

번호: OP-E-004				
제 목	서태평양 지역에서 B형 헤모필루스 인플루엔자의 역학 Epidemiology of Haemophilus influenzae type b in the Western Pacific Region			
저 자 및 소 속	기모란1), 신영전2), 김명희1), 최보울2), 유원섭1), Kilgore Paul3), Manju Rani4) 1)울지의과대학교 예방의학교실, 2)한양대학교 예방의학교실, 3)국제백신 연구소, 4)서태평양사무소, 세계보건기구 Moran Ki1), Young Jeon Shin2), Myoung Hee Kim1), BoYoul Choi2), Won Seup Yoo1), Paul Kilgore3), Rani Manju4) 1)Dept. Preventive Medicine, Eulji University, 2)Dept. Preventive Medicine, Hanyang University, 3)International Vaccine Institute, 4)Western Pacific Region Office, WHO			
분 야	역 학 [전염병 역학]	발 표 자	기모란 일반회원	발 표 형 식
<p><b>Objectives:</b> To estimate Haemophilus influenzae type b (Hib) disease burden, cost- effectiveness, Hib vaccine impact on child morbidity and mortality in the Western Pacific Region (WPR) and to describe vaccination status including the type of vaccines used and vaccination schedules by country in this region.</p> <p><b>Methods:</b> Review all published literature and available unpublished literature on Hib including expert communication. To compare the economic evaluation studies across regions sensitivity analysis was carried out.</p> <p><b>Results:</b> Disease burden of Hib in WPR was different by regions and countries. Even with the small number of paper and the defects in methodology, incidences of Hib meningitis in East Asia region were lower as less than 40 per 100,000 except in the Philippines. In Oceania region, New Zealand, Australia and French Polynesia showed similar incidence as about 30 per 100,000. Other Pacific Islands who have data from RAT methods showed a high incidence of 50-84 per 100,000. In terms of Hib vaccination, 22 out of 37 WPR countries have introduced this and 16 countries have this into their routine immunization programs. Three countries (New Zealand, Australia and Fiji) who have data on the impact of Hib vaccination reported dramatic decrease of Hib incidence. The cost-benefit ratio of Hib immunization in the WPR seems to be lower than in America and European regions mostly because of relatively low incidence.</p> <p><b>Conclusions:</b> The WPR consists of diverse countries and their Hib disease burdens were very different. 17 out of 37 have no data on Hib disease burden, even if some of them have introduced Hib vaccination. Even though they have Hib disease burden data, many of them were carried out with hospital based or retrospective design. Among 40 papers on Hib disease burden in WPR, community-based prospective studies were only 7. In order to decide whether or not to introduce the Hib vaccination and to evaluate the economic value or impact of immunization, well designed descriptive study on Hib should carried out at first in each country.</p>				