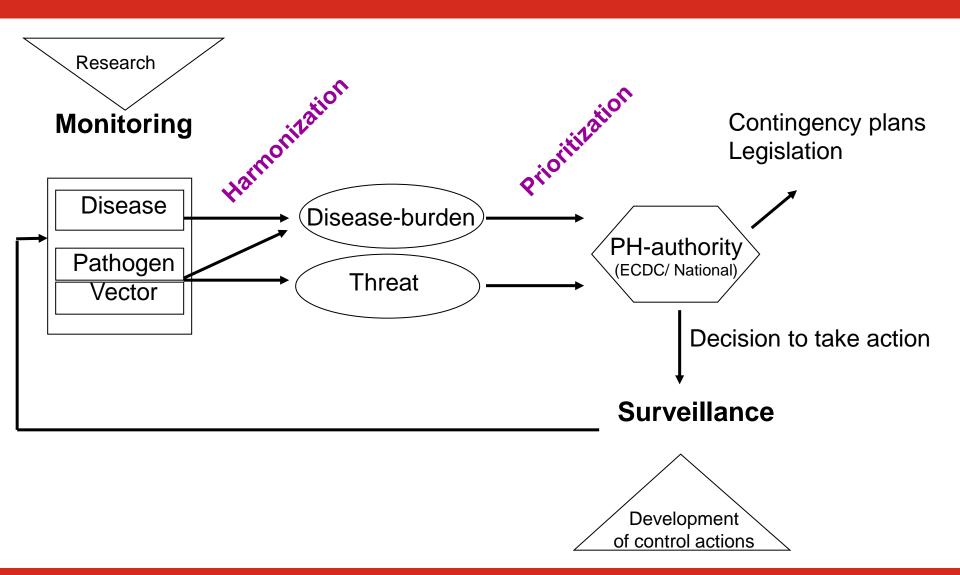
presence absence of vectors human risk behaviour



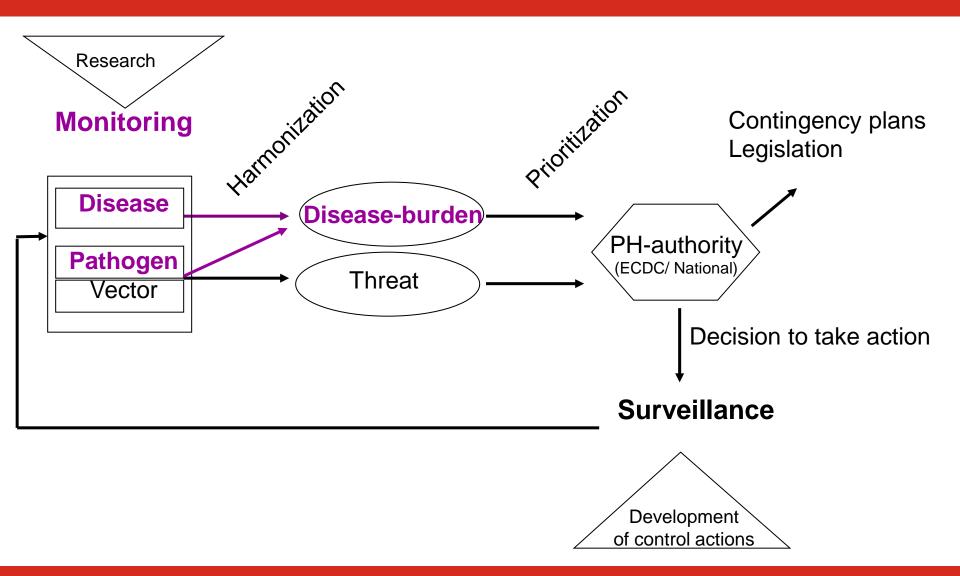














Disease -> Disease burden

To a lesser extent **pathogen**-> Disease burden

See two presentations later today:

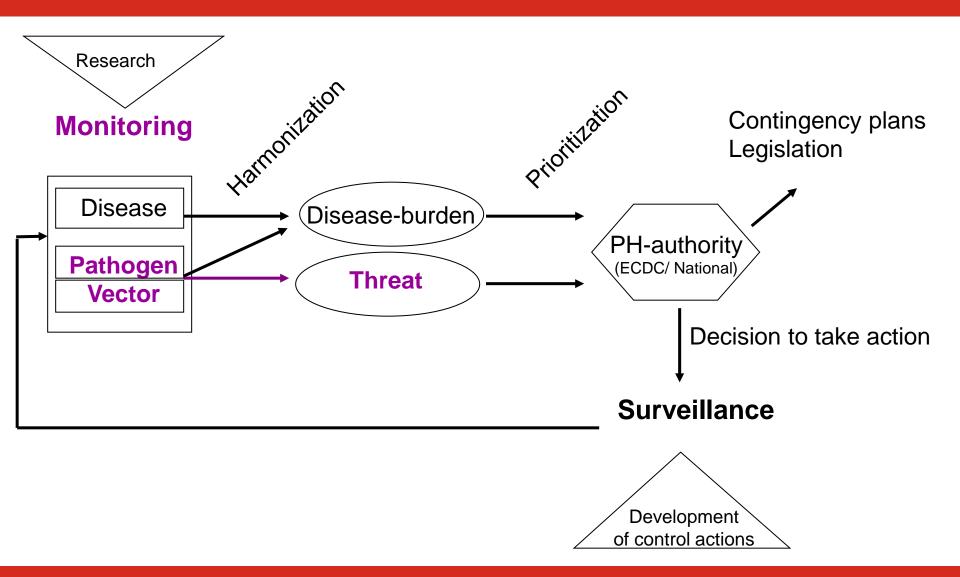
14h15 - 15h00:

Burden of Disease assessments: the experience of BCoDE, Cheryl Gibbons (University of Edinburgh, UK)

16h15 - 17h00:

Public health impact Lyme disease in Temperate Europe. Kees van den Wijngaard (RIVM, the Netherlands)







Pathogen / vector -> Threat



Pathogen / vector -> Threat

Harmonization

- Presence / absence and abundance data of vector
- Prevalence of pathogen in vectors
- Prevalence of pathogen in reservoirs



Pathogen / vector -> Threat

Harmonization

- Presence / absence and abundance data of vector
- Prevalence of pathogen in vectors
- Prevalence of pathogen in reservoirs

Priority setting

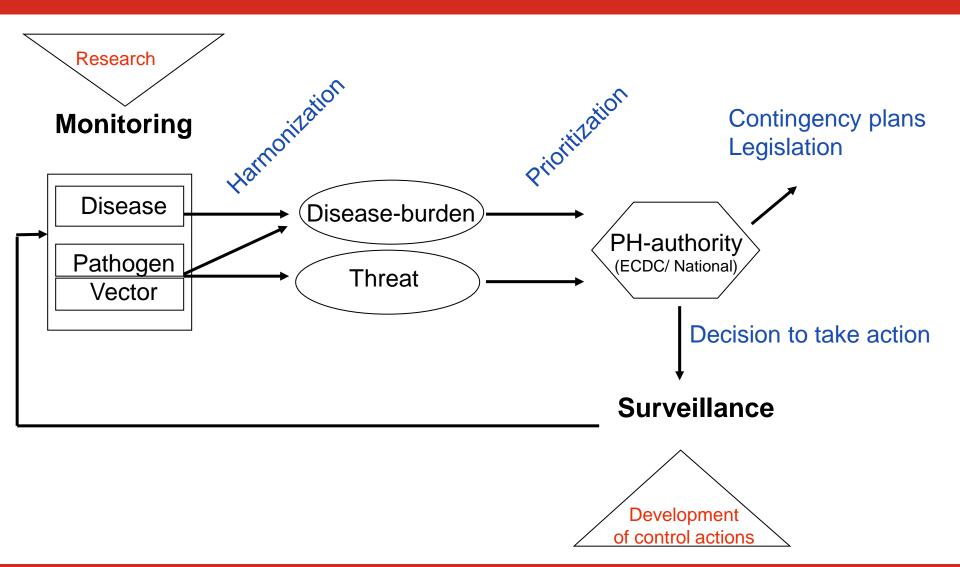
Comparing threats is difficult

Havelaar et al. Priorizing emerging zoonoses in the Netherlands. PLOS one 2010 Tool developed Emerging Zoonoses Information and Priority system http://ezips.rivm.nl/

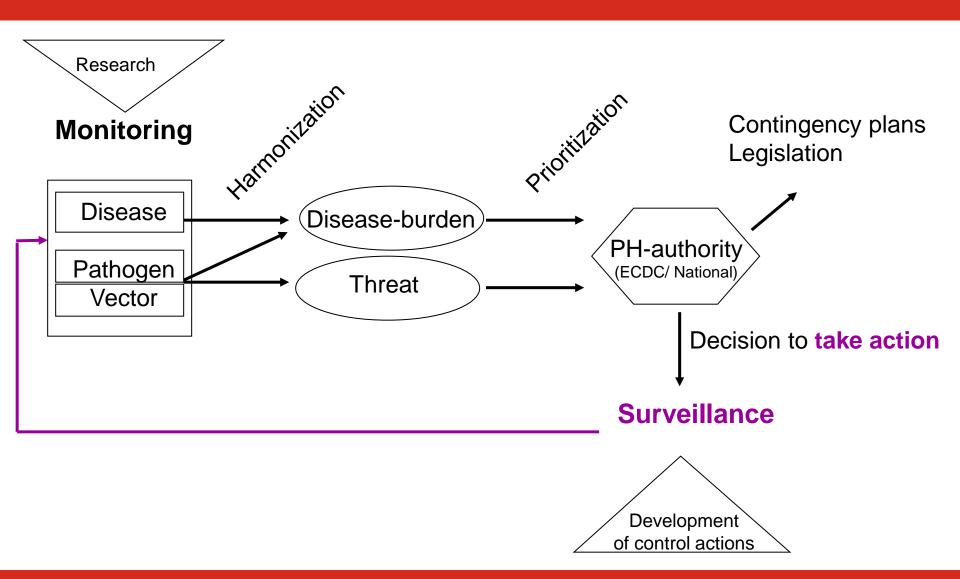


4. Surveillance and intervention



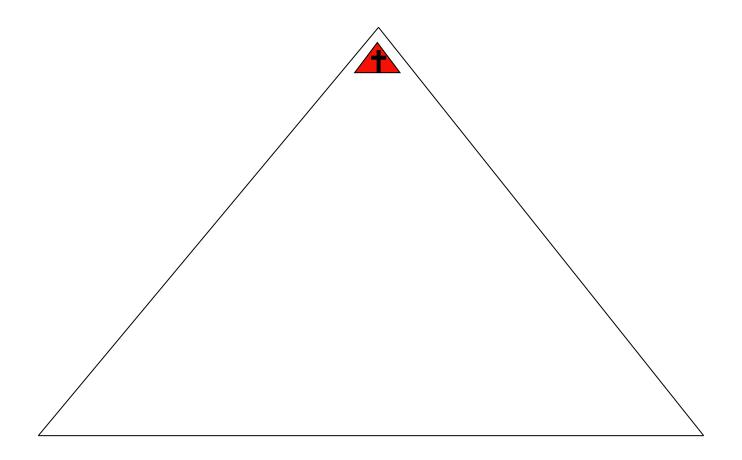


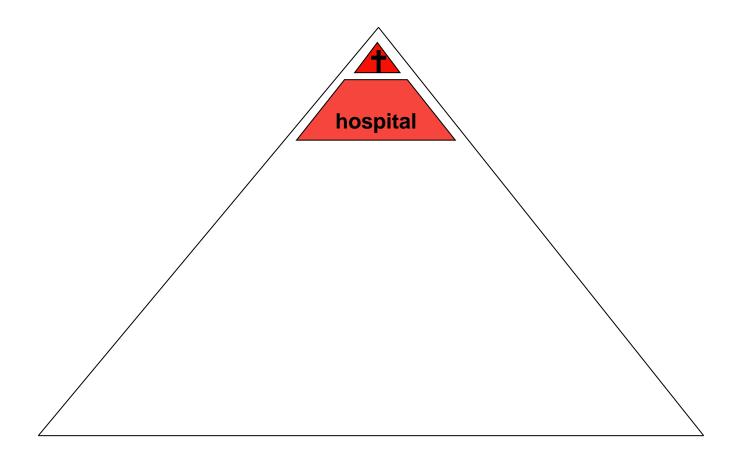


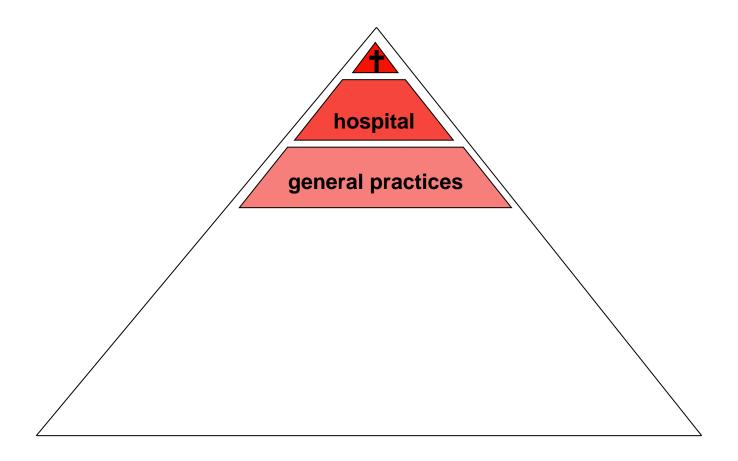


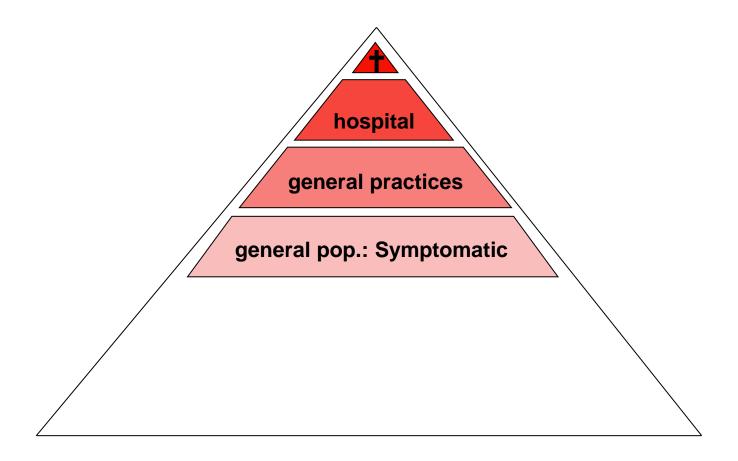


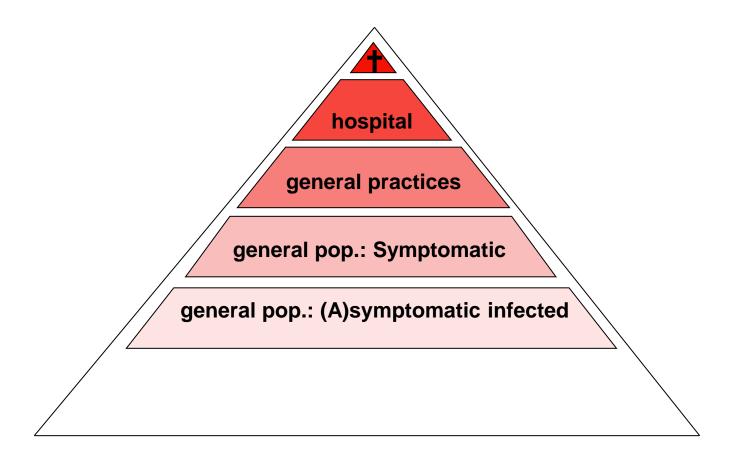
4. **Surveillance** and intervention

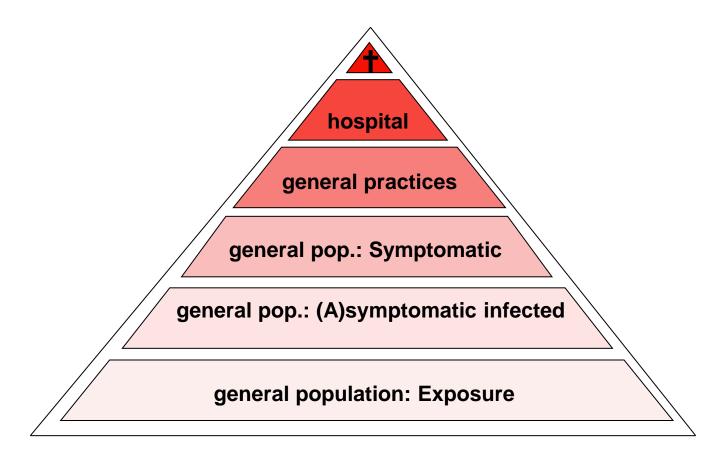


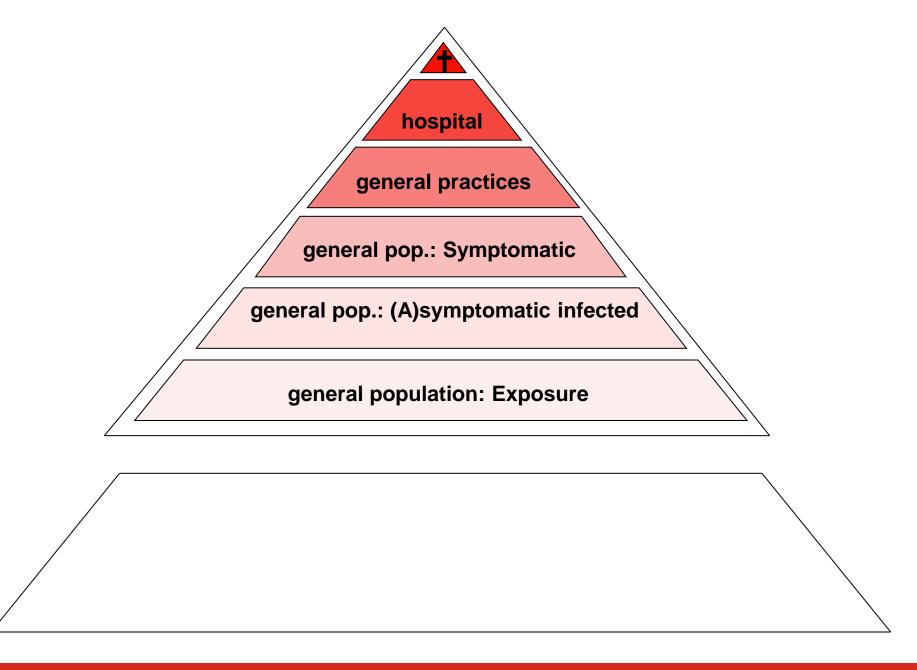


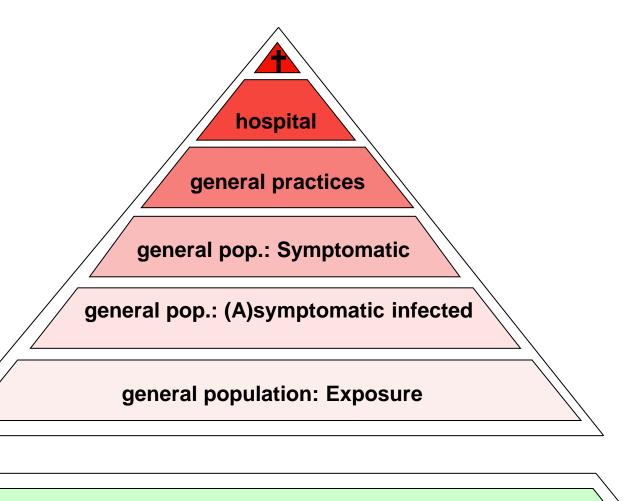


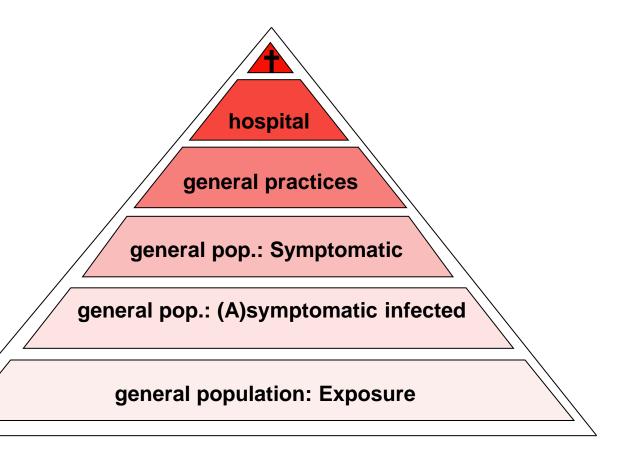


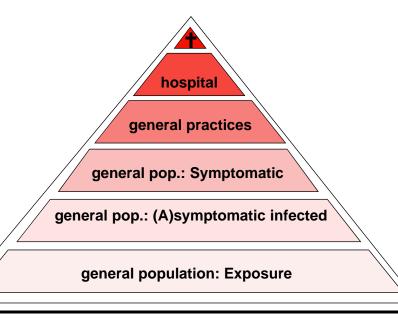


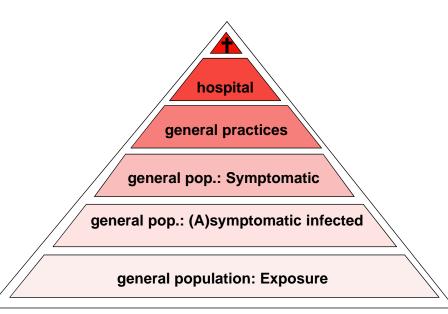


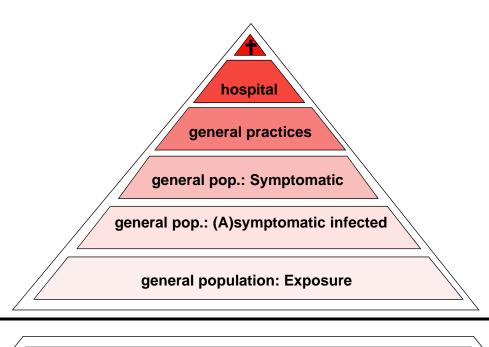




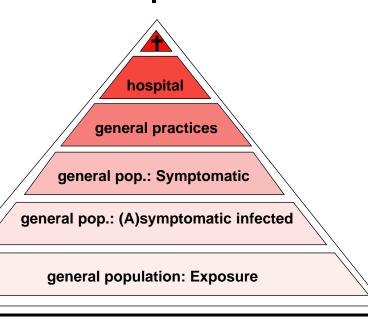






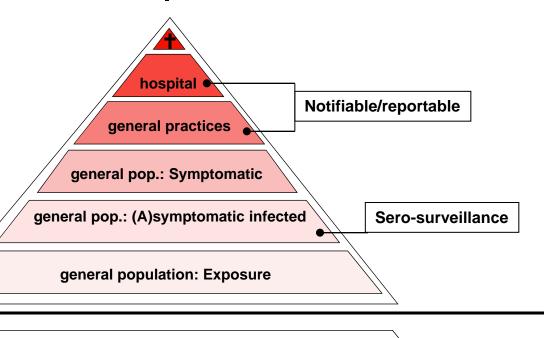


Surveillance

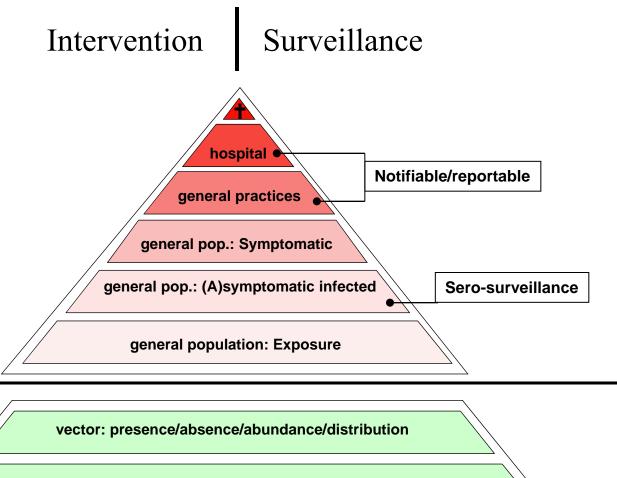


vector: presence/absence/abundance/distribution

Surveillance

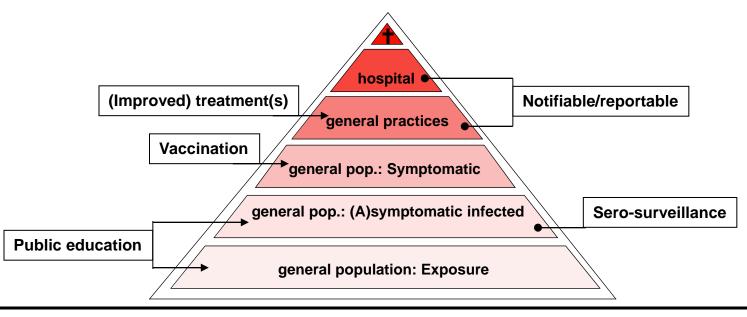


vector: presence/absence/abundance/distribution

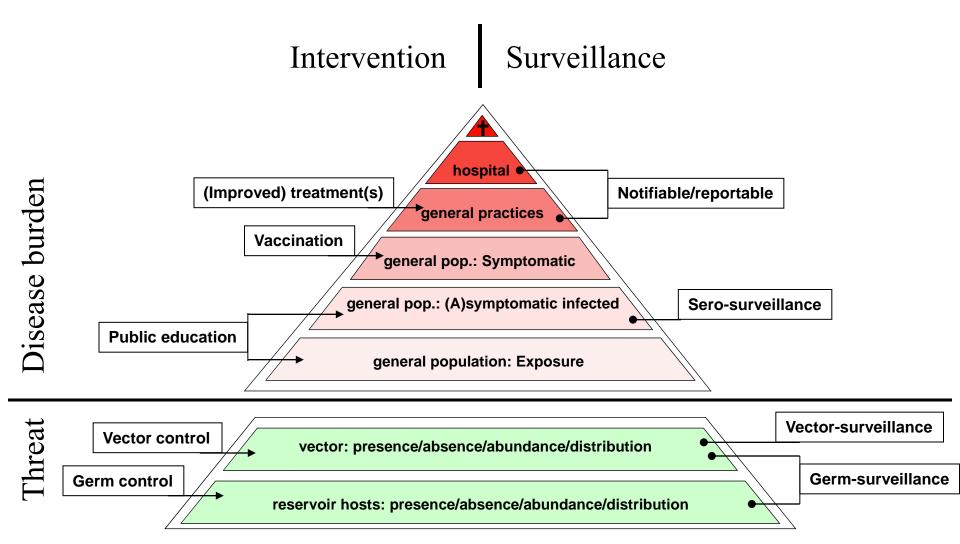


Intervention

Surveillance



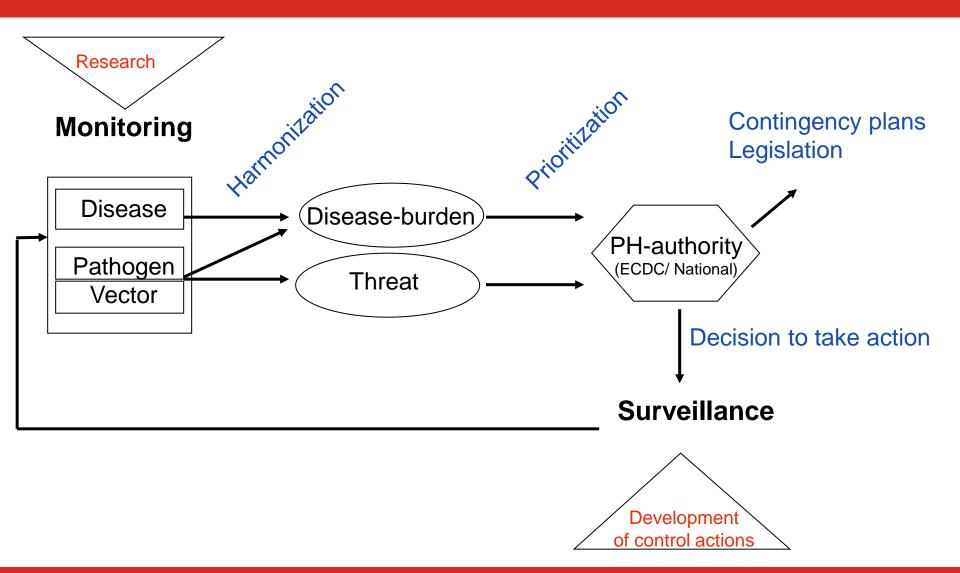
vector: presence/absence/abundance/distribution



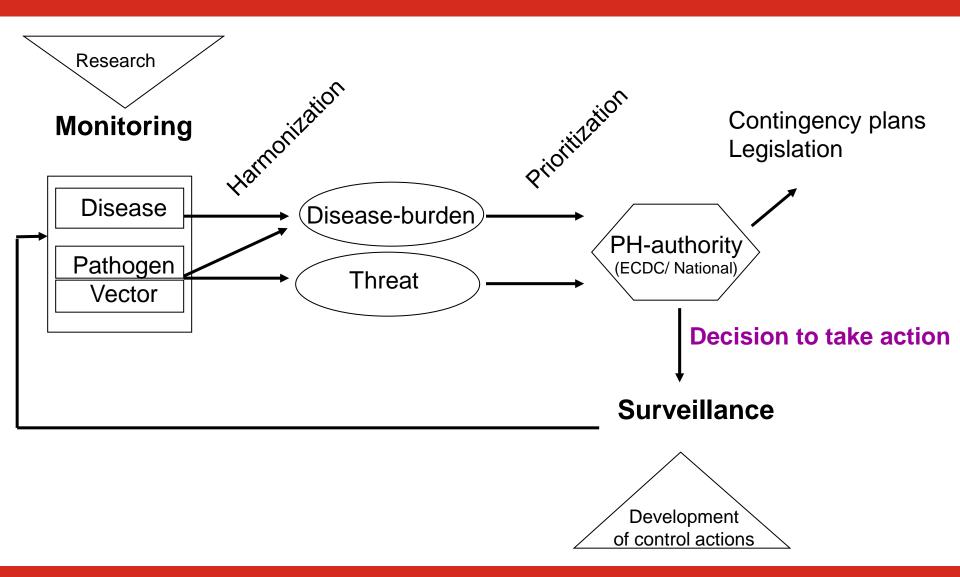


6. From monitoring to surveillance: Decision making

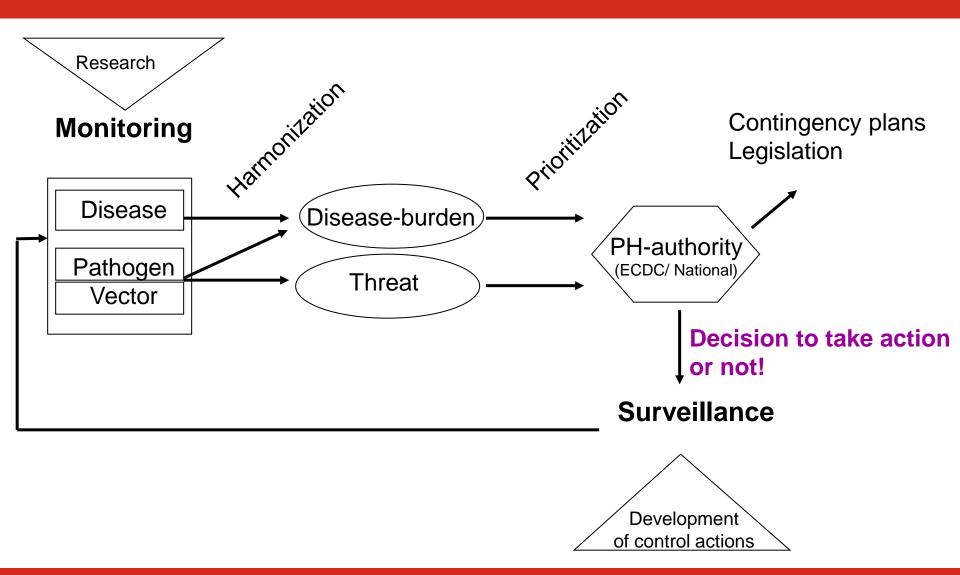




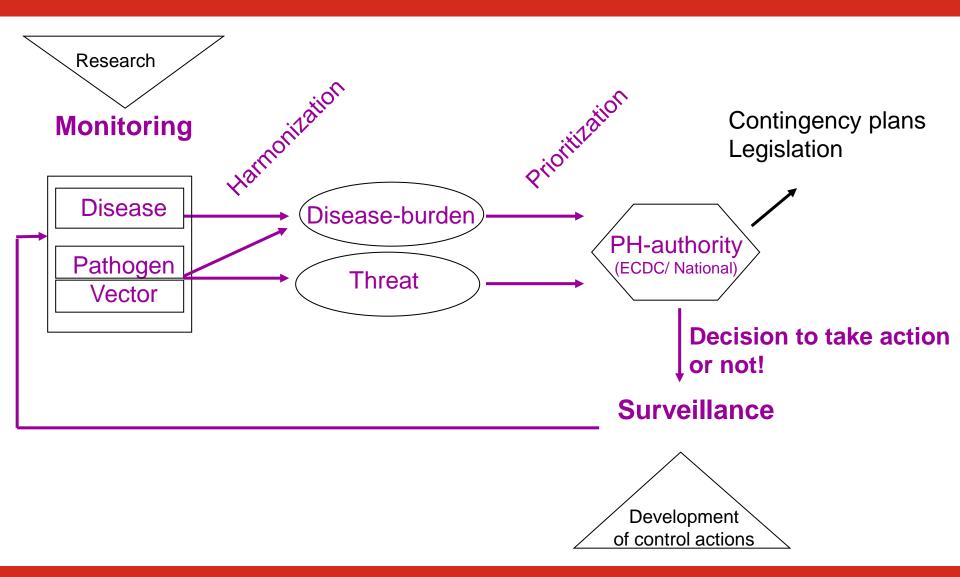
















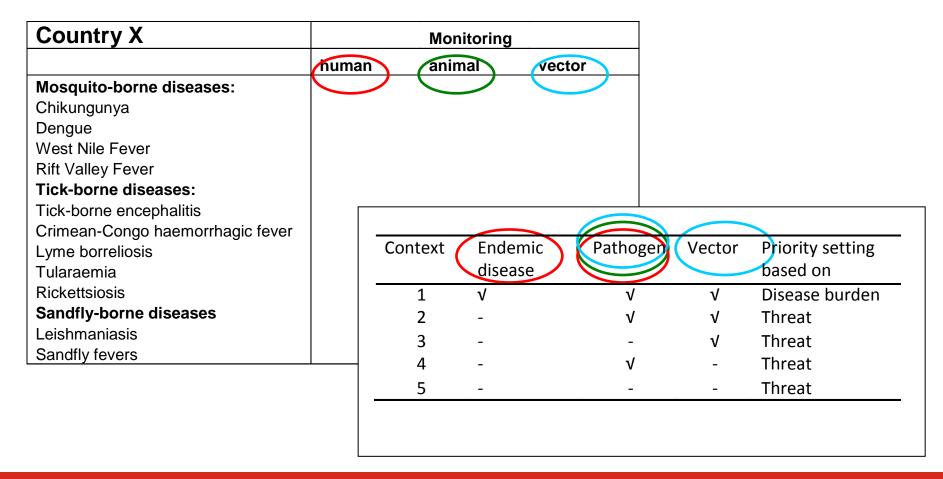
Country x	VBD					
	Context	-				
Mosquito-borne diseases:		1				
Chikungunya	X					
Dengue	.\	_	Context	Endemic	Pathogen	Vector
West Nile Fever	. \			disease		
Rift Valley Fever		_	1	٧	٧	٧
Tick-borne diseases:			2	-	٧	٧
Tick-borne encephalitis			3	_	_	٧
Crimean-Congo haemorrhagic fever			4	-	٧	-
Lyme borreliosis			5	_	_	_
Tularaemia		_				
Rickettsiosis						
Sandfly-borne diseases						
Leishmaniasis						
Sandfly fevers						



Questionnaire

Country X	Monitoring		
	human	animal	vector
Mosquito-borne diseases:			
Chikungunya			
Dengue			
West Nile Fever			
Rift Valley Fever			
Tick-borne diseases:			
Tick-borne encephalitis			
Crimean-Congo haemorrhagic fever			
Lyme borreliosis			
Tularaemia			
Rickettsiosis			
Sandfly-borne diseases			
Leishmaniasis			
Sandfly fevers			



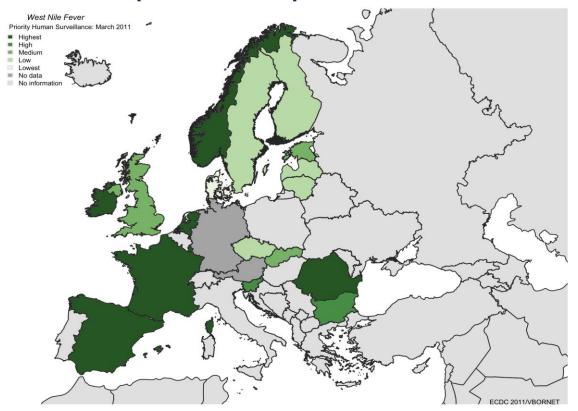




Netherlands	VBD
	Context
Mosquito-borne diseases:	
Chikungunya	4
Dengue	4
West Nile Fever	3
Rift Valley Fever	3
Tick-borne diseases:	
Tick-borne encephalitis	3
Crimean-Congo haemorrhagic fever	5
Lyme borreliosis	1
Tularaemia	3
Rickettsiosis	2
Sandfly-borne diseases	
Leishmaniasis	4
Sandfly fevers	5



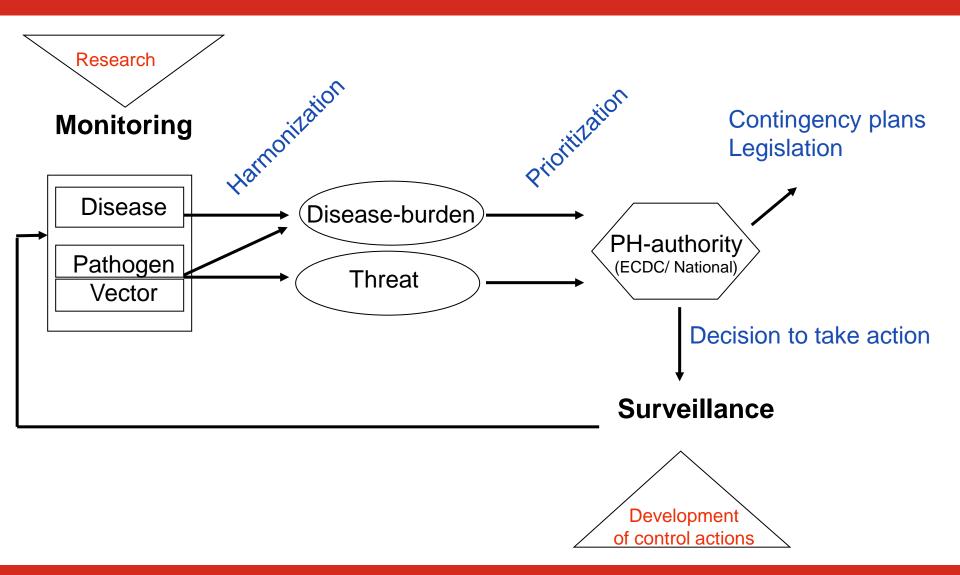
Qualitative data per VBD per member state





Quantitative data per VBD per member state







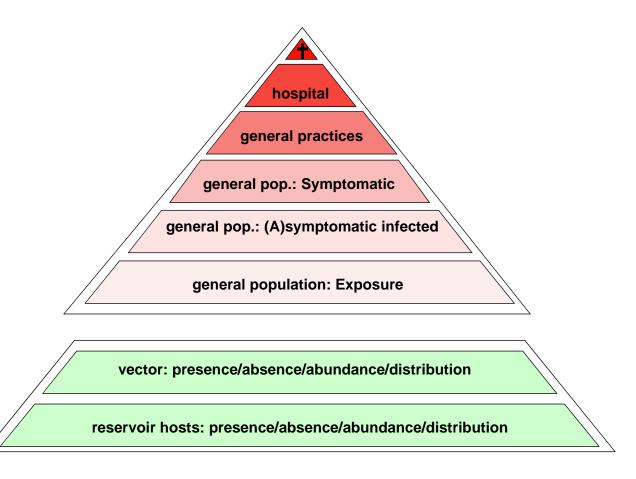
To generate, gather, harmonize and prioritize quantitative data of VBD's in Europe

clear guidelines, description and 'formula' to calculate

- 1. Disease burden
- 2. Threat

are needed.

Role for National Public Health Authorities and/or ECDC?





Thanks

<u>Acknowledgements</u>

coauthors on the strategic paper:

Hein Sprong,

W. van Bortel,

J. van der Giessen,

M. Kretzschmar,

W. van Pelt,

E.J. Scholte,

C. Reusken

Vbornet consortium