## **SAPIENS**

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#### Studies on *S. pneumoniae* in Russia

- Unified surveillance system of pneumococcal infection is lacking
- Regional sentinel centers were established
  - 2010 St. Petersburg prospective. Research institute of Children's Infections (RICI)
    - Acute otitis media (AOM)
    - Meningitis, invasive pneumonia
    - Carriage
  - 2010 Moscow prospective. Scientific Center for Children's Health (SCCH)
    - AOM
    - Carriage
  - 2010 Moscow prospective. Reference Center for meningococcal infections (RCMI)
    - Meningitis
  - 2010 Smolensk retrospective. Smolensk Medical Academy (SMA)
    - Different diagnosis



Streptococcus pneumoniae serotype distribution in children in the Russian Federation before the introduction of pneumococcal conjugate vaccines into the National Immunization Program

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## Common features

- Luck of surveillance systems
- Problems of micro labs
  - During current year only 3 invasive isolates were recovered in St. Petersburg

### **SAPIENS**

- SCIENTIFIC
- ASSESSMENT OF
- PNEUMOCOCCAL
- INFECTION
- EPIDEMIOLOGY
- NETWORKS

## Participating countries

#### Russia

- general population ≈143 mln
- birth cohort ≈ 1.8 mln
- PCV13 December 2014 February 2015

#### Kazakhstan

- general population ≈ 18 mln
- birth cohort ≈ 0.350 mln
- PCV13 NIP started since 2010 with gradual inclusion of the regions

#### Bulgaria

- population ≈ 6.5 mln
- birth cohort ≈ 0.06 mln
- PCV10 started since 2011

# Study groups

- Healthy, 'non-organized' visiting a healthcare institution for regular prophylactic examinations and planned vaccination;
- Healthy 'organized' children attending kindergartens and/or daycare centers;
- Children brought to a pediatric hospital's emergency room with the signs of an acute respiratory infection;
- Children hospitalized with community-acquired pneumonia with its x-ray confirmation;
- Children diagnosed with acute otitis media requiring tympanocentesis;
- Adults diagnosed with community-acquired pneumonia with its x-ray confirmation;
- Patients of all ages diagnosed with purulent meningitis

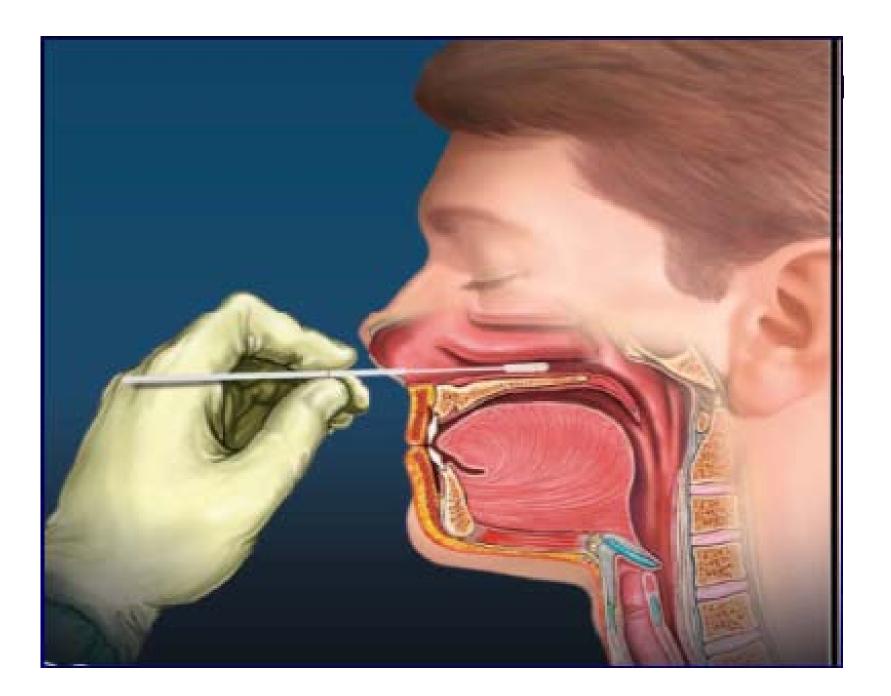
Centre	Year	Study groups							
		Healthy 'non-	Healthy	Children	Children	Children	Adults	Patients	Total
		organized'	'organized'	diagnosed	with	with	with CAP	with	
		children	children	with ARI	CAP	AOM		meningitis	
Moscow	1-й	250	250	300	100	300		30	1230
	2-й	250	250	300	100	300		30	1230
	3-й				100	300		30	400
St. Petersburg	1-й	400	500	300	280	300	230		2010
	2-й	400	500	300	280	300	230		2010
	3-й				280	300	230		810
Smolensk	1-й		500						500
	2-й		500						500
	3-й								
Khabarovsk	1-й		500						500
	2-й		500						500
	3-й								
Yekaterinburg	1-й		500		80	160	100		840
	2-й		500		80	160	100		840
	3-й				80	160	100		340
Krasnoyarsk	1-й		500						500
	2-й		500						500
	3-й								
Khanty-Mansiysk	1-й	200	500	200					900
	2-й	200	500	200					900
	3-й								
Kazakhstan	1-й	240	200	120	160	120	170	30	1050
	2-й	240	200	120	160	120	170	30	1050
	3-й				160	120	170	20	
Bulgaria	1-й	800		800				40	
	2-й	800		800				40	
	3-й								

# Primary objectives

- S. pneumoniae serotype in
  - NPC of healthy children aged ≤5 y.o. in Russia, Kazakhstan and Bulgaria.
  - NPC of healthy children 3-5 y.o. in organized communities (kindergartens) in Russia
  - NPC of children with ARVI aged ≤5 y.o. in Russia,
     Kazakhstan and Bulgaria.
  - Children 0-5 y.o. with AOM in Russia and Kazakhstan.
  - Children and adults with CAP in Russia and Kazakhstan.
  - Children and adults with meningitis in Russia, Kazakhstan and Bulgaria.

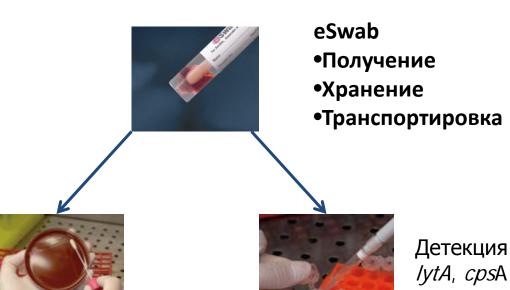
## SECONDARY OBJECTIVES

- Determine antimicrobial susceptibility patterns of S.
   pneumoniae collected in Russia, Kazakhstan and Bulgaria.
- Retrospective and prospective epidemiological analysis of CAP, AOM and meningitis incidence rates in Russia and Kazakhstan.
- Spn serotype distribution in vaccinated and non-vaccinated children (prospective for the same age groups and historical data comparison)
- Development of the SOP for microbiological and PCR laboratories for pneumococcal disease etiological diagnosis





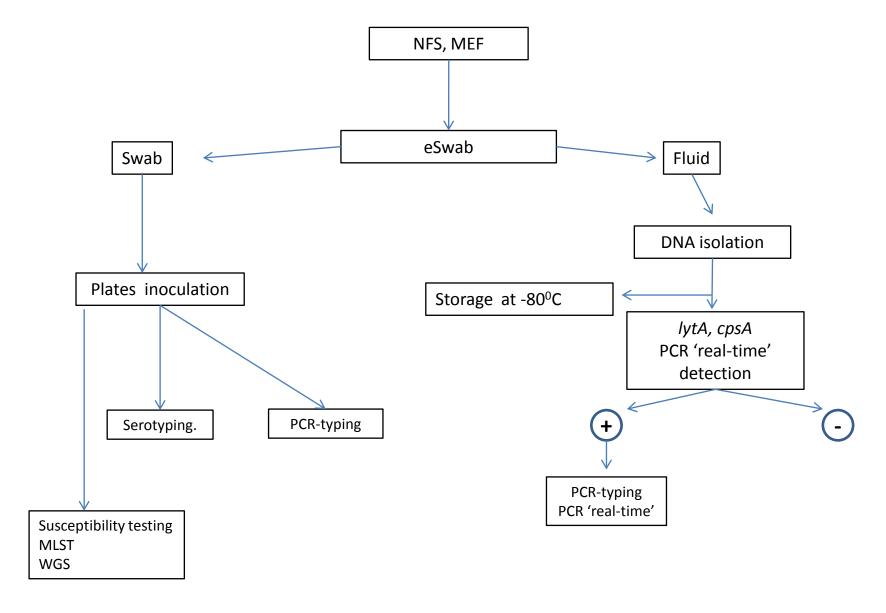
#### Парацентез



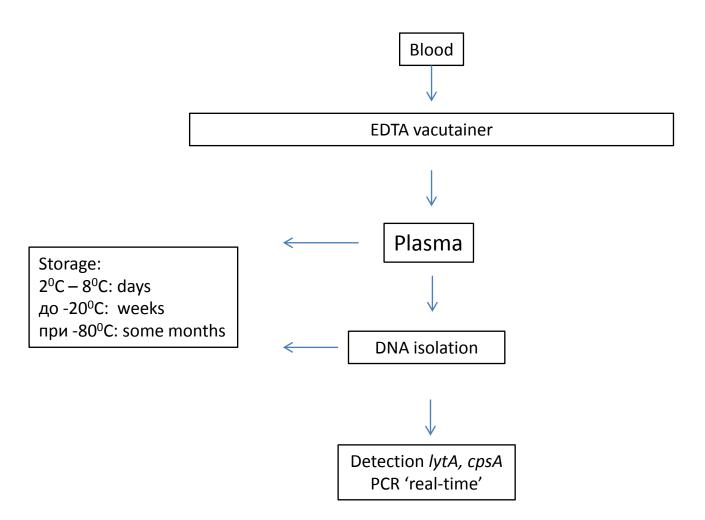
Выделение Чувствительность Серотипирование

Детекция ДНК *lytA*, *cps*A Серотипирование

## Respiratory samples



### Blood



# Typing:

- Phenotypic methods (immunological serotyping, susceptibility testing....)
- Genotypic methods:
- ✓ PCR, qPCR: confirmation of identification; determination of serotype/serogroup
- ✓ Sequencing: confirmation of species identification (MLSA), identification of a clone (MLST), identification of serotypes in serogroup 6