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PREVALENCE OF LEPTOSPIROSIS AND THE ROLE OF CLIMATIC FACTORS AND AGRICULTURAL PRACTICES IN ITS CIRCULATION IN VIETNAM

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Why Leptospirosis?

Prevalence per 100,000 worldwide



Source: Costa F, Hagan JE, Calcagno J, Kane M, Torgerson P, Martinez-Silveira MS, et al. (2015) Global Morbidity and Mortality of Leptospirosis: A Systematic Review. PLoS Negl Trop Dis 9(9):

Leptospirosis in Viet Nam

Author	Time	Site	Study Subjects	Prevalence of Lepto
Ngu Duy Nghia et al. (2017)	2015	Hanoi	Healthy population aged 15-60 tuổi	24.0
Cao Thi Bao Van et al. (2017)	2013	Tien Giang, Bình Phước	Householses raising pigs	7.8 và 19.6
Hoang Thi Thu Ha et al. (2016)	2014	Bệnh viện 103, Hà Nội	Patients aged 18-70 with ferver	21.1
Cong Ngoc Long (2013)	2013	Thanh Hoa	Healthy population aged 18-60 tuổi	49.0
Hoang Kim Loan et al. (2013)	2004 - 2013	Các bệnh viện tại Hồ Chí Minh	Leptospirosis suspected patients	4.4
Thai et al. (2008)	2005	Bình Thuận	Students aged 7-12 tuổi	10.4
Thai et al. (2006)	2003	Bình Thuận	Students aged 7-14 tuổi	12.8
Hoang Manh Lam et al. (2001)		Đắc lắc	Butcher, pig trader, famer, forestry worker, student	18.0

Leptospirosis in Viet Nam



Source: Health Yearly Statistic

Insufficient report

Disease progress

Incubation	Disease progression	Post-disease sequelae
 Bateria enter the body through skin breaches, cuts or abrasions, conjunctivae, oral mucosae 3-30 days, frequently 10- 	 As soon as 3-5 days after disease onset Leptospira reach target organs Liver: high blood level of direct bilirubin (+ gastro-intestinal symptoms) Lung hemorrhages Kidney: lower Sodium reabsorption: byponatremia & bypokalemia and 	 Guillain Barre Syndrom Persistent fatigue, myalgia, malaise, headache, weakness (>24
12	interstitial nephritis	months)
Then only, symptoms appear: usually a high fever of rapid onset.	 Brain "aseptic meningitis" headache to altered mental status Severe Leptospirosis: Severe Pulmonary Hemorrhage Syndrome (SPHS) Severe renal failure Multi-organ failure 	Depression or other neuro- psychiatric disorders

Leptospira biological diagnosis

DoS-based biological diagnosis (number of Days since Onset of Symptoms)

	Onset =D0	D1	D2	D3	D4	D5	D6	D7	D8+	
qPCR /	from blood									
culture						from urine				
ELISA / RDT	expected negative (or former infection). Usable as baseline for conversion			valid			To be compared to			
MAT	expected negative (or former infection). Usable as baseline for conversion					valid	earner if available			

Risk factors





OBJECTIVES



GENERAL OBJECTIVES

- 1. Describe epidemiological status of Leptospirosis in Vietnam
- 2. Define risk factors of Leptospirosis in varied social-economic and climate areas.

SPECIFIC OBJECTIVES

- 1. To estimate the incidence of Leptospirosis in hospitalization patients in selected areas in Vietnam
- 2. To describe the main Leptospirosis serogroups circulating in human and animal
- 3. To identify the main risk factors associated for Leptospirosis transmission
- 4. To improve capacity in laboratory testing, clinical diagnosis and management of Leptospirosis for participating institutions i.e. hospitals, provincial preventive medicine center and NIHE.
- 5. To improve inter-sectoral collaboration between health, veterinary and environmental authorities/private sectors

METHODOLOGY

METHODOLOGY

Study sites

- 3 provinces belong to 3 different climate, populous and flooding areas: Thái Bình, Hà Tĩnh, Cần Thơ
- 2 districts in each provinces

Study design:

- Hospital-based surveillance in 12 seleted hospiatals
- 2. Case control

Duration: 1 year











2. Case - control

<u>Case:</u> Hospital cases and confirmed Leptospirosis

Sample size estimated: 600

Control: Match age and gender to cases, and select at community

Sample size estimated: 600



2. Case - Control



- Collect animal samples at households of cases and controls
- Collect data on bahaviors, risk factors, knowledge of Leptospira
- Dataset of climate, weather, environment

2. Case - Control



2. Case - Control

Blood samples from confirmed case

Blood samples from contact animals

Blood samples from controls

NIHE



ELISA /MAT

Defying Serogroup

2. Case - Control: Risk factors



3. Improve capacity of involved institutions in lab testing and diagnosis and management of Lepospirosis

Participating institutions

- Leptospirosis lab at NIHE
- Lab at PPMC of 3 provinces
- Hospitals of 3 provinces





Time: 9/2018 – 10/2018

3. Improve capacity of involved institutions in lab testing and diagnosis and management of Lepospirosis

- NIHE:
 - High techniques for Leptospira detection such as sequencing
 - Developing reference lab at NIHE in collaboration with internaional institutes
- PPMC:
 - Techniques for Leptospira detection like ELISA, MAT
 - Practice with project samples các mẫu bệnh phẩm thu thập được từ dự án.
- Hospital:
 - Diagnosis guidelines for Leptospirosis







4. Strengthen collaboration among human, animal health and environment sectors

Subjects

Time: 9/2018 - 12/2021

Relevant departments of Agricultura and Rural Development Ministry	Re Mi	Relevant departments of Ministry of Health		Relevant departments of MONRE	
Health institutions		One Health partnership	D	Animal health institution	

4. Strengthen collaboration among human, animal health and environment sectors

Activities

- Partnership Workshops/meetings to share/update of projects
- Working group meetings and with partners working on One health

EXPECTED OUTPUTS



1. Incidence of Leptospira

- Crude rate
- Incidence rate
- Incidence by age/gender
- Incidence by relevant anthropology factors



1. Incidence of Leptospira

- Recommendations related to prevalence of Leptospirosis at study districts/provinces.
- Contributation to evidence-based policy development for Leptospirosis in community.



2. Defining serogroups circulation in human and animal in Vietnam

Serogroups circulation in human and animal by :

- Animal types
- Geographic areas
- Weather/climate characteristic
- Districts/provinces
- Anthropological group



2. Defining serogroups circulation in human and animal in Vietnam

- Providing database of Leptospira serogroup circulation in both human and animal at different areas
- Recommendation of improving Leptospira surveillance.
- Strengthen collaboration of Leptospira surveillance in both human and animal

3. Identifying risk factors

Recommendations of key risk factors in study sites

Recommendations of agricultural and livestock practices in different climate areas

Recommendations in development of Leptospirosis prevention

Short term/long term outcomes

4. Improve capacity of involved institutions in lab testing and diagnosis and management of Lepospirosis



5. Strengthen collaboration among human, animal health and environment sectors

- Commitment in prevention of Leptospirosis in both human and animals
- Updated data of Leptospirosis shared among relevant parties
- Surveillance system of Leptospirosis in human and animal

Timelines



Thank you for your attention









