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More Children in Low-Income Countries Getting Vaccinated Against Hib Pneumonia and Meningitis

Vaccine use increasing in places where most Hib disease and deaths occur

Much progress is being made toward the introduction and use of *Haemophilus influenzae* type b (Hib) vaccine in low-income countries, according to a report issued Thursday by the Centers for Disease Control and Prevention. From 2004 to 2007, the proportion of poorest countries using or approved to use Hib vaccine increased from 18 percent to 65 percent.

"This is excellent news," said Dr. Anne Schuchat, director of CDC's National Center for Immunization and Respiratory Diseases. "In many of these countries, Hib is a leading cause of severe childhood pneumonia and often deadly meningitis. Thanks to a focused, collaborative effort, each year a greater number of children are getting vaccinated, and thus being protected against a very real and severe health threat."

Hib disease is estimated to cause 3 million cases of meningitis (swelling of the membranes surrounding the brain and spinal cord) and severe pneumonia and about 386,000 deaths worldwide per year in children 5 years old and younger. Safe and effective Hib vaccines have been widely used in industrialized countries for nearly 20 years, but have been relatively unavailable in the world's poorest countries.

In 2000, the GAVI Alliance initiated a project that provided financial support for purchasing and providing Hib vaccine in 72 of the world's lowest income countries (i.e., countries that had a gross national income of \$1,000 per capita or less). Between 2004 and 2007, the proportion of the 72 GAVI-eligible countries using or approved to use Hib vaccine increased from 18 percent to 65 percent.

"Our goal is to help make Hib vaccine available to all children, regardless of where they live," said Dr. Rana Hajjeh, director of the Hib Initiative. "In 2007, 14 million of the 79 million children born in the 72 GAVI-eligible countries had access to Hib vaccine. In 2008, we expect this will increase to 35 million children. By comparison, in 2004, only 6.8 million children in these countries had access to Hib vaccine."

According to Hajjeh, several factors have fostered increased interest and use of Hib vaccine in the GAVI-eligible countries. These include greater awareness of the amount and severity of disease caused by Hib, greater encouragement by the World Health Organization (WHO) that the Hib vaccine be included in routine immunization programs in all countries, and the GAVI Alliance's efforts to make the vaccine more affordable and accessible to low-income countries.

This report is being concurrently released this week by the World Health Organization in the Weekly Epidemiologic Record. The Hib Initiative is sponsored by the GAVI Alliance, with CDC, WHO, Johns Hopkins Bloomberg School of Public Health and the London School of Hygiene and Tropical Medicine being major partners. For more information, please visit www.cdc.gov/vaccines and www.hibaction.org

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