



Risco de introdução e proteção de viajantes.

09 de maio • 17h30 às 19h00
Sala Fraga de Azevedo

Entrada Gratuita
Presencial e Virtual (Zoom)

Programa

Moderação de Filomeno Fortes, Diretor do IHMT-NOVA
Anfitrião Marcelo Ferreira, Líder do IHC-GHTM

Temas em discussão

“O perigo da dengue em Portugal”
Carla Sousa

“A vacinação”
Jaime Nina

“A consulta do viajante”
Cláudia Conceição



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Jaime Nina

**A H Graduado
H. Egas Moniz
(CHLO)
(aposentado)**

**Presidente
do Colégio de
Medicina Tropical
Ordem dos Médicos**

**Consultor
Aga Khan
Development
Network**

**Professor
U. Nova de Lisboa
(IHMT & FCM)
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Arboviroses

Dengue

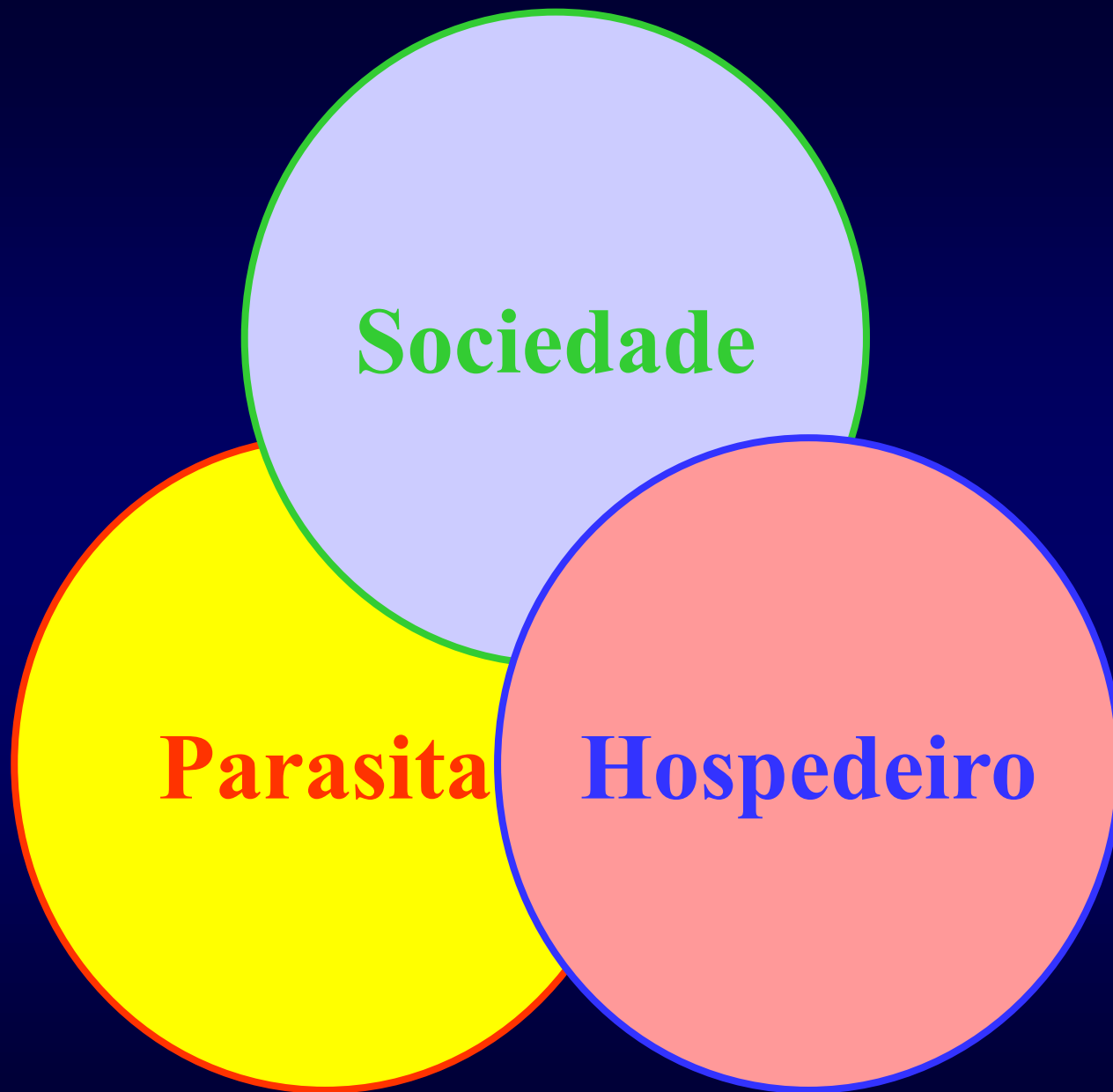


Jaime Nina

Arboviroses

Dengue A Vacinação

Jaime Nina



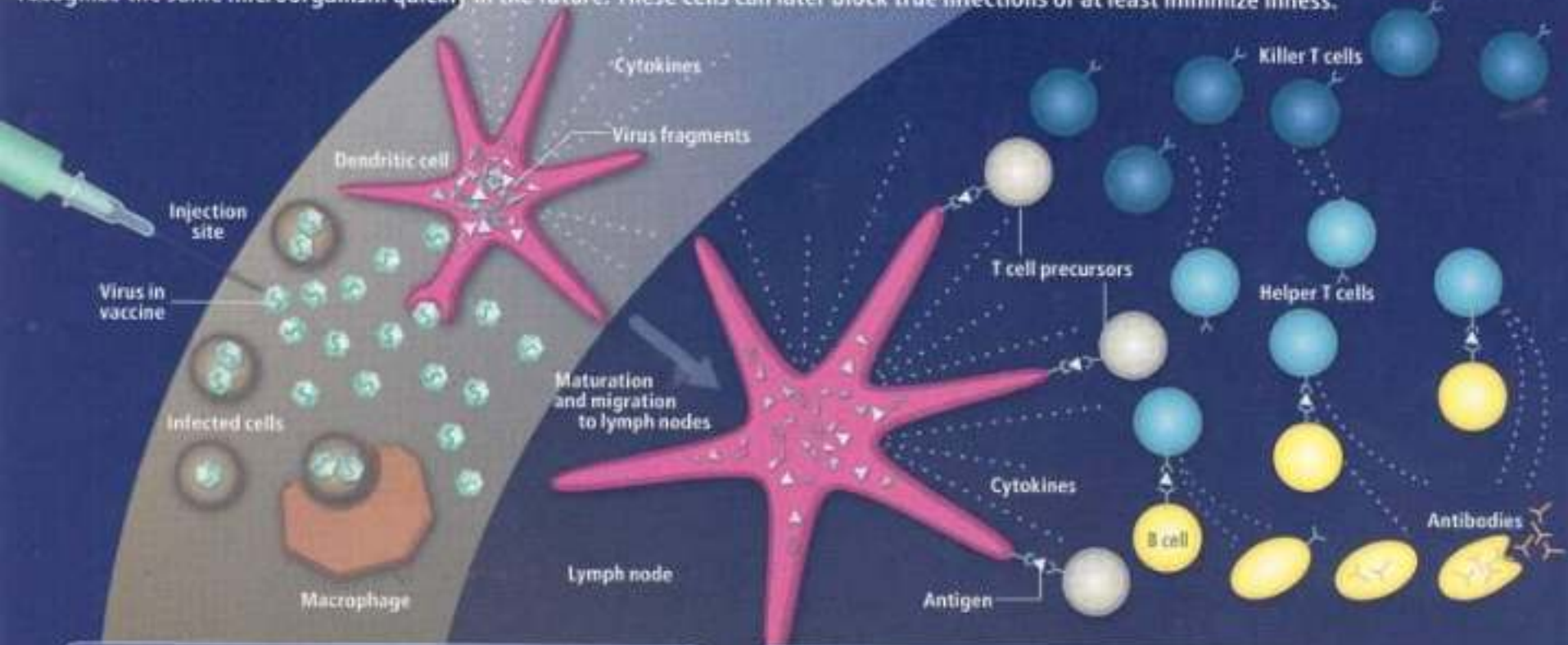




Vacinas - Básico 1

Vaccines Mimic Infection to Avert It

Vaccines deliver a killed or weakened pathogen, or pieces of it, to trigger an immune response that generates "memory" cells primed to recognize the same microorganism quickly in the future. These cells can later block true infections or at least minimize illness.



VACCINE ADMINISTRATION

A small dose of live but weakened virus is one common form of vaccine. Injected into the skin, the virus will infect some cells and reproduce slowly. "Innate" immune system cells, such as macrophages and dendritic cells, engulf and digest foreign material and infected body cells. Dendritic cells also emit signaling chemicals called cytokines to sound an alarm.

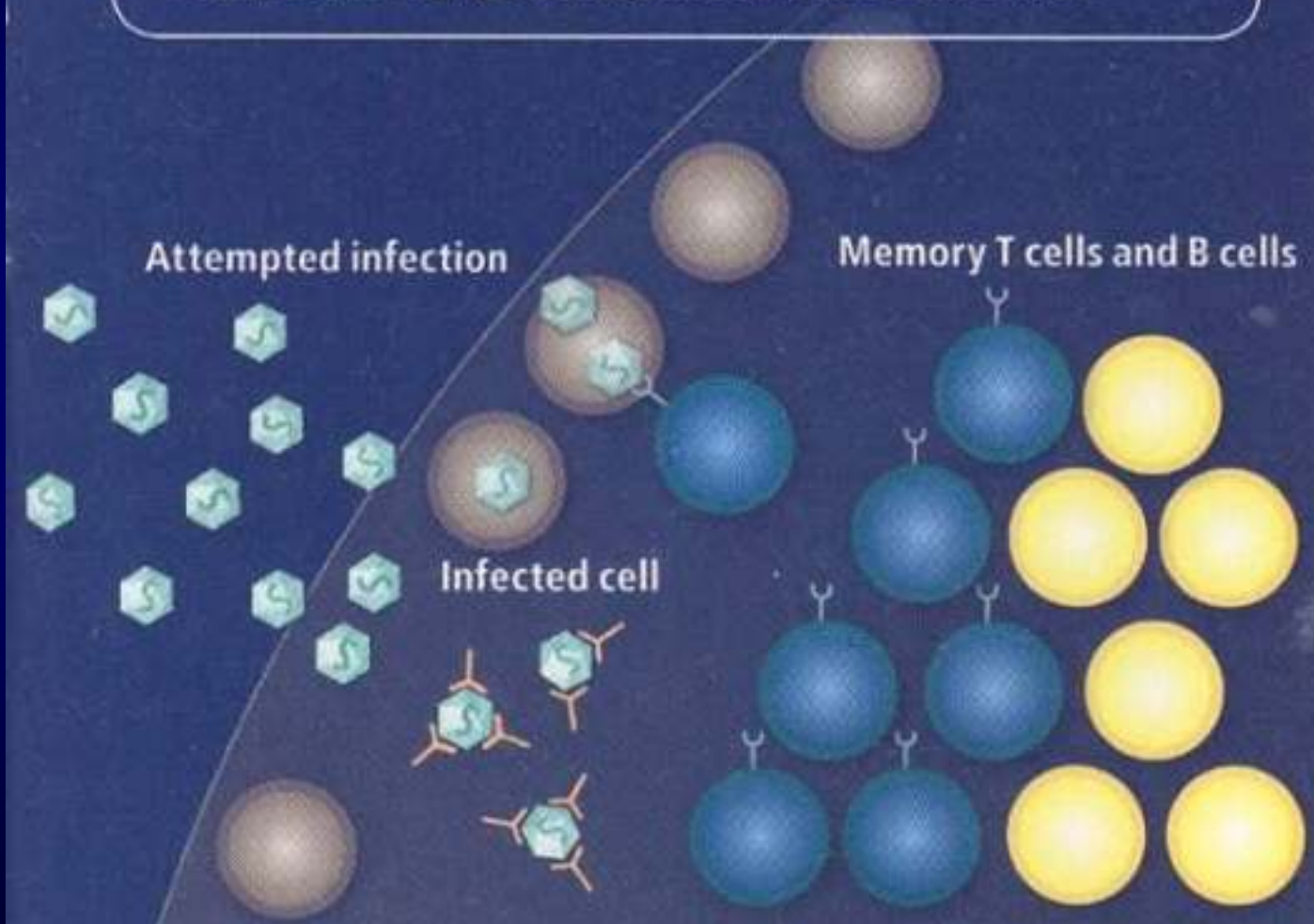
DENDRITIC CELL MIGRATION AND INTERACTIONS

Loaded with foreign material (antigen), dendritic cells mature and migrate to lymph nodes to interact with T cells and B cells, components of the "adaptive" immune system. Displaying antigen and emitting cytokines, the dendritic cells induce T cells to mature into helper and killer types; the helper T cells also signal to incite the killer T cells to attack infected cells and induce B cells to produce antibodies tailored to the pathogen.

Vacinas - Básico 2

IMMUNE MEMORY

Some of the B and T cells become long-lived memory cells, standing guard against a future infection.



from: N Garçon & M Goldman. 2009. in Sci Am 301(4):52-59.

Vaccines work !

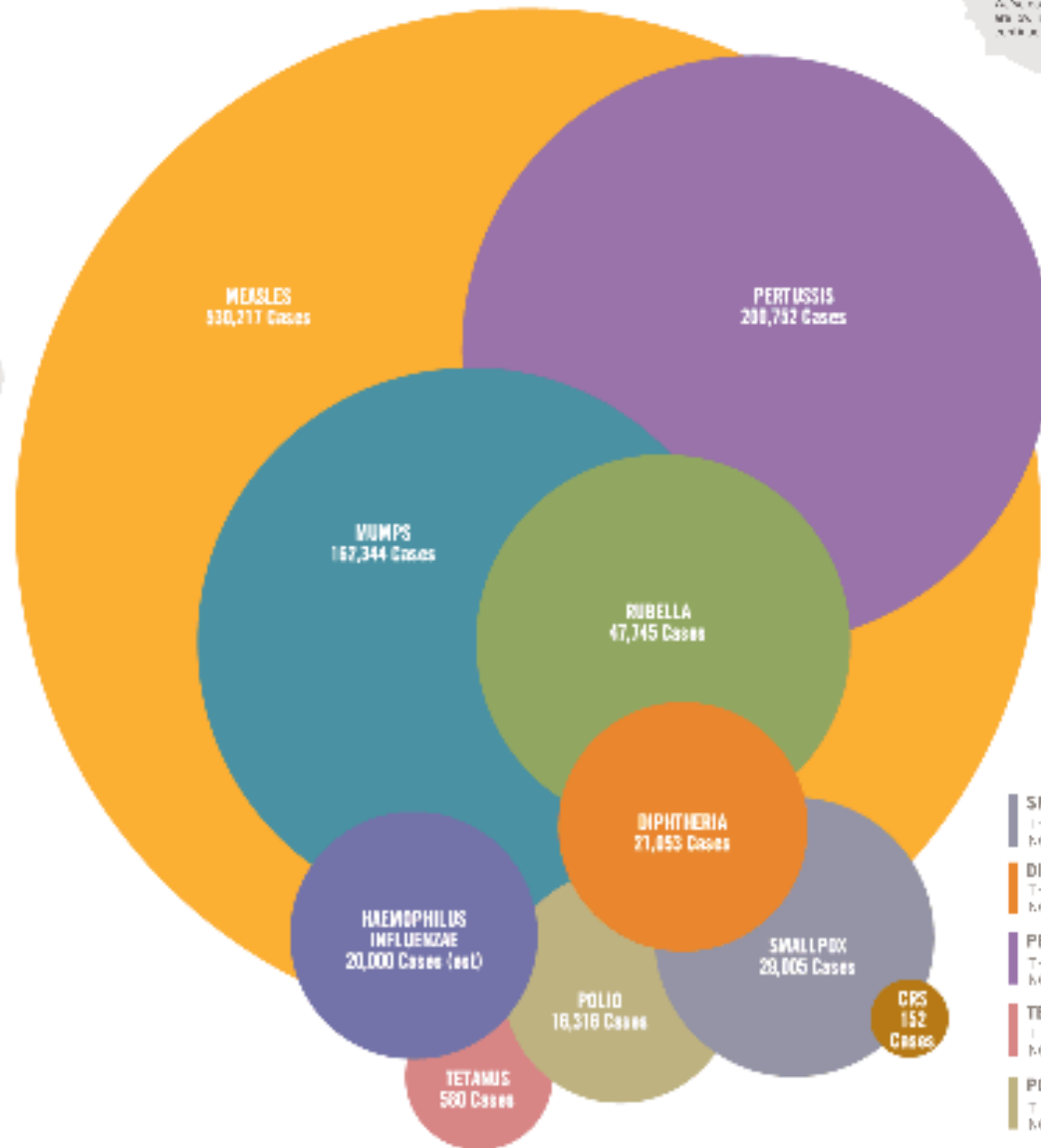
THEN

Annual US disease cases in the 1900s

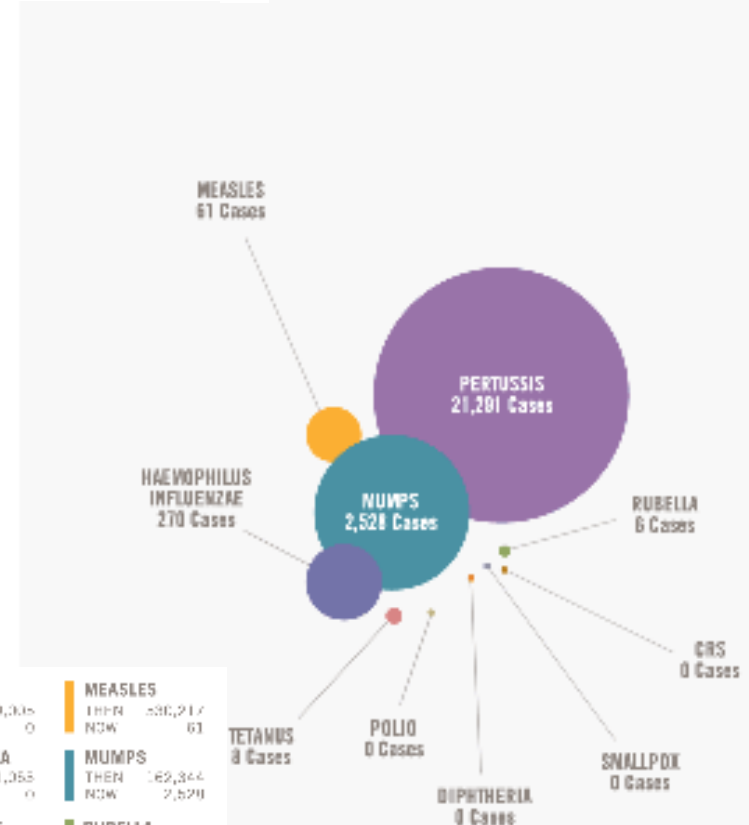


NOW

US disease cases in 2010



SMALLPOX	MEASLES
THEN 20,000	THEN 530,217
NOW 0	NOW 61
DIPHTHERIA	MUMPS
THEN 21,853	THEN 167,344
NOW 0	NOW 2,528
PERTUSSIS	RUBELLA
THEN 200,732	THEN 47,745
NOW 21,801	NOW 6
TETANUS	CRS
THEN 560	THEN 152
NOW 8	NOW 0
POLIO	HAEMOPHILUS INFLUENZAE
THEN 16,316	THEN 20,000
NOW 0	NOW 270



© CDC. 2011.

Impacto das vacinas pediátricas na mortalidade das respectivas infecções, nos USA, 1914-2014

RECOMMENDED PEDIATRIC IMMUNIZATIONS IN THE U.S.

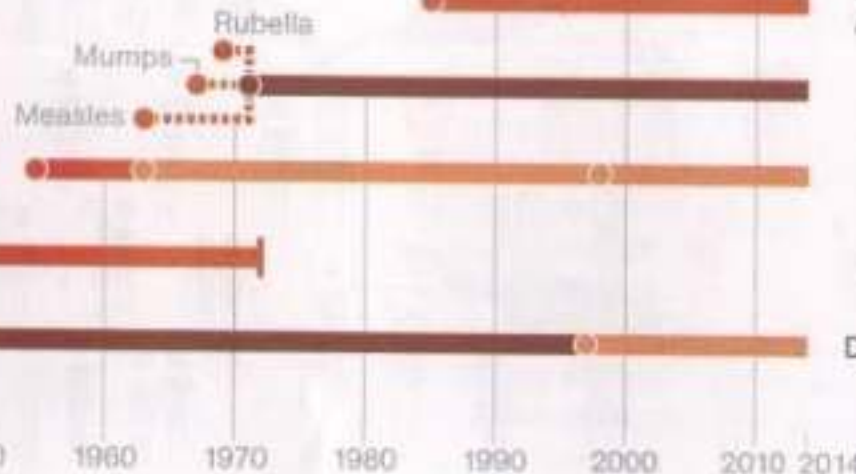
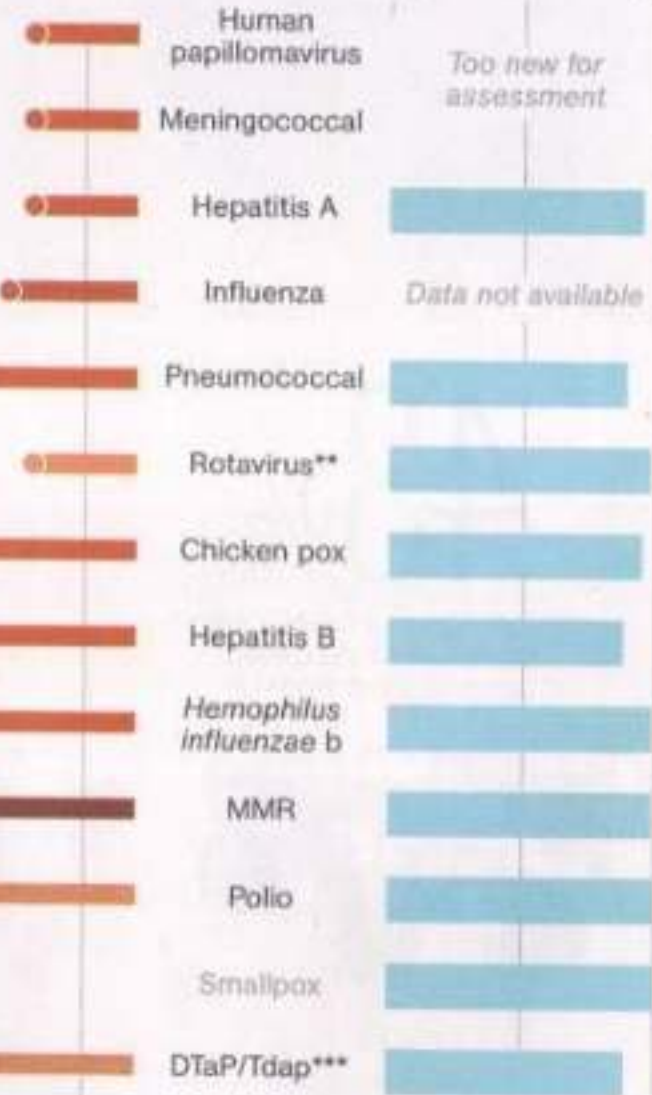
Several factors determine the development of a vaccine: if the disease is deadly and how many and whom it affects. "Children are a priority in most cultures," says Anne Schuchat of the Centers for Disease Control and Prevention.

VACCINE KEY

- Introduced
- Combined
- Updated

VACCINE DEATH-RATE REDUCTION*

0% 100%



source: CDC
graphic: L Parker / NGM



* as of 2012; baseline years vary
** hospitalization
*** reduction shown as average of three diseases

Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2021 will:

prevent **472 million** illnesses
(29.8 million hospitalizations)



more than the current population of the entire U.S.A.

help avoid **1,052,000** deaths



greater than the population of Seattle, WA

save nearly **\$2.2 trillion** in total societal costs
(that includes \$479 billion in direct costs)



more than \$5,000 for each American

Updated 2021 analysis using methods from "Benefits Realized: Immunization during the Vaccine for Children Program, 1994-2021"



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

www.cdc.gov/vaccines/vfcprogram/

NORDWTC | 10/20/22

Impacto do PNV (Programa Nacional de Vacinação) em Portugal

Doença	Casos	Década 1956-1965	Década 1991-2000
		†	casos †
Difteria	19 100	1 475	3 ¹ 1 ¹
Polio	2 723	316	0 0
Tétano	3 923	2 625	259 113
Tosse convulsa	14 429	873	204 3
Σ	40 175	5 271	466 117

¹ – *importados*

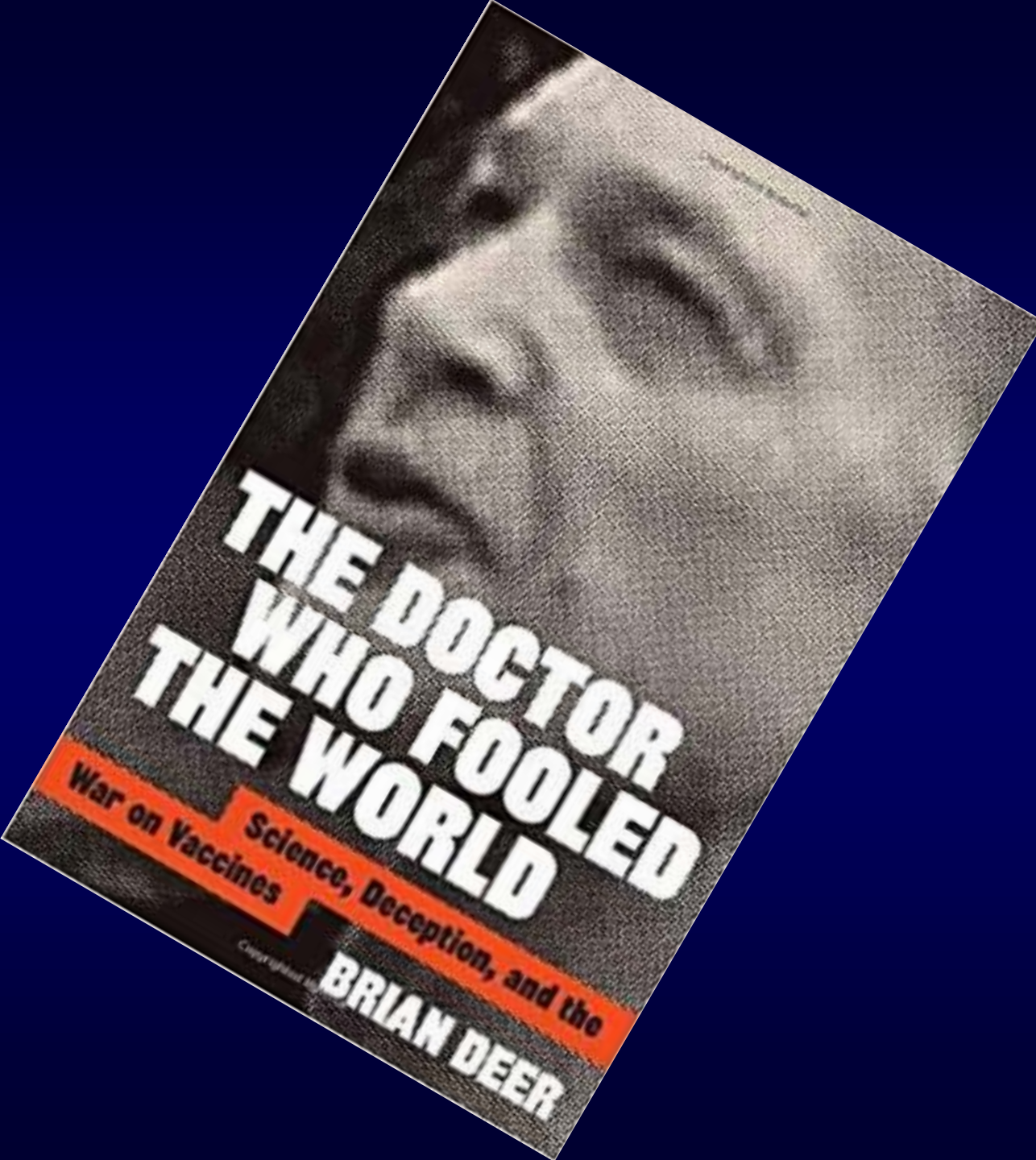
The image is a collage. The top half features several large, detailed syringes of different colors (yellow, blue, green) and sizes. Each syringe has a black skull and crossbones symbol on its barrel, suggesting a warning or danger. The syringes are arranged in a way that their needles point towards the center. The bottom half of the image shows a group of diverse, happy children running and playing. The text "medo às vacinas ..." is written in red, italicized font across the middle, connecting the dangerous-looking syringes to the children.

medo às vacinas ...

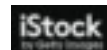
Vacinas - boatos & insinuações

One “environmental” factor that has been suggested as contributing to the increase in autism spectrum disorders (ASDs) prevalence is **vaccination**, particularly **vaccines** for **measles**, **mumps**, and **rubella** (**MMR**). This connection has been studied extensively in epidemiological studies around the world. A meta-analysis that integrated the results of 5 cohort studies and 5 case-control studies **found no evidence** for an association between ASDs and **vaccination** or any of the components of **vaccines** suggested to have a role in ASD development.

from: Jeremy Berg. 2017. in Science 355(6326):669 - Editorial.



**Etiologia do
Autismo,
vacina do
Sarampo,
corrupção e
fake-news
científicas**

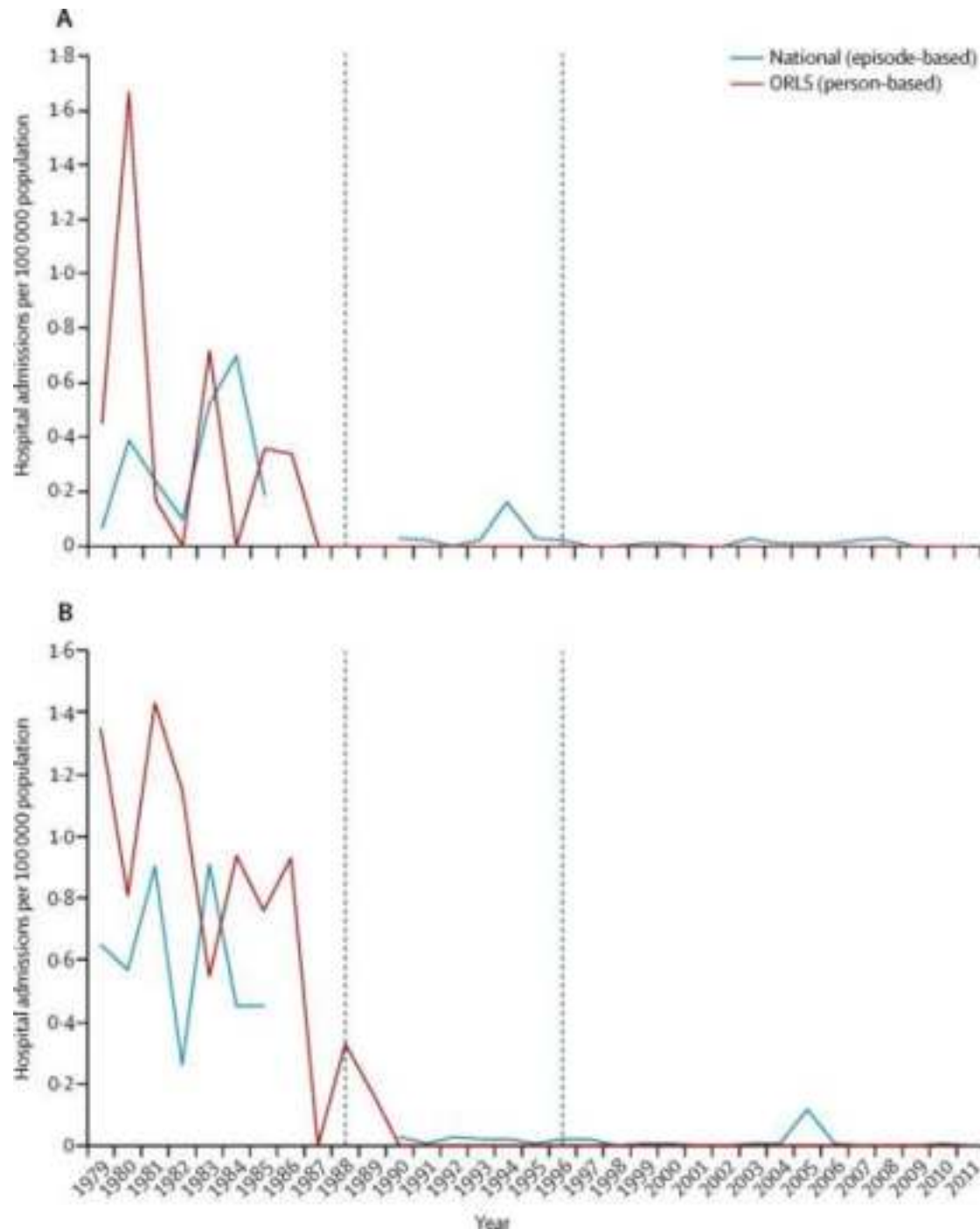


O médico é um céptico profissional

J Nina. 2024.
adaptado de S Novella. 2018
& ARR Feragen. 2017.

30-year trends in admission rates for encephalitis in children in England and the impact of measles-mumps-rubella vaccination

Hospital admission rates for **(A)** measles and **(B)** mumps encephalitis



THE LANCET
Infectious Diseases

from: MA Iro *et al.* 2017.
in *Lancet Inf Dis* 17(4):422-430.

YOU
REPRESENT
A PARENT'S
RIGHT TO
CHOOSE,
RESIST
GOVERNMENT
MANDATES AND
LIVE FREE!

HOW DOES
THAT MAKE
YOU FEEL,
SON?



SICK.



**Voltando
às
vacinas**

Vacinas

Tipos Principais de Vacinas

- **ATTENUATED:** Live but weakened whole virus or bacterium. Minimal reproduction extends immune cells' exposure to antigen without causing disease.



- **INACTIVATED:** Whole but "killed" and unable to reproduce or to cause disease.



- **SUBUNIT:** Fragments of the pathogen, such as genetic material or external proteins, provide antigen for immune cells to recognize.



Vacinas

Tipos Principais de Vacinas

- **ATTENUATED:** Live but weakened whole virus or bacterium. Minimal reproduction extends immune cells' exposure to antigen without causing disease.



FA
Sarampo
Varíola

...

- **INACTIVATED:** Whole but "killed" and unable to reproduce or to cause disease.



TAB
Tosse convulsa
(*clássica*)

...

- **SUBUNIT:** Fragments of the pathogen, such as genetic material or external proteins, provide antigen for immune cells to recognize.



HBV
CoVID-19
(*Pfizer, Moderna*)

...

As Vacinas não são “egoístas”



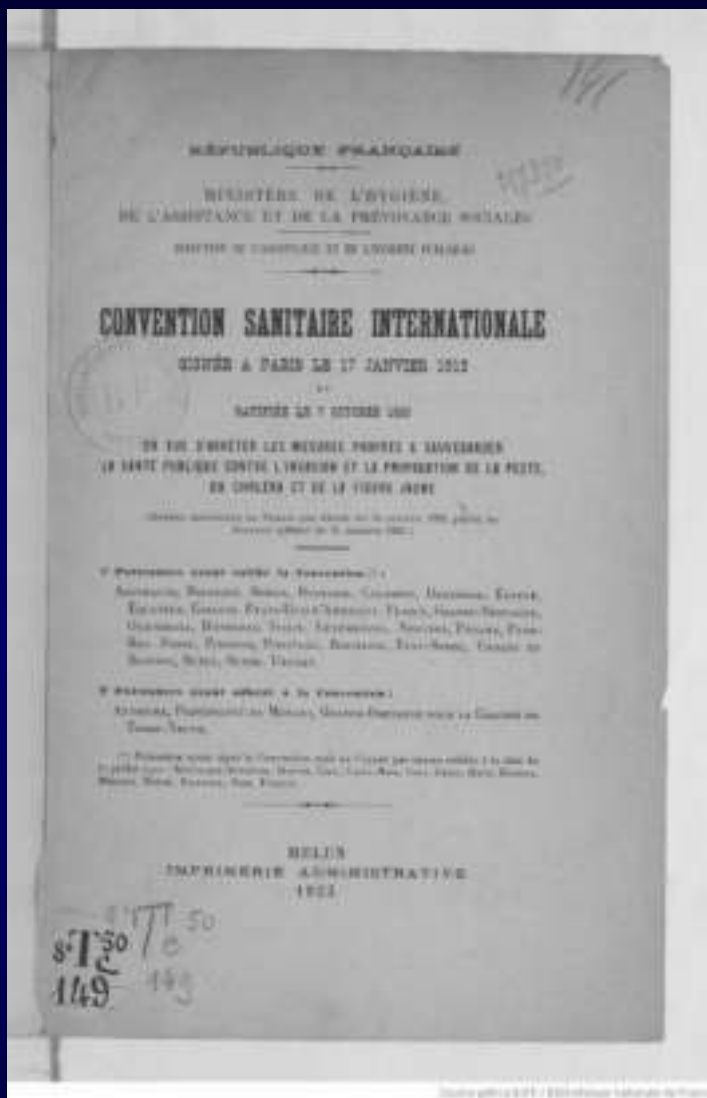
Para além da protecção individual, muitas vacinas oferecem “*herd immunity*”, sendo assim importantes armas na protecção da saúde de populações



**“A vulnerabilidade às
Doenças **Infecciosas**
e **Tropicais** é
universal,
dado que as **fronteiras**
geográficas não protegem
da **invasão** dos diversos
agentes e vectores”**

Medicina Tropical em Portugal: Presente e Futuro
Workshop dos Médicos de Medicina Tropical
Lisboa, Ordem dos Médicos, 23 Abril 2012

Kamal Mansinho
Professor IHMT, Director SDIT



LN > CSI . 1920



ONU > WHO . 1951

O caso da Varíola



Varíola **Criança** **indiana** **com** **varíola** **major** **grave**

© Boehringer
Ingelheim. 1975.



Exantema da varíola major, num adulto, com distribuição centrífuga das lesões

© RTD Emond. 1975

Smallpox

Epidemic transmission and the Spanish conquest of the Americas.

Vectors trace the diffusion of the “**smallpox epidemic**” of 1518-1528.

The geographical extents of the **Aztec** and **Inca** civilizations at about the time of European contact are indicated for reference.



from: M Smallman-Raynor
& AD Cliff. 2012.

Oxford, Oxford University Press

Varíola

Vacina:

A **vacina** da **varíola** foi a arma que permitiu tornar esta doença na única infecção até hoje **erradicada** de todo o **Mundo**

Smallpox vaccination in Britain

Louis Léopold Boilly (1761-1845)





In this cartoon, satirist Gillray caricatured a scene at the Smallpox & Inoculation Hospital at St. Pancras, showing cowpox vaccine being administered to frightened young women, and cows emerging from different parts of people's bodies. The cartoon was inspired by the controversy over inoculating against the dreaded disease, **smallpox**.

Thelwell's Pock - or the Wonderful Effects of the New Inoculation! with the Publication of a Anti-Varicella Society.

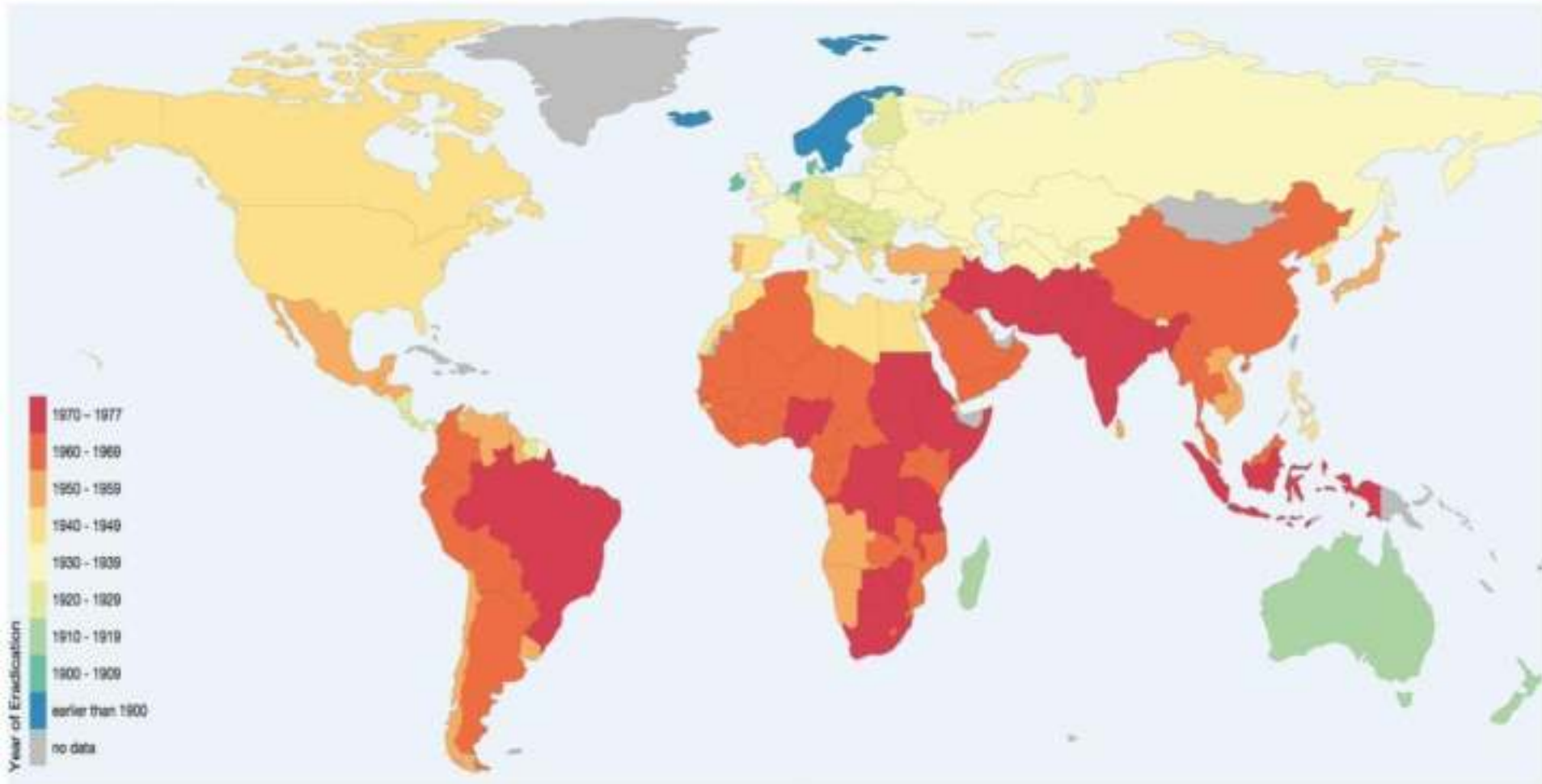
**Print (color engraving) published June 12, 1802,
authorship by James Gillray (1756–1815)**



Smallpox Eradication progress

The year in which Smallpox was eradicated, by country

Smallpox was globally eradicated in 1977 – This map shows the year of eradication of smallpox for each country



Data source: Fenner, Henderson, Arita, Jezek, and Ladnyi (1988) – Smallpox and its Eradication. (WHO)

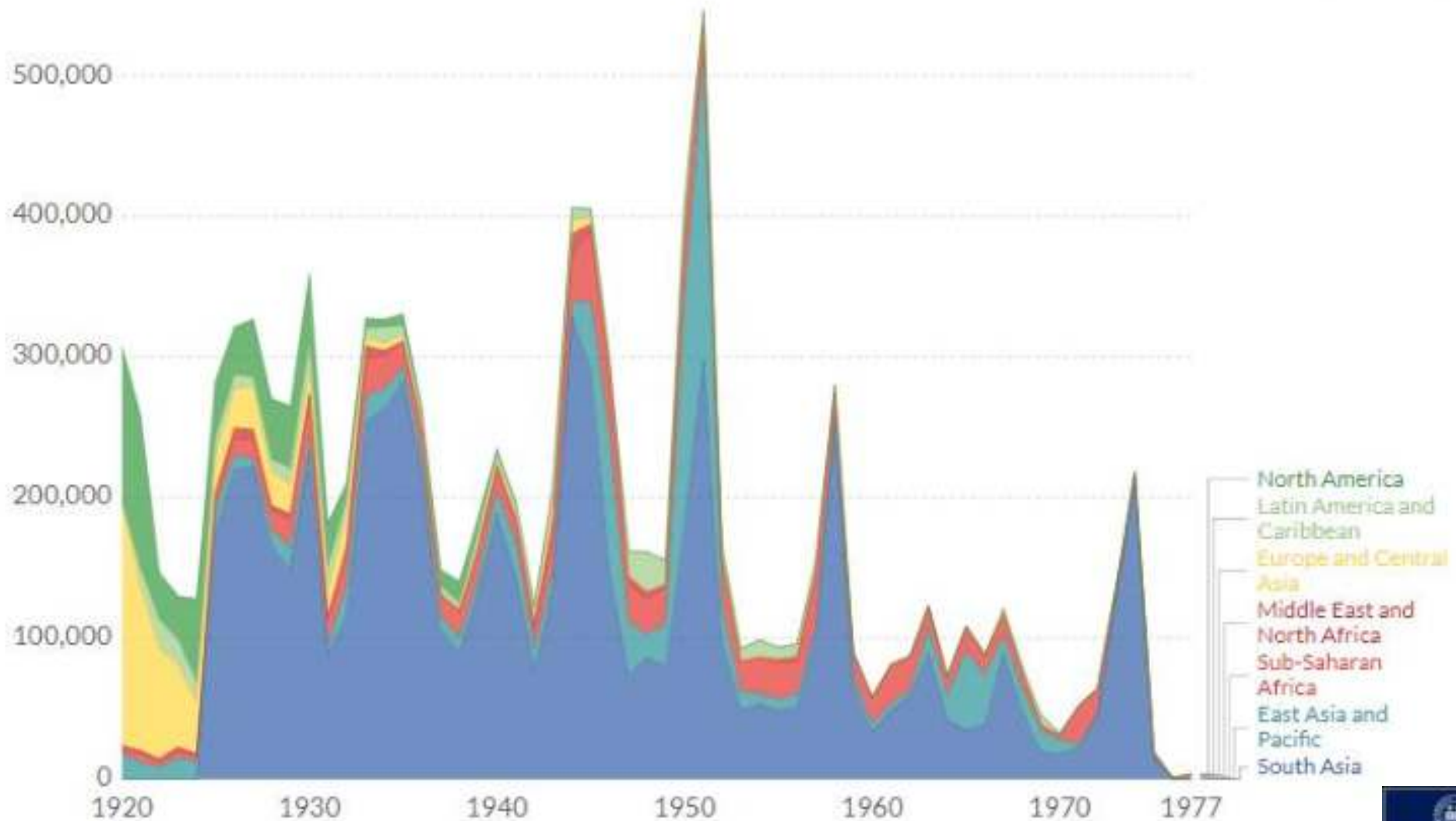
The interactive data visualization is available at [OurWorldinData.org](https://ourworldindata.org). There you find the raw data and more visualizations on this topic.

Licensed under CC-BY-SA by the author Max Roser.

Smallpox Eradication progress

Reported number of smallpox infections by world region

Our World
in Data



Source: World Health Organization (1969-1988)

from: Sophie Ochmann & Max Roser. 2019.



نحن أعضاء اللجنة العالمية للشهادة الرسمي باستئصال
الجدري نشهد بأنه قد تم استئصال الجدري من العالم.

WE, THE MEMBERS OF THE GLOBAL COMMISSION FOR THE
CERTIFICATION OF SMALLPOX ERADICATION, CERTIFY
THAT SMALLPOX HAS BEEN ERADICATED FROM THE WORLD.

NOUS MEMBRES DE LA
COMMISSION MONDIALE
POUR LA CERTIFICATION
DE L'ERADICATION DE
LA VARIOLE, CERTIFIONS
QUE L'ERADICATION DE
LA VARIOLE A ETE REA-
LISEE DANS LE MONDE
ENTIER.

我们，全球扑灭天花证实委员会委员，
证实扑灭天花已经在全世界实现。

WE, MEMBERS
OF THE GLOBAL
COMMISSION FOR
CERTIFICATION OF
SMALLPOX ERADICATION,
CERTIFY THAT
SMALLPOX HAS BEEN
ERADICATED FROM
THE WORLD.

NOOTROS MIEMBROS DE LA COMISION MUNDIAL PARA LA CERTI-
FICACION DE LA ERADICACION DE LA VIRUELA, CERTIFICAMOS
QUE LA VIRUELA HA SIDO ERADICADA EN TODO EL MUNDO.

Frank S. Brown
M. M. M. M. M.

Keith Dumbell

Donald Henderson

B. G. B. G. B.

W. H. W. H. W.

W. H. W. H. W.

W. H. W. H. W.

W. H. W. H. W.

W. H. W. H. W.

W. H. W. H. W.

R. N. R. N. R.

C. M. C. M. C.

W. H. W. H. W.

W. H. W. H. W.

W. H. W. H. W.

W. H. W. H. W.

Geneva, 9 December 1979

**Parchment signet
at Geneva on
December 9, 1979, by
the members of the
Global Comission
for Certification of
Smallpox
Eradication**



**World Health
Organization**

*photo reproduced in
Nathan Wolfe. 2011.
“The Viral Storm”.*

Varíola

**Relatório Final
da Erradicação
Mundial da
Varíola**

**OMS
1980**





**Voltando
às
vacinas**

Vacinas

Vacinar: Contra quê?

Com quê?

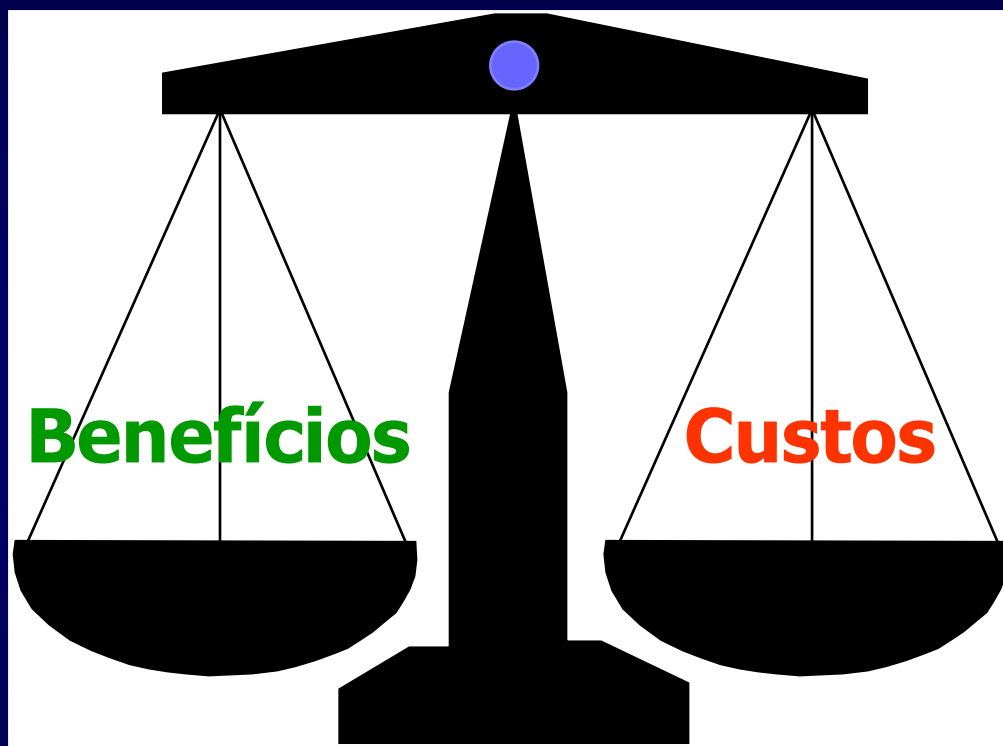
Quando?

A quem?

Em que sequência?

Como associar?

Na decisão de vacinar ponderar...



Vacinas

Ponderar:

Zonas a visitar

Duração da estadia

Objectivo da estadia

Doenças co-existent

Experiência anterior

Duração da imunidade

Contra-indicações vacina

Efeitos secundários

Reacções locais à vacina

...

Profissão

Idade

Sexo

Gravidez

Aleitamento

Estilo de vida

Alergias

Custo da vacina

Comodidade

...

Around the world

Kauto County, South Sudan

Vaccine tragedy in South Sudan

Disaster struck in May 2017 during an emergency campaign to stem a surging measles outbreak in troubled South Sudan: Fifteen children were killed and 32 sickened by shots of a contaminated vaccine. The children, who received the shots in remote Kauto county, died of **sepsis** and toxicity, according to a just-released investigation by the country's ministry of health, along with the **World Health Organization**  and **UNICEF** . The vaccinators, who were untrained and unqualified to administer the vaccine, incorrectly used the same syringe to reconstitute multiple vials of the vaccine over 4 days, instead of discarding it after a single use, the investigation found. The measles vaccine is safe and effective, but it must be handled carefully: kept cold, reconstituted with the **right liquid**, and, once mixed, **discarded after 6 hours**. The tragedy is not the worst to affect the young nation, which has been shattered by war, famine, and now a cholera outbreak. But it is especially distressing because it was avoidable. Still, experts note, far more children will die if they are not protected from the highly contagious measles virus.





**Há riscos, mas com cuidados apropriados
podem ser minorados e ultrapassados**



mas a vacina do
dengue ?

Dengue

Etiologia

Flaviviridae

RNA cadeia simples

Envolvidos por membrana

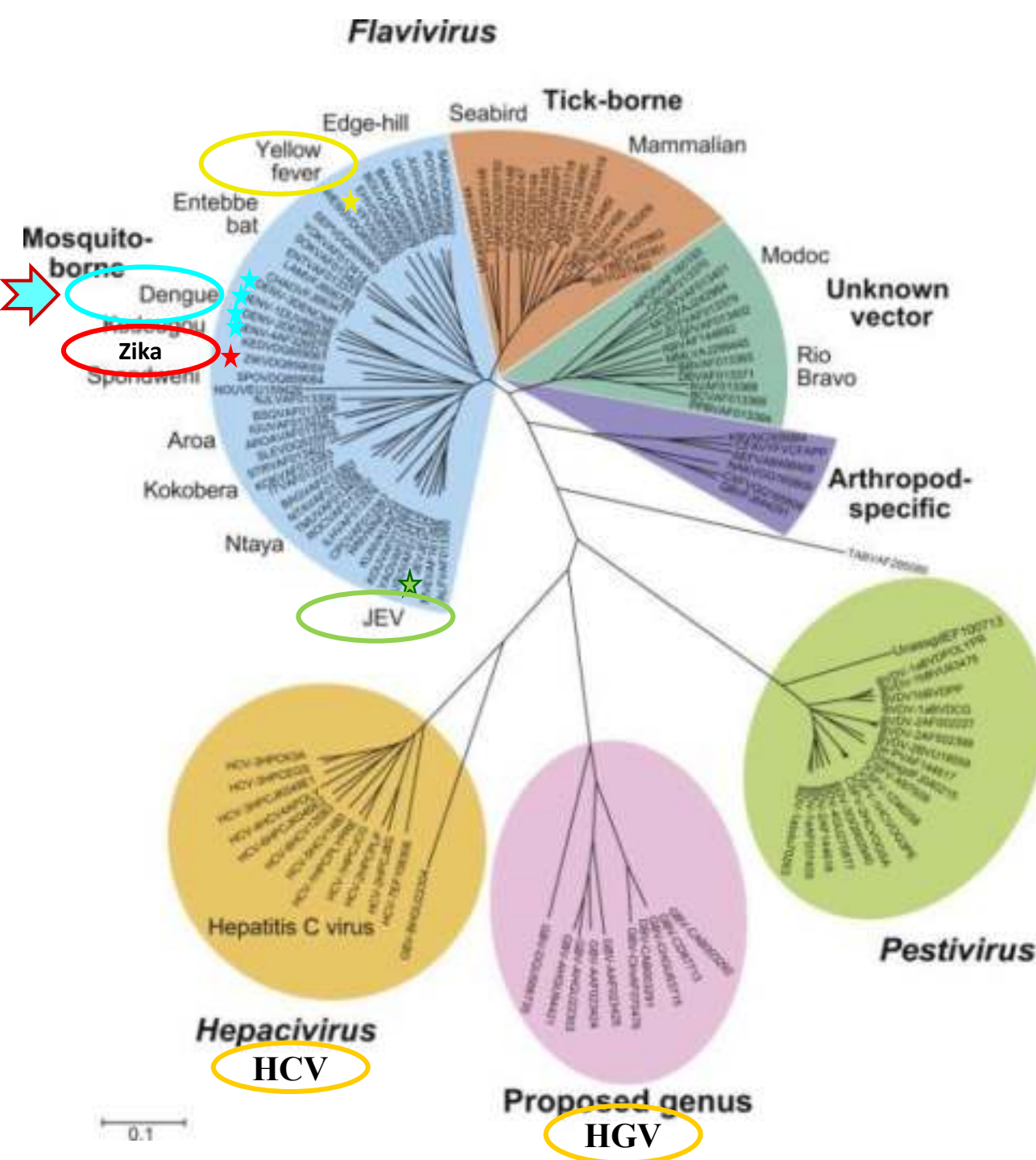
± 30 nm diâmetro

≈ F. Amarela, E Japonesa b, ...

4 serotipos¹

5º serotipo descoberto em 2013¹

¹ - D Normile. 2013. *in* Science 342(6157):415.

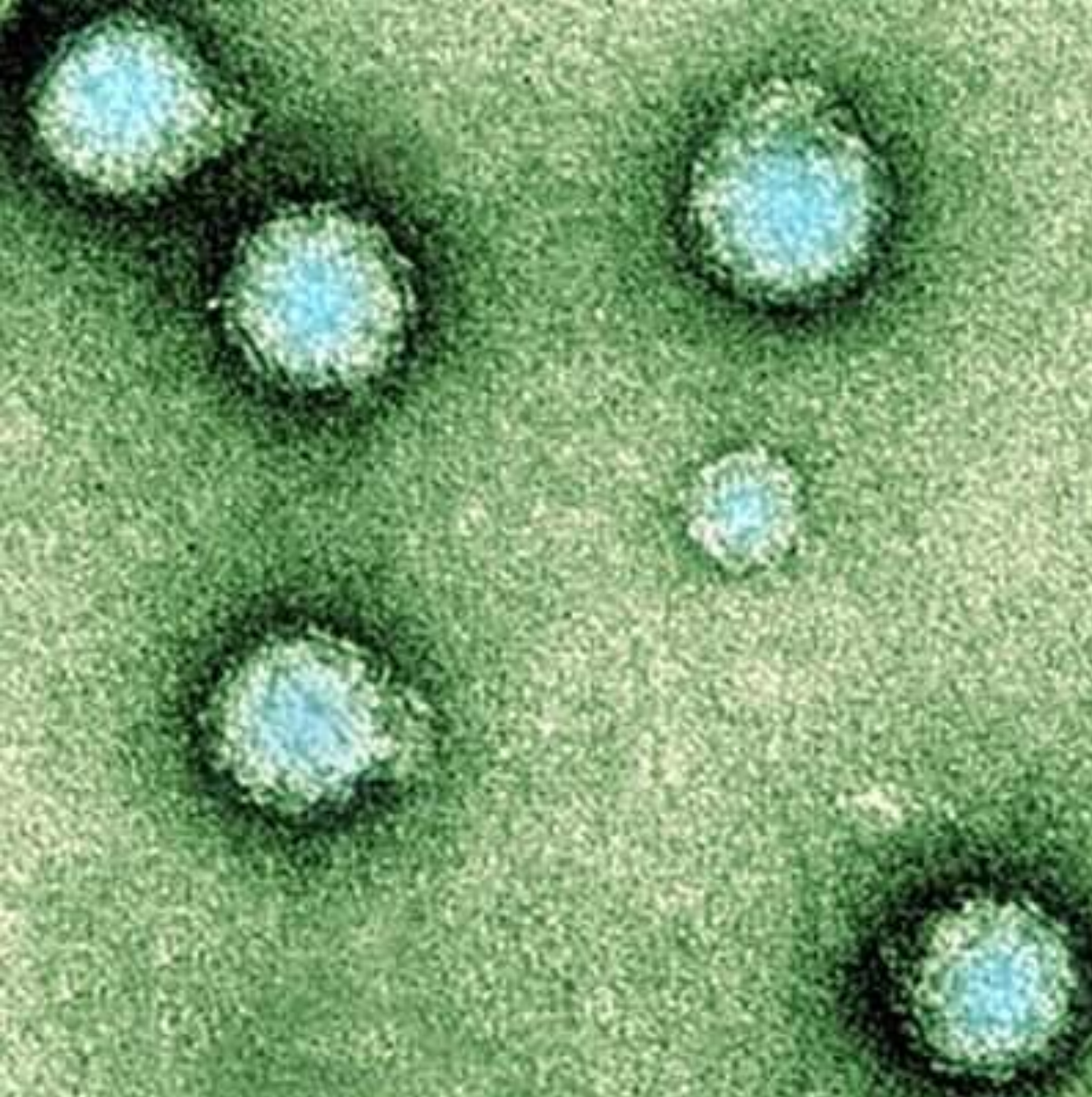


Phylogenetic Tree of *Flavivirus*



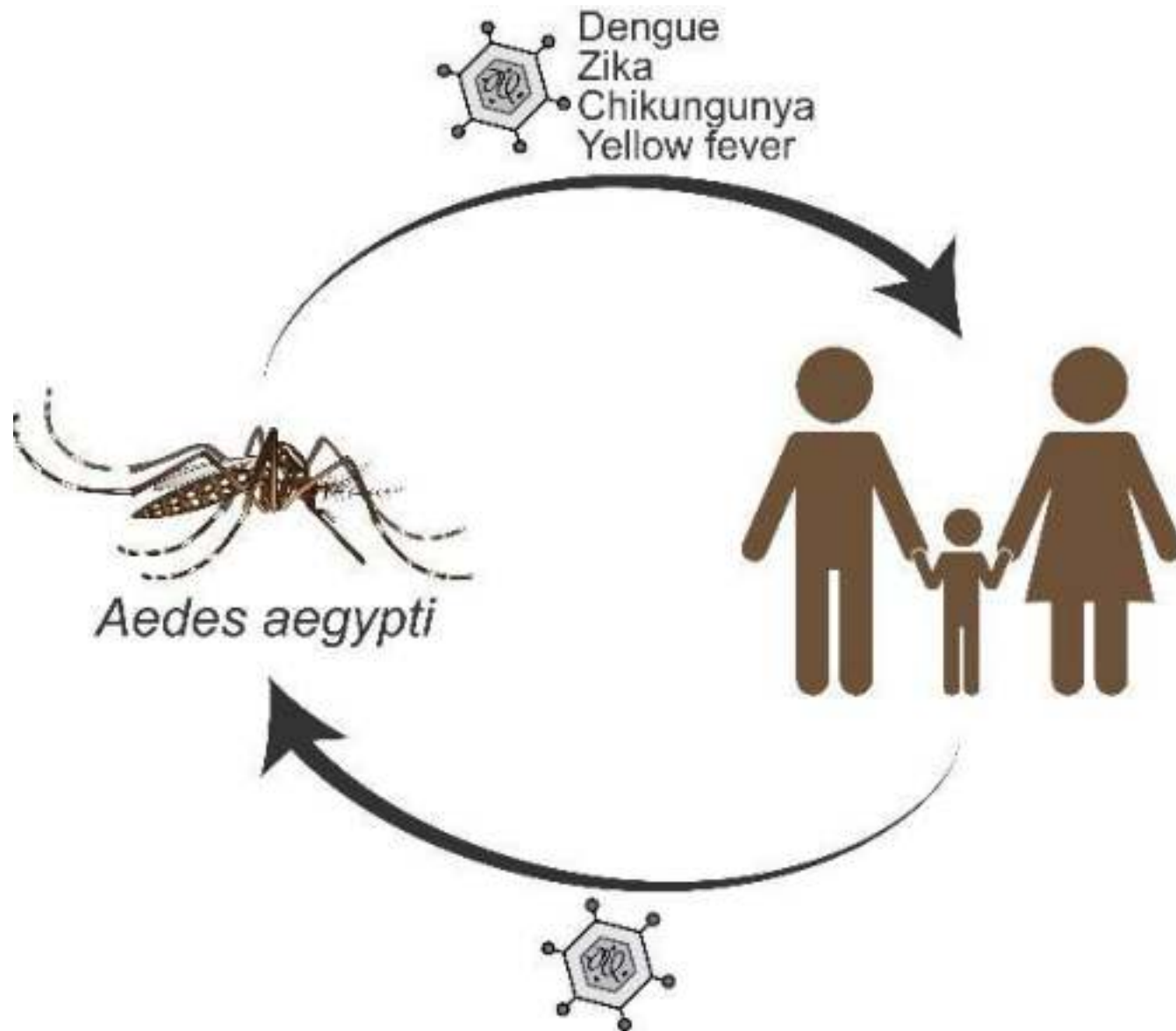
from:
International Committee on
Taxonomy of Viruses
– 9th Report. 2012.
in AMQ King *et al* (ed.),
“Virus Taxonomy”, 2nd Ed. 2019.
London, Elsevier, pg 1003-1020.

Vírus de dengue, em ME



from: S Brown. 2013. in www.EzineMark.com

Dengue cycle



Dengue

Reservatório

Humanos

spp macacos SE Ásia

spp macacos África

spp macacos Américas

Dengue

Epidemiologia

2.5 - 3.0 $\times 10^9$ pessoas em risco

200 - 600 $\times 10^6$ infecções / ano

58.4 $\times 10^6$ casos sintomáticos / ano

(95 % IC: 24 - 122 $\times 10^6$)

13.6 $\times 10^3$ $\dagger$ / ano (>99% SEA, Índia)

(95 % IC: 4.2 - 34.7 $\times 10^3$)

↑↑↑ - N° casos $\times$ 30 nos últimos 50 anos

↑ ↑ crianças

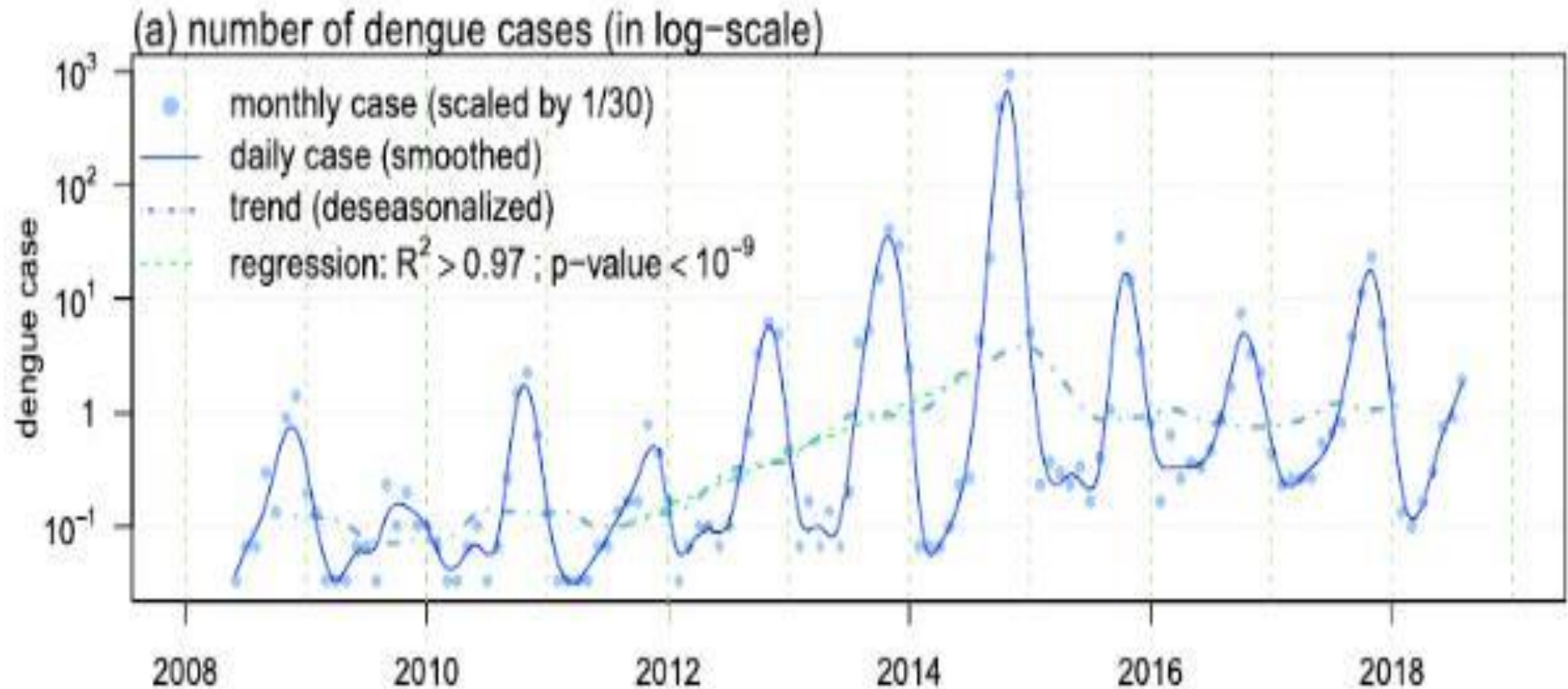
↑ ↑ época das chuvas

**↑ classes carenciadas: ↑ meio rural,
↑ "bairros de lata" . . .**

adapted from: Donald S Shepard et al. 2016. in Lancet Inf Dis 16(8):935–941.

&RF Chen et al. 2007. in Trans Roy Soc Trop Med Hyg 101:1106-1113.

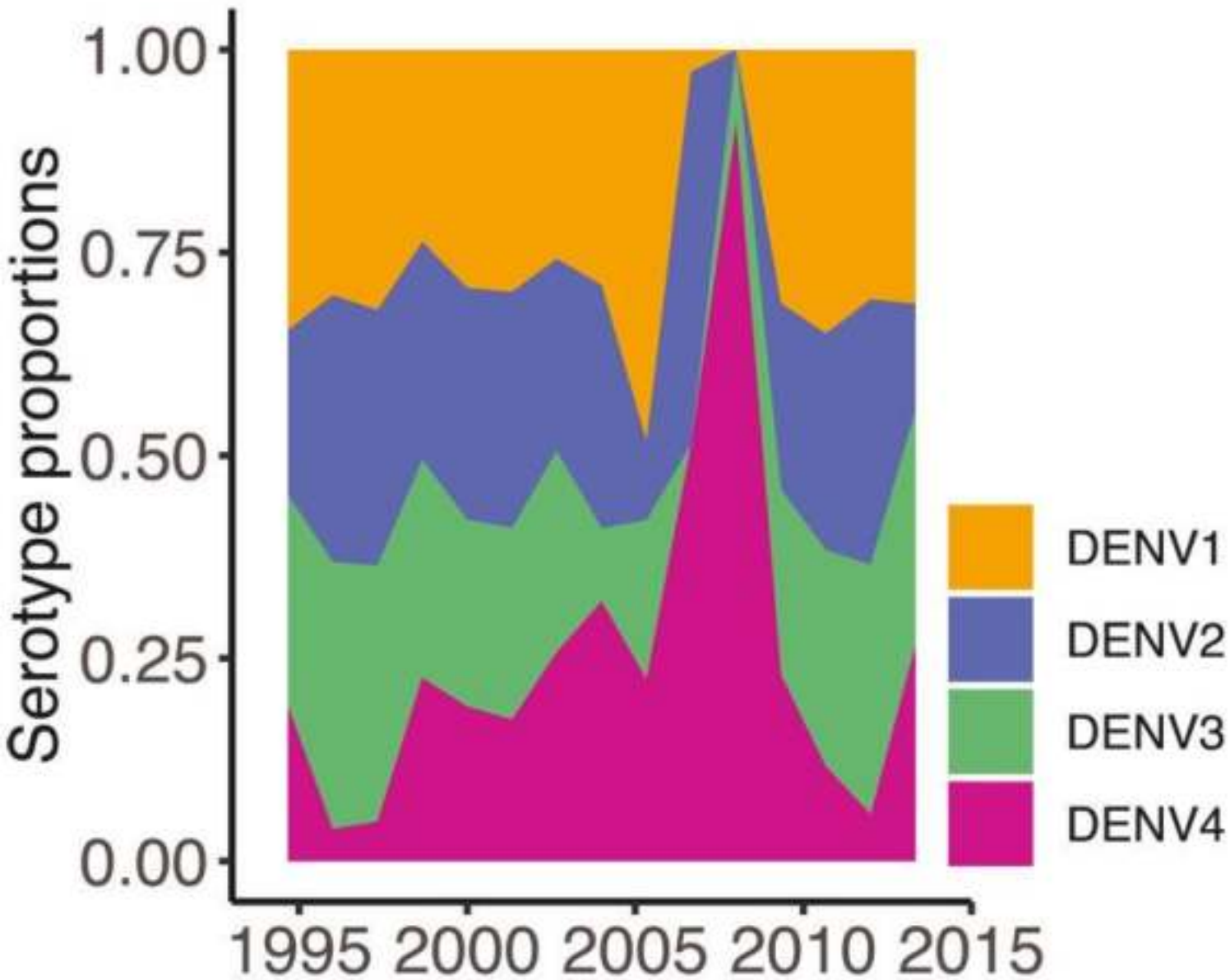
Sazonalidade do Dengue



from: Shi Zhao et al. 2020. in Trans R Soc Trop Med Hyg 114(1):62-71.

Dengue

Proportion by serotype of 1944 clinical DENV strains isolated between 1994 and 2014, at Bangkok



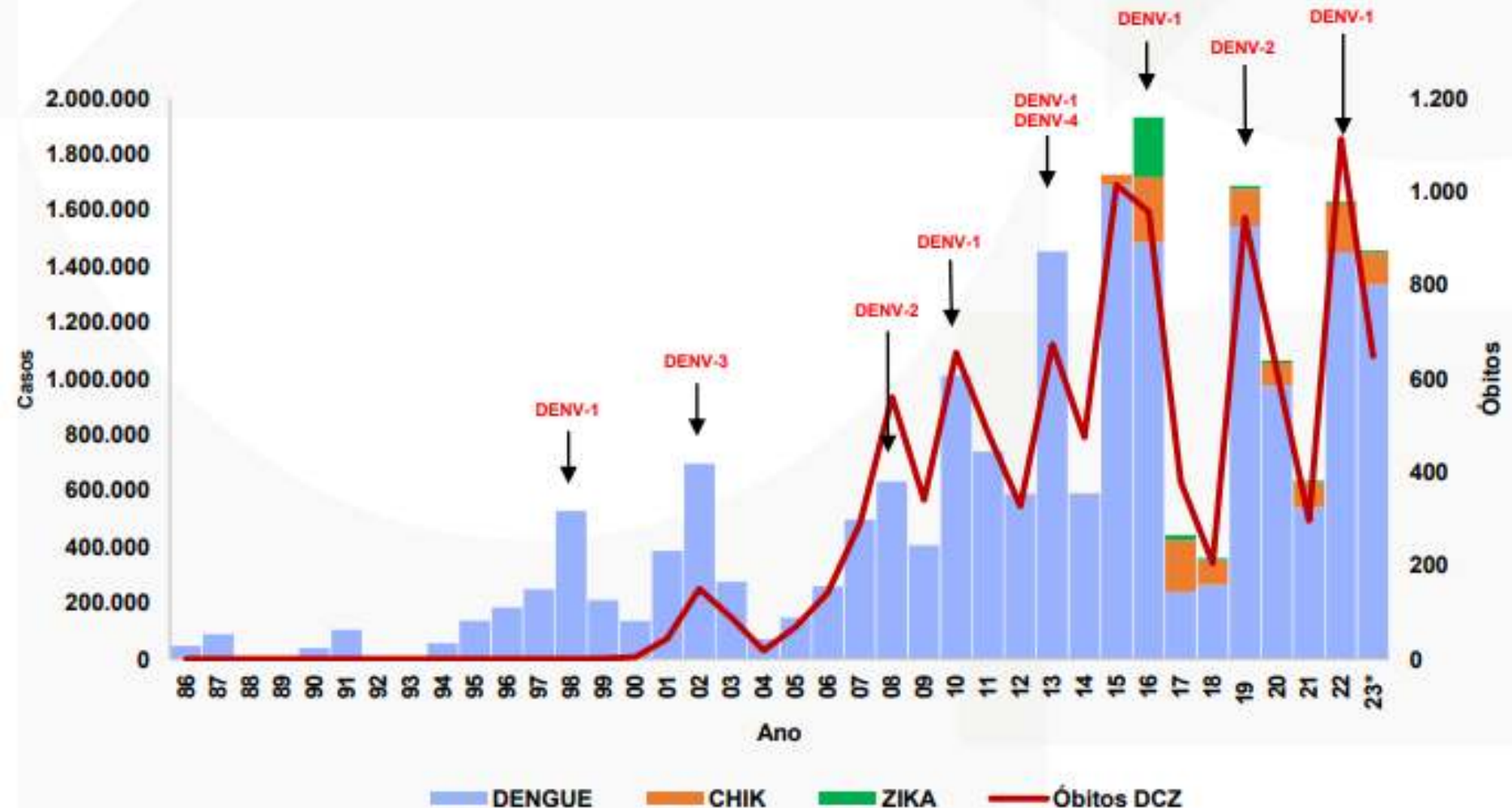
from: LC Katzelnick *et al.* 2021. in Science 374(6570):999-1004.

Situação Epidemiológica

GOV.BR/SAUDE

minsaude

CASOS E ÓBITOS POR DENGUE, CHIKUNGUNYA E ZIKA NO BRASIL (1986 a 2023)



Infection incidence
 $\approx 5\%$ / year

Asymptomatic
 $\approx 75\%$

Symptomatic
 $\approx 25\%$

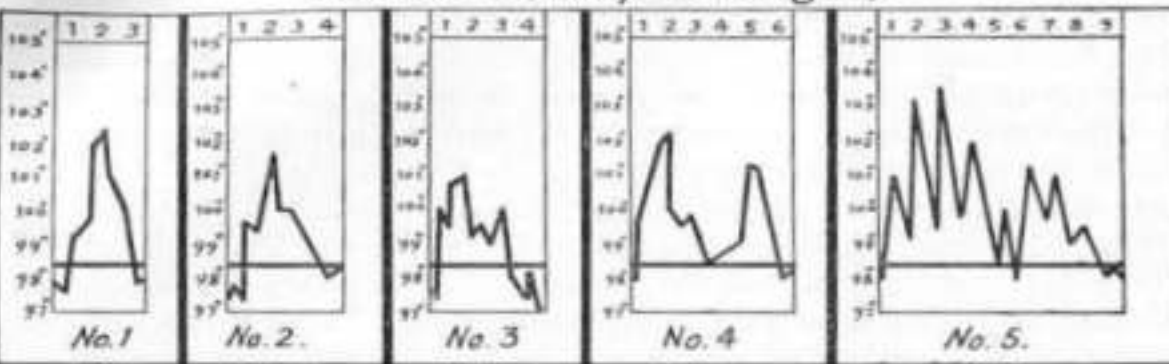
Dengue fever
98-99 %

DHF / DSS
1-2 %

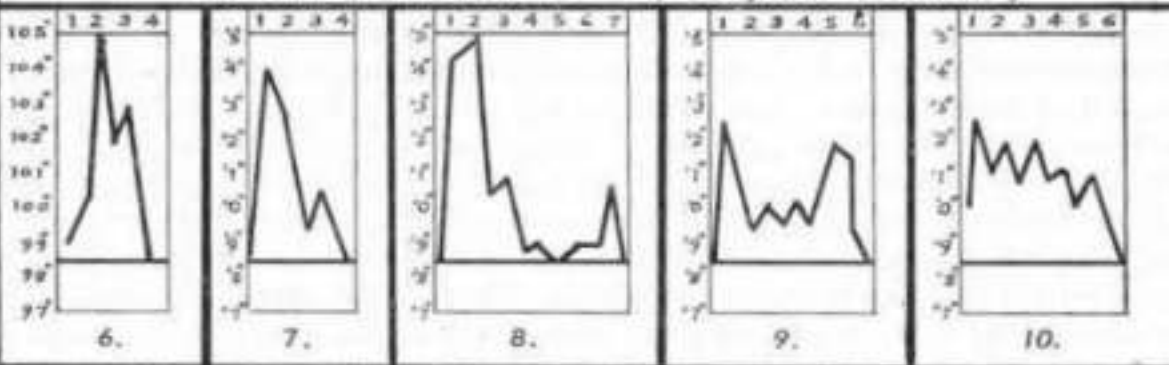
Survive
95-99,5 %

✝ Death
0,5-5 %

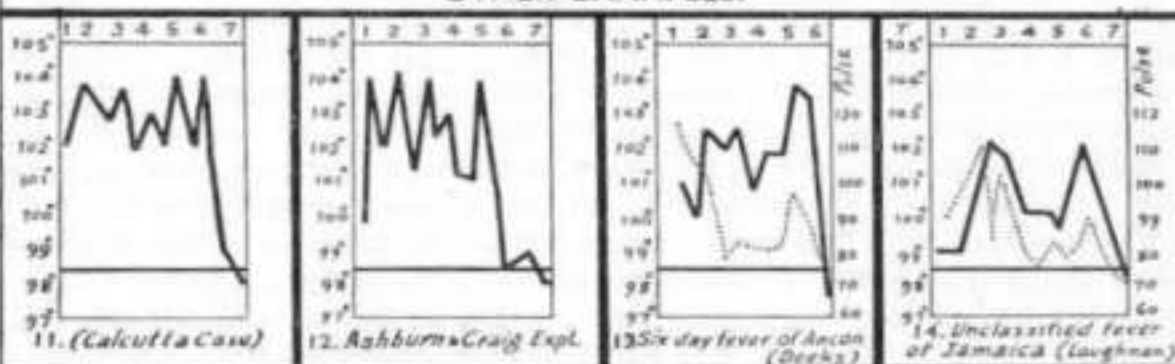
DENGUE — (Mosquito Dengue)



EXPERIMENTAL DENGUE — (Siler, Hall & Hitchens)



OTHER EXAMPLES.



Temperature — Plain line
Pulse — Dotted line

Temperature charts of mosquito dengue.

Dengue:
gráficos febre (linha)
e pulso (tracejado)

in L Rogers &
JWD Megaw. 1939.

Dengue rash



Diffuse macular recovery rash in an adult patient with dengue. The rash may appear between 3 and 6 days after fever onset. Note the 'islands of white' of normal skin surrounded by erythematous rash



Typical skin rash in an infant with dengue

from: NK Jones & S Yacoub. 2024.
in J Farrar *et al* (eds.). 2024.
in "Mason's Tropical Diseases",
Amsterdam, Elsevier, 1898 24th ed. 2024.



Dengue patient from Dhaka





Dengue hemorrágico

**Peters &
Gilles. 1991.**

Severe (haemorrhagic) Dengue



Haematoma in a patient with severe dengue:
combination of increased vascular fragility, platelet dysfunction/thrombocytopenia, and coagulation disorders is believed to explain its haemorrhagic manifestations



Minor bleeding, particularly around injection sites, is a very common feature in dengue

from: NK Jones & S Yacoub. 2024.
in J Farrar *et al* (eds.). 2024.
in “Mason’s Tropical Diseases”,
Amsterdam, Elsevier, 1898 24th ed. 2024.



Criança com dengue hemorrágico



from: J Genesio. 2012. in www.naturalunsenseenhazardsblog.com

A severe dengue outbreak stretches to the limit the health services response capacity in Dhaka, Bangladesh



from: V Chandrashekhar. 2023. at November 30. **YaleEnvironment** 360



Dengue

Clínica Gravidez

➤ ↑ risco morte fetal

mOR dengue sintomático 1,9
(CI – 1,6 - 2,2)

mOR dengue severo 4,9
(CI – 2,3 – 10,2)

➤ ↑ parto pré-termo

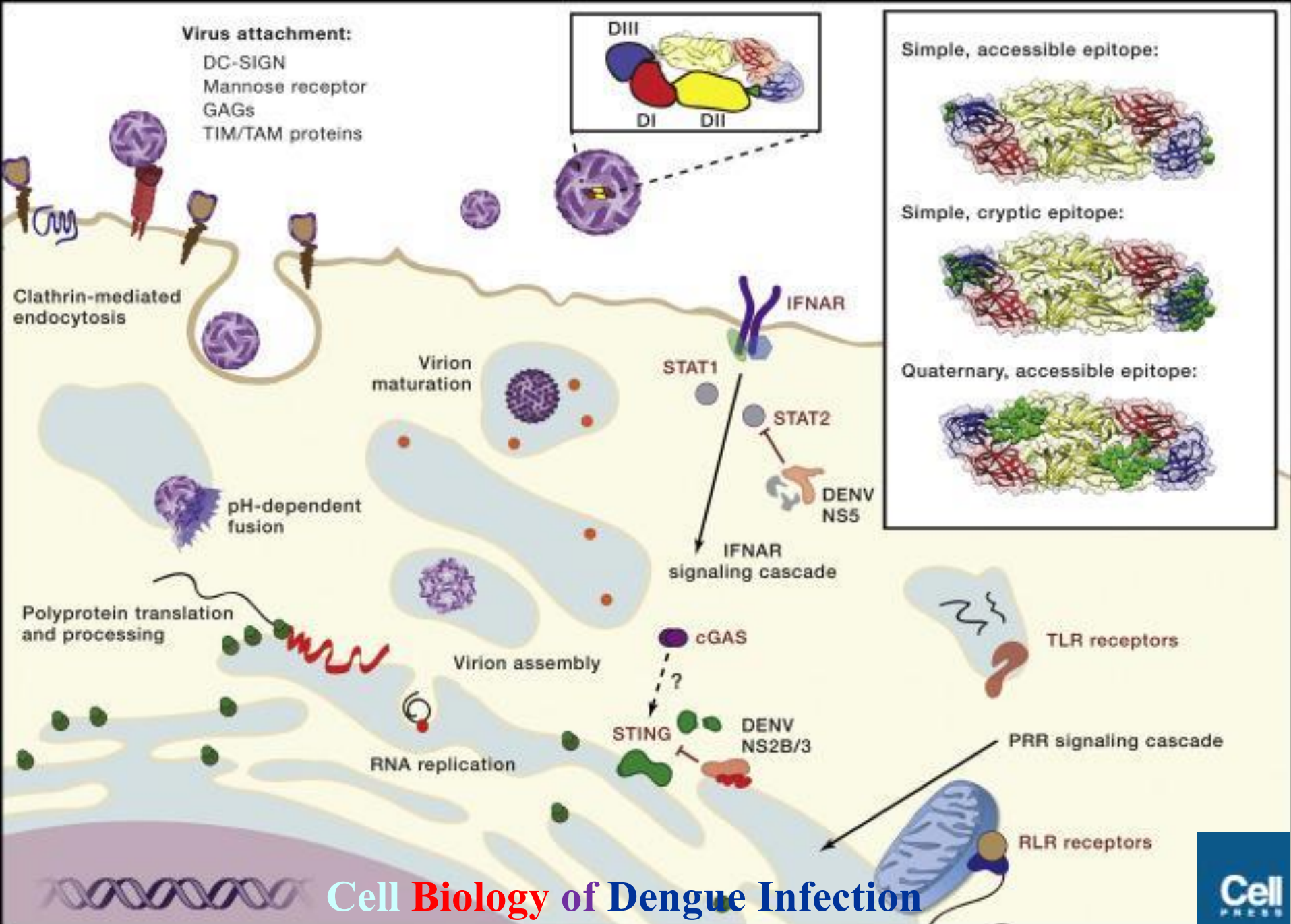
mOR 1,26 (CI – 1,06 - 1,49)

➤ Não associado ↓ peso à nascença

➤ Não associado a malformações

➤ Dengue ≠ Zika

J Nina. 2018. *adaptado de*
RL Goldenberg & EM McClure. 2017. *in* Lancet Inf Dis 17(9):886-887,
E Paixão *et al.* 2017. *in* Lancet Inf Dis 17(9):957-964,
P Brasil & O Lupi. 2017. *in* Lancet Inf Dis 17(9):885-886
& LB Nascimento *et al.* 2017.
in Lancet Inf Dis *in* [http://dx.doi.org/10.1016/S1473-3099\(17\)30169-X](http://dx.doi.org/10.1016/S1473-3099(17)30169-X).



from: MS Diamond & TC Pierson. 2015. in Cell 162(3):488-492.

[illegible]

**G Screaton, J Mongkolsapaya,
S Yacoub, S. *et al.***



ELSEVIER

*from: NK Jones & S Yacoub. 2024. in J Farrar et al (eds.). 2024.
in “Mason’s Tropical Diseases”, Amsterdam, Elsevier, 1898 24th ed. 2024.*

Dengue

Fisiopatologia

A importante diferença entre Anticorpos Neutralizantes e Anticorpos Facilitadores

A complicar a “construção” de uma vacina contra a dengue está o facto que o vírus ocorre em **quatro serotipos** (mais um 5º raro e só no SEA) e a imunidade contra um dos serotipos não garante imunidade duradoura contra qualquer dos outros três, daí a necessidade de uma **vacina tetravalente**.

Pior, ser infectado com – e desenvolver imunidade para – um serotipo pode ser o factor desencadeador que leva o doente a sofrer uma forma mais grave da doença, se subsequentemente infectado com um serotipo diferente, um fenómeno conhecido como **facilitação anticorpo-dependente**.

Mas infecções com um 3º e/ou um 4º serotipo diferente, se acontecerem, em regra provocam doença ligeira.

from: Editorial. 2018. in Lancet Inf Dis 18(2):123.

THE LANCET
Infectious Diseases

Dengue

Fisiopatologia

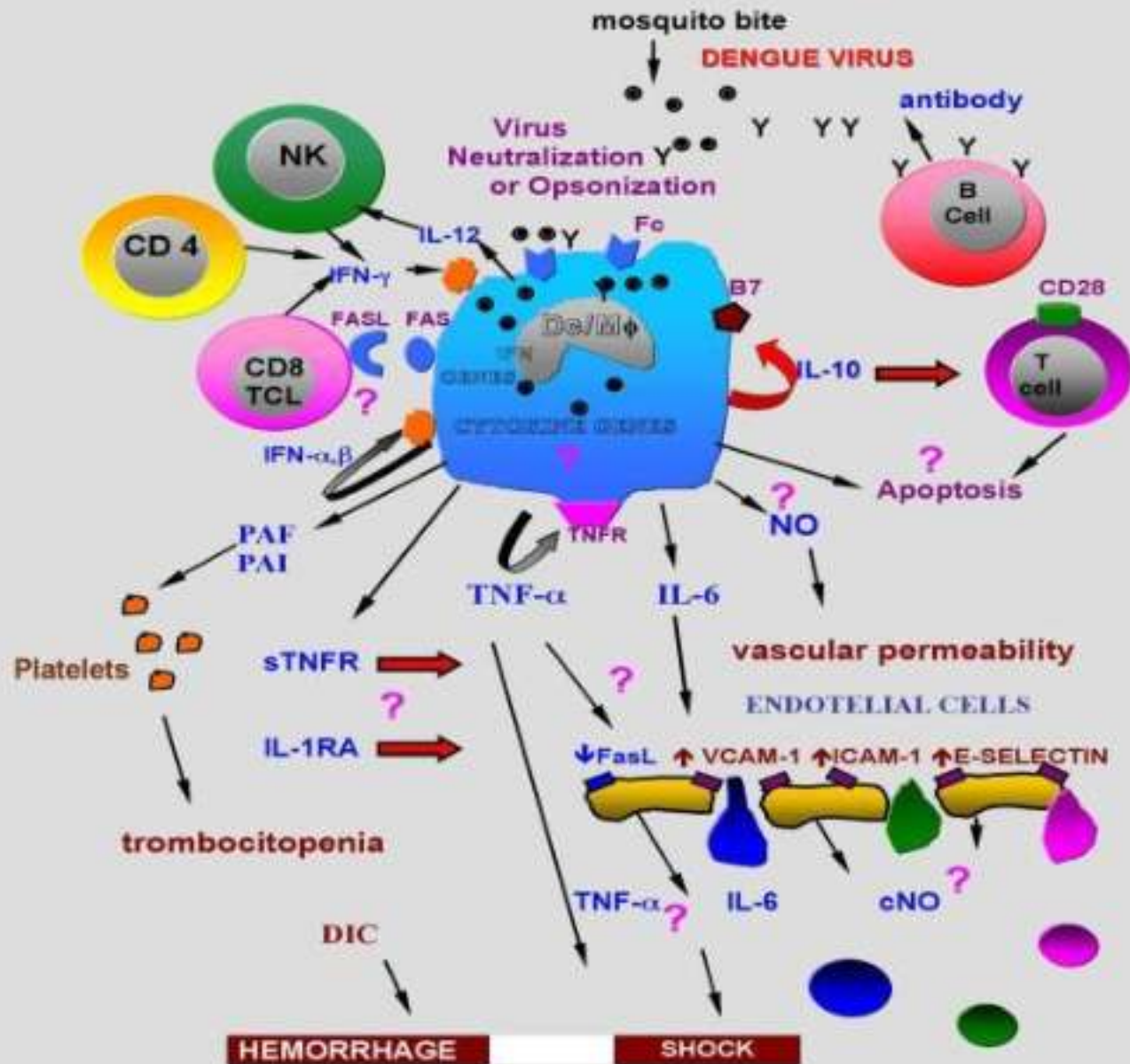
A importante diferença entre Anticorpos Neutralizantes e Anticorpos Facilitadores

A fisiopatologia do dengue devido ao processo patogénico mediado por anticorpos pode ser ainda mais complicado, visto haver quatro vírus de dengue diferentes, e que cada um pode afectar de forma diferente infecções de dengue subsequentes. Por exemplo, infecções com dengue virus 1 seguido de dengue virus 2, ou dengue virus 1 e depois dengue virus 3, resultam em doença clínica mais grave que infecções em outras sequencias.

*from: S Mahalingam et al. 2017. in Lancet Inf Dis 17(7):686-688
& MG Guzman et al. 2013. in Arch Virol 158(7):1445-1459.*



Fisiopatologia e Imunopatologia do dengue



Dengue Vacina

-Vacina anos 70s:

Exemplo falhanço

(*cross-reacting enhancing Acs*)¹

com ↑ Mortalidade nos
vacinados !!!

¹ – SB Halstead & EJ O'Rourke. 1977. J Exp Med 146:201.
& W Dejnirattisai *et al.* 2010. Science 328(5079):745-748.

Dengue

Vacina

- Vacina anos 70s: Exemplo falhanço
(cross-reacting enhancing Acs)¹
com ↑ Mortalidade nos
vacinados !!!
- Condicionantes vacina: 1. Tetravalente
2. Indução Ac neutralizantes ↑
(sem Ac heterotípicos †)
3. Segura

¹ – SB Halstead & EJ O'Rourke. 1977. J Exp Med 146:201.
& W Dejnirattisai *et al.* 2010. Science 328(5079):745-748.

Dengue Vacinas

Up-and-coming dengue vaccines

Manufacturers for the two dengue vaccines following Sanofi Pasteur's are collecting more data to evaluate safety; results are expected by the end of 2018.

VACCINE	MANUFACTURER	VACCINE TYPE	MECHANISM	STATUS
Dengvaxia	Sanofi Pasteur	Live attenuated	Yellow fever vaccine backbone with key genes from four dengue viruses	In use
DENVax	Takeda	Live attenuated	Dengue serotype 2 backbone with key genes from other three dengue viruses	Initial results late 2018
TV003/ TV005	National Institute of Allergy and Infectious Diseases and Butantan Institute	Live attenuated	Wild-type strains with genetic mutations	Initial results late 2018

table: adapted from: L Schwartz et al. 2015. in Vaccine 33:3293.

from: D Normile. 2017. in Science 358(6370):1514-1515.

Dengvaxia™

Powder and solvent for suspension for injection
Polvo y disolvente para suspensión inyectable

Dengue tetravalent vaccine (live, attenuated)
Vacuna tetravalente contra el dengue (de virus vivos atenuados)

Powder (1 dose) in vial + 0.5 mL of solvent in a pre-filled
syringe with 2 separate needles - Pack size of 1

Indication: Prevention of Dengue disease caused by
Dengue Serotypes 1, 2, 3 and 4 in individuals
9 through 45 years of age living in endemic areas

Indicación: Prevención de la enfermedad del dengue
causada por los virus vivos atenuados de los
serotipos 1, 2, 3 y 4 en individuos de 9 a 45 años de
edad que viven en áreas endémicas.

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Polvo y disolvente para suspensión inyectable

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serotipos 1, 2, 3 y 4 en individuos de 9 a 45 años de
edad que viven en áreas endémicas.

Read the package leaflet before use.
Keep out of the reach and sight of
children.

Store in a refrigerator (2°C - 8°C).
Do not freeze. Protect from light.
After reconstitution, use immediately
or within 6 hours if stored between
2°C and 8°C.

Leer detenidamente el prospecto antes de
usarlo.
Mantener fuera de la vista y del alcance de
los niños.
Mantener en un refrigerador (2°C a 8°C).
No congelar. Proteger de la luz.
Utilizar inmediatamente después de la
reconstitución o dentro de las 6 horas
siguientes si se almacena entre 2°C y 8°C.

Manufactured by:
Sanofi Pasteur
Lyon, France
Imported by:
Sanofi Pasteur, Inc.
Makati City, Philippines

Caution: Foods, Drugs, Devices &
Cosmetics Act prohibits dispensing
without prescription.

Subcutaneous (SC) use
after reconstitution
Subcutánea (SC) después
de la reconstitución

SANOFI PASTEUR

SANOFI PASTEUR

Reconstitute Dengvaxia™ with the
solvent provided. For complete
instructions, see package leaflet.
Reconstituya Dengvaxia™ con el
disolvente suministrado. Para conocer
las instrucciones completas consulte el
prospecto.



Dengvaxia



- **Segurança +++**
- **Elevada protecção contra infecção, doença, hospitalização, complicações, e morte – em pessoas já parcialmente imunes**
- **Parece aumentar estes riscos em seronegativos, nomeadamente em crianças dos 2 aos 5 anos**
- **Assim, só é recomendada para, cumulativamente:**
 - **Zonas hiperendémicas**
 - **Crianças > 9 anos**

*from: Tikki Pang. 2016. in Lancet Inf Dis 16(8):880-882
& M Aguiar et al. 2016. in Lancet Inf Dis 16(8):882-883.*

THE LANCET
Infectious Diseases

Licenciada (*até finais de 2016*):

Filipinas

México

Brasil

El Salvador

Costa Rica

Licenciamento em análise (*finais de 2016*):

Tailândia

Indonésia

Malásia

Singapura

...



from: Tikki Pang. 2016. in Lancet Inf Dis 16(8):880-882.

Dengvaxia



mas ...

- **↑ casos graves e internamentos em crianças que tinham tido dengue antes de serem vacinadas, nas Filipinas**
- **Suspeitas semelhantes noutros países – em pessoas já parcialmente imunes**
- **a WHO revê as indicações, tornando-as muito mais restritas (ver WER 2018, 7/09 - No 93(36):457–476 & WER 2024, 3/05 - No 99(18):203-224, at <http://www.who.int/wer>)**



Licenciada (*até finais de 2016*) ou não:

Filipinas → anulação do licenciamento 2021

México

Brasil

El Salvador

Costa Rica

Licenciamento em reanálise:

Tailândia

Indonésia

Malásia

Singapura

...

Reanálise de licenciamento em inúmeros outros estados



Takeda's QDENGGA®



- Vacina Dengue Tetravalente, viva, atenuada, baseada no serotipo 2 mas modificado para exprimir Ags dos 4 serotipos
- Aprovada na EU, 14-12-2022, e no Brasil, 10-04-2023
- Estudos da empresa com evidência de eficácia > 80 % e boa **segurança**, nomeadamente ≠ Dengvaxia
- A empresa retirou candidatura a aprovação pela FDA

J Nina. 2023. adaptado de



Takeda's QDENGGA®

WHO recommendations for endemic areas, May 2024:

1. Countries should consider introducing TAK-003 vaccine into their routine immunization programmes for age 6-16 years but only in settings with dengue transmission intensity (WHO suggests a 60% seroprevalence threshold). Within the age range of 6-16 years, WHO recommends the introduction about 1-2 years prior to the mean age of peak incidence. Until the efficacy-risk profile in seronegative persons for DENV3 and DENV4 has been more precisely assessed, WHO does not recommend the programmatic use of this vaccine in low to moderate dengue transmission settings.
2. **Administration considerations:**
 - 2.1. 2-doses s/c to be spaced at a minimum interval of 3 months.
 - 2.2. No maximum interval; 2nd dose should be administered at the next opportunity.
 - 2.3. TAK-003 is not recommended for pregnant women, and pregnancy should be avoided for at least 1 month after vaccination.





SC injection technique

Vacinas

Lembrar:

Timing
is everything

Takeda's QDENGGA®

WHO recommendations for endemic areas, September 2023:

2. Administration considerations:

- 2.4. TAK-003 is contraindicated in persons with congenital or acquired immune deficiency, including immunosuppressive therapies within 4 weeks prior to vaccination.
- 2.5. TAK-003 contraindicated in persons with symptomatic HIV or with asymptomatic HIV and laboratory or other evidence of impaired immune function.
- 2.6. No current recommendation has been made for a booster dose due to lack of data, but dengue-naïve persons are likely to require a booster.
- 2.7. Co-administration of TAK-003 with yellow fever and hepatitis A vaccines is supported by data. Countries could consider coadministration with other inactivated, sub-unit or messenger RNA vaccines, except for live vaccines (pending more data).

Takeda's QDENGGA®

- 1. Studies to assess efficacy of TAK-003 against VCD caused by any serotype in adolescents and adults 18 years and older have not yet been conducted. Only immunogenicity results are available. Efficacy is inferred based on a comparison of neutralizing antibody levels elicited in adults and among children in whom efficacy data are available.**
- 2. Evidence supports a moderate level of confidence that the true effect lies close to the estimate of the effect on the health outcome.**
- 3. There is no observed safety signal (non-dengue severe adverse events) associated with TAK-003 among immunocompetent trial participants 4-16 years of age. TAK-003 is not associated with a statistically significant increased risk of severe dengue or DHF among immunocompetent children ages 4-16 who were seronegative at baseline. A risk of excess cases of severe dengue or DHF cannot be ruled out with the available data. Evidence supports a very low level of confidence that the true effect lies close to the estimate of the effect on the health outcome.**



WHO considerations for travellers



Takeda's QDENGGA®

WHO considerations for travellers

- Travellers from dengue non-endemic countries with previous travel-related dengue (any serotype) may benefit from TAK-003 vaccination to prevent a secondary dengue during future dengue risk travel.
- Dengue-naïve travellers have less potential benefit from vaccination than previously infected travellers and as well an unclear but likely increased risk of dengue complications with a future dengue exposure during travel.
- Frequent travellers, long-term travellers, migrants and long-term expatriates have a higher likelihood of having had a dengue infection in the past (and may therefore be seropositive) compared with first-time or short-term travellers.
- Travellers need to understand that TAK-003 has not, yet, been showed to confer protection against DENV3 and DENV4 if they are dengue-naïve; and that there is a theoretical risk of severe dengue if seronegative individuals are exposed to DENV3 and DENV4, a risk which currently cannot be ruled out with the available data.

Dengue vaccine (TAK-003) GRADE tables for consideration by the Strategic Advisory Group of Experts (SAGE) on Immunization September 2023 & WER 2024 No 99(18):203-224.



World Health
Organization

Takeda's QDENGGA®

WHO considerations for travellers

- Protection starts 14 days after the first dose and a VE of 81% has been demonstrated between the 1st and 2nd dose, hence the 1st dose can be given up to 14 days prior to travel to a dengue-endemic country. To ensure the durability of the protection, a 2nd dose is needed after a minimum interval of 3 months. Based on current data on efficacy and safety only travellers between 6 and 60 years of age should consider vaccination.
- New vaccines tend to be costly in non-endemic rich countries and dengue risk is very variable between regions of most endemic countries. Mapping of estimated risk levels for specific sub-national itineraries, such as is now done for yellow fever and malaria, may be necessary, even if approximate and difficult.



Takeda's QDENGGA®

WHO considerations for travellers

- National guidelines in non-endemic countries where TAK-003 is commercially available are likely to remain permissive rather than prescriptive pending more data.
- For travellers from 17–60 years of age the strongest indication would be for long-stay or frequent travel to the highest risk destinations in a dengue experienced traveller. Dengue-naïve travellers to such high-risk areas would benefit from specific information if available on the likelihood of DENV-3 or -4 at the destination.
- Several other live attenuated dengue vaccine candidates remain in the pipeline with the further goal of a balanced infectivity profile for all four vaccine components. The option of waiting for one of them should also be considered.



World Health Organization
Organisation mondiale de la Santé

Weekly epidemiological record Relevé épidémiologique hebdomadaire

Week 26, 2024
1 July 2024

WHD position paper on
dengue vaccines – May 2024

Note de synthèse position de
l'OMS sur les vaccins contre la
dengue – mai 2024

Introduction

The dengue virus (DENV) is a mosquito-borne virus that causes dengue fever, a common and often severe illness. It is estimated that 100 million people are infected each year, with 50–100 million cases of dengue fever and 250–500 million cases of dengue-like illness. Dengue is a major public health problem in many tropical and subtropical countries, particularly in the Americas, the Eastern Mediterranean, and Southeast Asia. The WHO has been working to reduce the burden of dengue through a combination of vector control, surveillance, and vaccination.

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Contents

- 1. Introduction
- 2. Background
- 3. Objectives
- 4. Methods
- 5. Results
- 6. Discussion
- 7. Conclusions
- 8. References
- 9. Annexes

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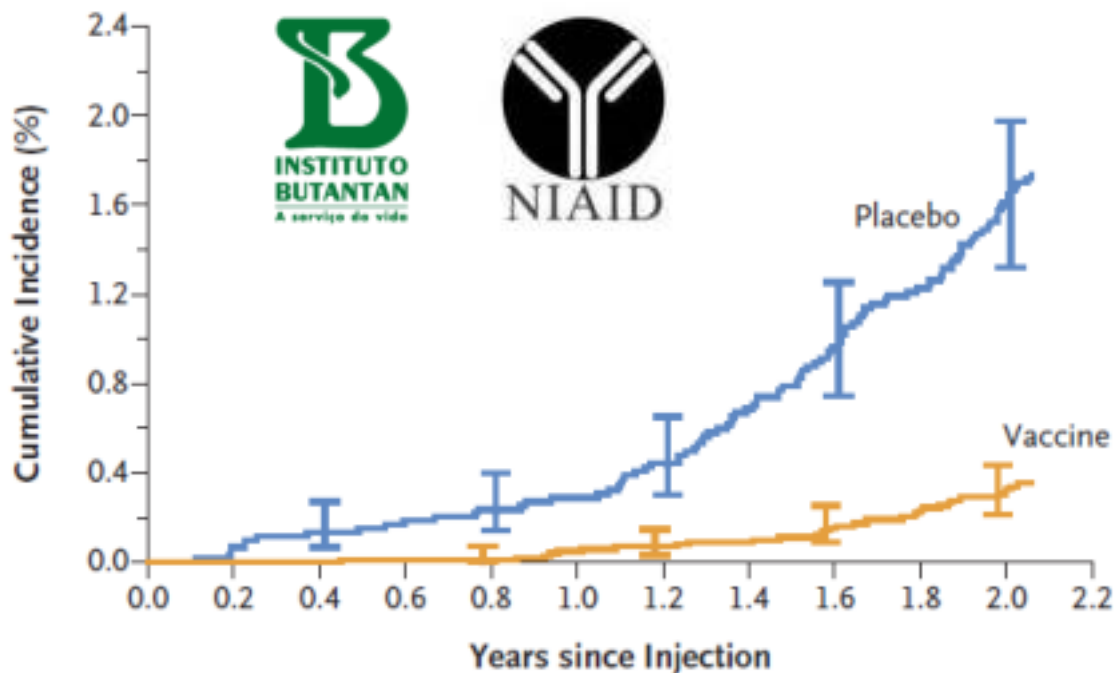
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ESTADOS SELECIONADOS PARA
VACINAÇÃO DA DENGUE



**O Ministério da Saúde
informou que 521
municípios brasileiros
foram seleccionados
para iniciar a vacinação
contra a dengue via
Sistema Único de Saúde
(SUS) a partir de
Fevereiro.**

*publicado em 25/01/2024 - 10:41
por Paula Laboissière - Repórter
da Agência Brasil - Brasília*



No. at Risk

Placebo	5,946	5,865	5,811	5,741	5,668	5,571
Vaccine	10,213	10,014	9,925	9,840	9,750	9,628

Figure 2. Cumulative Incidence of Virologically Confirmed Dengue through 2-Year Follow-Up.

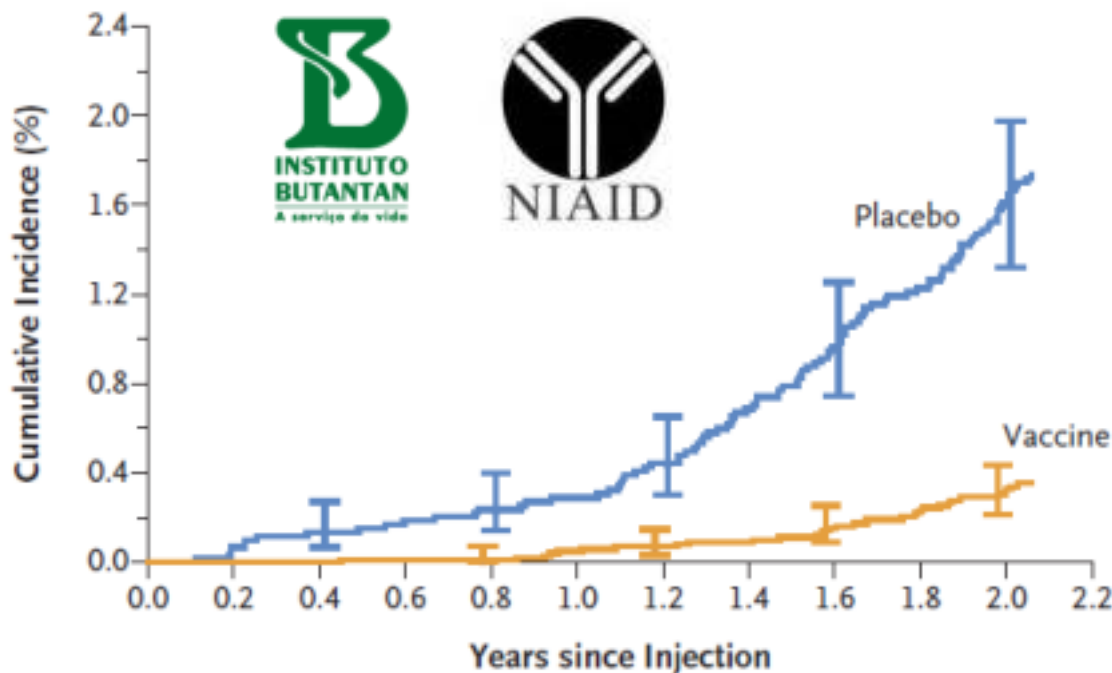
Shown is the incidence of symptomatic, virologically confirmed dengue occurring more than 28 days after injection through the end of the 2-year follow-up period. Analysis excludes results that did not follow standard operating procedures for the reverse-transcriptase–polymerase-chain-reaction-assay. I bars indicate 95% confidence intervals.

3rd Dengue vaccine
Live, Attenuated,
Tetravalent NIAID /
Butantan - Dengue
Vaccine showed
impressive results at 2
years interim analysis,
in Children and Adults
with a single dose, and
good safety profile

J Nina. 2024. adapted from:
SB Thalstead. 2024. in N Engl J Med 390(5):464-465.
& EG Kallás *et al.* 2024. in N Engl J Med 390(5):397-408.



The New England
Journal of Medicine



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Live, Attenuated,
Tetravalent NIAID /
Butantan - Dengue
Vaccine showed
impressive results at 2
years interim analysis,
in Children and Adults
with a single dose, and
good safety profile

But:

- 3 years study remain
- No cases of DENV-3 and DENV-4, yet
- Effect on mortality?
- Immunity previous Zika infection?

J Nina. 2024. adapted from:
SB Thalstead. 2024. in N Engl J Med 390(5):464-465.
& EG Kallás *et al.* 2024. in N Engl J Med 390(5):397-408.



The New England
Journal of Medicine

3 vacinas para a dengue



➤ **Dengvaxia® - Sanofi Pasteur**



➤ **Qdenga® - Takeda**



➤ **??? - Butantan**



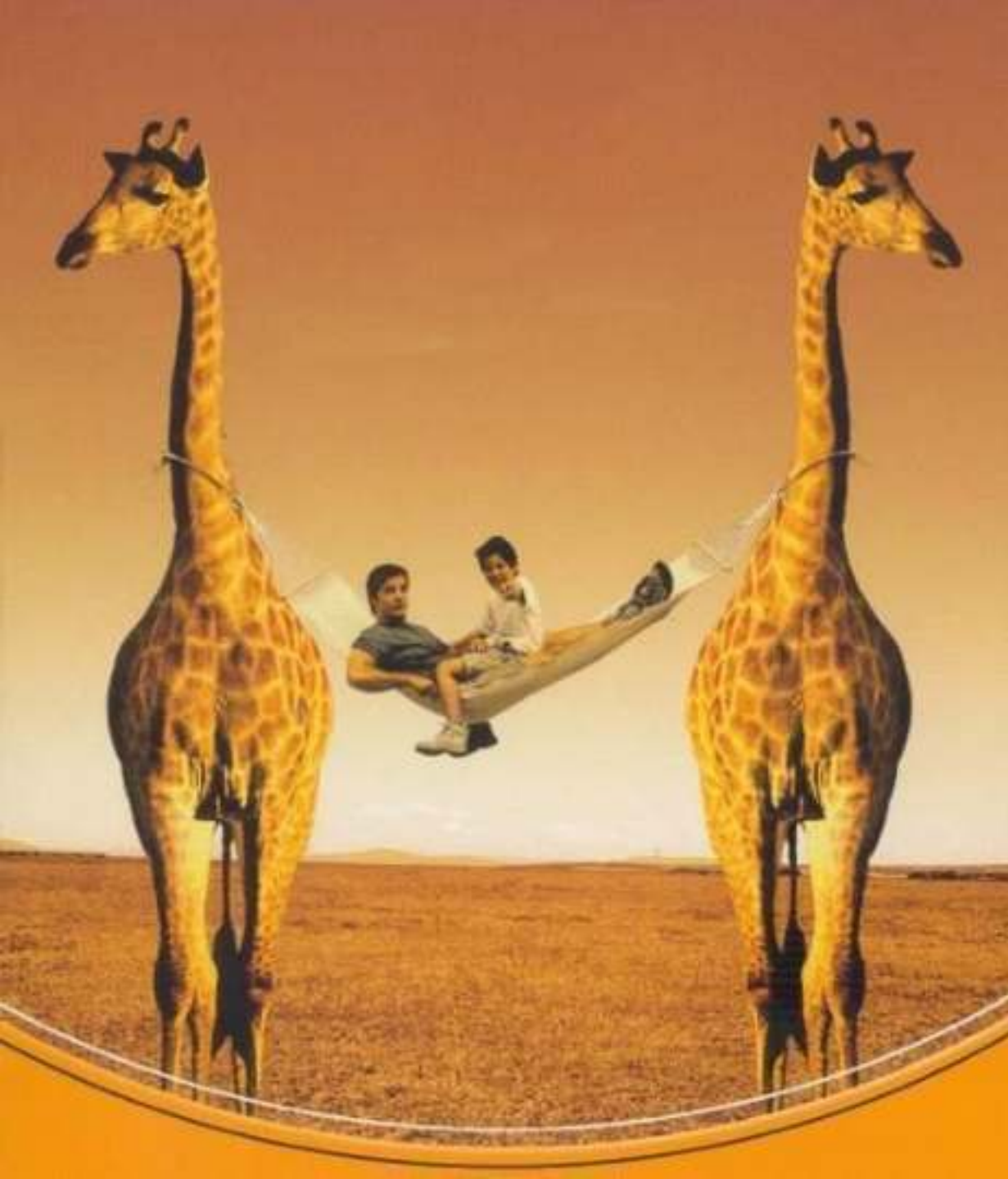
O médico é um céptico profissional



A vida é boa...



Thomas D Mangelsen / Comedy Wildlife Photo Awards 2019



A vida é boa...

Preciso
mesmo de
um café !

