# The landscape of infectious disease exposure over the past two decades in the Kenyan coast.

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### Introduction



Kemri-Wellcome Trust/Mwanajuma Ngama



#### Objectives

- General objective
  - To evaluate the infectious disease burden in early life in a cohort of infants living in the Kenyan coast using a high-throughput seroepidemiological approach.

- Specific objectives
  - To elucidate the seroepidemiology of infectious diseases in coastal Kenya.
  - To correlate vaccination record data with serological data.



## Microarray:42 infectious diseases targets.



![](_page_4_Picture_0.jpeg)

Protein/Antigens

![](_page_4_Figure_3.jpeg)

![](_page_5_Picture_0.jpeg)

#### Experimental design

![](_page_5_Figure_2.jpeg)

![](_page_5_Picture_3.jpeg)

ade

Sick infant

![](_page_5_Picture_6.jpeg)

Hospital

- Paediatric inpatient samples; 2006 to 2017. Kilifi County Hospital.
- 176 serum samples assayed against **42** pathogens.
- Clinical data available.

![](_page_6_Picture_0.jpeg)

# Results: Correlation of vaccination record data and serological data; pentavalent vaccine

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![](_page_7_Picture_0.jpeg)

# Results: Correlation of vaccination record data and serological data; pentavalent vaccine

![](_page_7_Figure_2.jpeg)

![](_page_8_Picture_0.jpeg)

# Results: seroprevalence of infections that should be prioritized for vaccine development.

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![](_page_9_Picture_0.jpeg)

# Results: seroprevalence of infections that should be prioritized for vaccine development.

- 1. RSV-A
- 2. Cytomegalovirus (CMV)
- 3. Norovirus
- 4. Coxsackie virus
- 5. Mumps virus
- 6. Influenza H3N2
- 7. Plasmodium falciparum(Malaria)
- 8. Epstein-Barr Virus (EBV)
- 9. Mycoplasma pneumoniae
- 10. Varicella Zoster virus (VZV)
- 11. Helicobacter pylori
- 12. Dengue virus

MUMPSV -H3N2.1999 -PFALHSP -

EBV

113

/CPN

CMVPP52

CMVPP150

RSVAF

NOROVGRP2 -COXSACB1 -

- 13. Klebsiela pneumoniae
- 14. Clostridium defficile
- 15. Chlamydia pneumoniae

![](_page_9_Figure_17.jpeg)

![](_page_10_Picture_0.jpeg)

# Conclusion

- This study highlighted significant proportions of infants who had no detectable amounts of antibodies to diphtheria, pertussis, and hepatitis B vaccine antigens despite being vaccinated.
- There is evidence of localized transmission of infectious diseases whose epidemiology is unknown.
- Need to have more infectious disease targets included in routine vaccination programs ie Mumps, influenza, and VZV, and Dengue.
- There is a need to have a priority list of pathogens that should be targeted for vaccine development; supported by epidemiological data.

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### Extra slide

Vaccine	Description	Schedule	Year Introduced
BCG	Bacillus Calmette–Guérin vaccine	At birth	1980
OPV	Oral Polio Vaccine	Birth, 6,10, 14 weeks	1980
DTwPHibHepB (Penta)	Diphtheria, Pertussis, Tetanus,Hepatitis B and Haemophilus influenzae type b) vaccine	6,10, 14 weeks	DTwP ( <b>1980</b> ) Hib & HepB ( <b>2001</b> )
IPV	Inactivated Polio Virus vaccine	14 weeks	2016
MR	Measles/Rubella vaccine	9, 18 months	Measles ( <b>1980</b> ) Measles 2 <sup>nd</sup> dose ( <b>2013</b> ) Rubella ( <b>2017</b> )
Pneumococcal	Pneumococcal conjugate (PCV-10) vaccine	6,10, 14 weeks	2011
Rotavirus	Rotavirus vaccine	6,10 weeks	2014
HPV	Human Papilloma vaccine	10 years+ 6 months	2019