



## **Vaccination for Viral Diseases**

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### **Authors' contributions**

*This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.*

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## **ABSTRACT**

The past year has seen unprecedented happenings, bringing life to a halt. The unable things happened. The humans were stopped right in their tracks, and everyone felt powerless. The COVID 19 pandemic not only has resulted in financial losses worldwide, but it had also led to the death of about 51 lakh people worlds Though it had happened in the past when viral infections caused widespread death, in the modern era, no one even imagined that a virus could bring humanity to a halt.

Viruses cause many diseases, some of which can cause death, while others can cause severe debility. The majority of diseases caused by viruses attack infants and young children, but it affects people of all ages. One of the most effective methods for preventing death and disability from several viral illnesses is vaccination.

**Conclusion:** There are a variety of vaccines that are both effective and safe, which help prevent diseases caused by viruses that can cause deaths, hospital admissions, and further consequences. Edward Jenner was the first person in modern-day history to have used cowpox material to induce immunity to smallpox way back in 1796. However, some evidence does exist that the Chinese employed smallpox vaccination as early as 1000 CE. It was also practiced later in Turkey and Africa.

**Keywords:** *Vaccination; adults; viral; illness; immunity.*

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## 1. INTRODUCTION

The past year has seen unprecedented happenings, bringing life to a halt. The unable things happened. The humans were stopped right in their tracks, and everyone felt powerless. The COVID 19 pandemic not only has resulted in financial losses worldwide, but it had also led to the death of about 51 lakh people worlds Though it had happened in the past when viral infections caused widespread death, in the modern era, no one even imagined that a virus could bring humanity to a halt [1].

Viruses cause many diseases, some of which can cause death, while others can cause severe debility. The majority of diseases caused by viruses attack infants and young children, but it affects people of all ages. One of the most effective methods for preventing death and disability from several viral illnesses is vaccination. There are a variety of vaccines that are both effective and safe, which help prevent diseases caused by viruses that can cause deaths, hospital admissions, and further consequences [2].

## 2. HISTORY OF VIRAL ILLNESSES AND PANDEMICS

The story of vaccination did not begin with the first vaccine; it began long ago when humans started suffering from infectious diseases. Humans have since long been suffering from infectious diseases that have taken pandemics. Major pandemics that have inflicted humans include plague, chorea, flu, severe acute respiratory syndrome (SARS), middle east respiratory coronavirus viruses, and more recently, SARS CoV 2. In the case of bacterial pandemics use of modern-day antibiotics are very effective to control the pandemics along with other measures like sanitation, vector control. However, one of the most robust measures to control pandemics is a vaccination for viral diseases. Hence the need to work on vaccination in viral disease is a modern-day demand.

Edward Jenner was the first person in modern-day history to have used cowpox material to induce immunity to smallpox way back in 1796. However, some evidence does exist that the Chinese employed smallpox vaccination as early as 1000 CE. It was also practiced later in Turkey and Africa.

Edward Jenner established vaccinology in the West by inoculating a 13-year-old child with the vaccinia virus (cowpox). The boy later proved to

have developed immunity to smallpox. Since 1798, the first smallpox vaccine has been developed. Methodological execution of large-scale smallpox immunization during the next two decades in the 18th and 19th centuries resulted in the disease's elimination across the globe in 1979.

In humans, Louis Pasteur's efforts were pivotal in inventing live attenuated cholera vaccines and inactivated anthrax vaccines (1897 and 1904, respectively). In the late 19th century, the plague vaccine was developed. Several bacterial vaccines were created between 1890 and 1950, notably the Bacillus Calmette-Guerin (BCG) vaccine, which is being used today.

The Salk (inactivated injected) polio vaccine and the Sabin (live attenuated oral) polio vaccine were produced using viral tissue culture technologies in the late twentieth century. Polio has been eradicated in many places throughout the world thanks to widespread vaccination.

Later, vaccines were developed for measles, mumps, and rubella. Measles is currently next on the list for elimination with the help of vaccination.

The bygone two decades have seen molecular genetics being applied to the development of vaccination and its in-depth knowledge into immunology, and genetics have been applied to vaccine development. Ongoing achievements in the progress of recombinant hepatitis B vaccines, the acellular pertussis vaccine, and for seasonal influenza vaccine are commendable [3].

Newer technology now foreheads vaccine research with recombinant DNA technology, and newer methods of delivery of vaccines are leading scientists in new arenas. Vaccine research is beginning to focus on non-infectious conditions like Allergy and Cancer.

## 3. VACCINES AND A BRIEF OVERVIEW

Vaccination and immunization are done routinely for infants and children, and almost every country has a vaccination schedule.

The WHO started the universal program on immunization in 1974. Less than 5% of the world's children under one year of age were immunized against deadly viral diseases like Polio, Measles, and Pertussis. Currently, a rough estimate states that 83 % of the world's

children under one year of age receive vaccines against these diseases. New vaccines against hepatitis A and B are slowly being included. Still, one-fifth of the world's children, around 22.4 million infants, are not immunized against these diseases. It is estimated that about 1.5 million children died from vaccine-preventable diseases in 2011 which could have been prevented if universal vaccination had been used [4].

#### 4. WHAT IS A VACCINE

A vaccination is a biological preparation that boosts your immune system against a particular disease. A vaccination is made up of components that resemble the microorganisms that are responsible for infectious diseases. They are made from the microbe's killed forms or toxins or one of the antigens. Sometimes live viruses are used, modified to have lost their infectivity but retain their immunogenicity. The agent incites the body's immune mechanism to recognize the agent as foreign. Then bodies immunity destroys the infectious agent on coming in contact with it. The body's immune system also develops memory against the microorganism so that the immune system can

more easily recognize and quickly destroy microorganisms on further encounters [5].

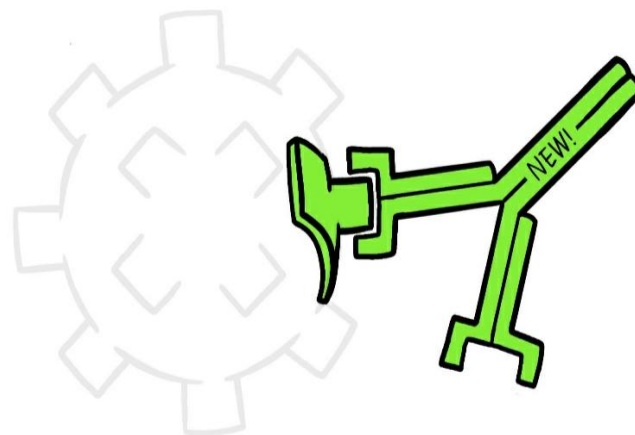
#### 5. HOW DO VACCINES WORK

Vaccines hold weakened or inactive antigens, which initiate an immune response in the body. The body will create antibodies to combat the disease, whether the vaccination consists of the antigen itself or the blueprint. The live virus vaccine contains a weakened version, which will not cause the disease in the person receiving the vaccine but initiate an immune response. The response to virus exposure is similar to what would have happened in the body if it was exposed to the disease-causing microorganism.

Some vaccines require multiple doses, whereas booster doses are given weeks or months apart. These booster doses are needed to facilitate development of long-lived antibodies and memory cells in the body. In this manner, the human body is aligned to offset the specific disease-causing organism, which builds up the memory of the pathogen such that a rapid response is readily available to fight the infectious agent in coming times [6].

VACCINE

NEW ANTIBODY



A VACCINE is a tiny weakened non-dangerous fragment of the organism and includes parts of the antigen. It's enough that our body can learn to build the specific antibody. Then if the body encounters the real antigen later, as part of the real organism, it already knows how to defeat it.

Fig. 1. Types of vaccines

**Table 1. Types of vaccines<sup>e</sup>**

Vaccine type	Examples
Live attenuated	Measles, Mumps, Rubella (MMR vaccine) Varicella (chickenpox), Influenza vaccine, Rotavirus vaccine, yellow fever, Oral polio vaccine
Inactivated / Killed antigen	Polio (IPV), Hepatitis A vaccine, Rabies
Toxoid (Inactivated)	Diphtheria, Tetanus
Sub Unit/ conjugate	Hepatitis B, Influenza, H influenzae type b Pneumococcal, Meningococcal
Viral vector vaccine	Zaire Ebola virus (rVSV-ZEBOV)

[7]

Broadly the available vaccines are classified as

- **Live virus vaccines** use the live virus, which is an attenuated or weakened form of the virus.
- **Killed (inactivated) vaccines** are usually made from one of the constituents of virus or bacteria or the whole virus that is killed.
- **Toxoid vaccines** contain chemicals or toxins made by the virus or bacteria.
- **Bio-synthetic vaccines** usually contain substances quite similar to constituents of the bacteria or virus.

According to the World Health Organization (WHO), approved vaccinations are currently available for the twenty-five avoidable illnesses listed below.

- Cholera
- Covid 19
- Dengue
- Diphtheria
- Hepatitis A, Hepatitis B
- Hemophilus influenzae type b
- Human papilloma virus
- Influenza
- Japanese encephalitis
- Measles
- Mumps
- Pertussis
- Pneumococcal meningitis
- Poliomyelitis
- Rabies
- Rotavirus
- Rubella
- Tuberculosis
- Typhoid
- Varicella zoster
- Yellow fever

[8]

## 6. ROUTES OF ADMINISTRATION

The vaccines can be administered either orally, intramuscularly, sub-cutaneous, or by the intra-dermal route. Also, vaccines can be given through intra- nasal route for e.g. influenza vaccine.

Vaccination program has led to the eradication of many viral diseases like small pox, one of the most infectious and deadly disease. It has also led to control of many viral diseases like measles, mumps, rubella, polio and chicken pox [9].

India has its own immunization program, few of the salient points of which are as

- Expanded Programme on Immunization which was launched in 1978 later it was re coined as Universal Immunization Programme in 1985. Since 2005, it is the very core of the National Rural Health Mission programme.
- It is one of the largest public health programmes in the world which encompasses approximately 2.67 crore new-borns and 2.9 crore pregnant females per year.
- The two major achievements of Universal Immunization Programme have been the elimination of polio in 2014 and elimination of maternal and neonatal tetanus in 2015.

Currently, the national immunisation schedule is as given in table below

Universal Immunization Programme covers free immunization which is provided against 12 vaccine preventable diseases:

- On national scale against the following 9 diseases - Diphtheria, Pertussis, Tetanus, Polio, Measles, Rubella, severe form of

- Childhood Tuberculosis, Hepatitis B and Meningitis & Pneumonia caused by Hemophilus Influenza type B
- Regionally against 3 diseases - Rotavirus diarrhoea, Pneumococcal Pneumonia and Japanese Encephalitis; of which Rotavirus vaccine and Pneumococcal Conjugate vaccine are being expanded while Japanese Encephalitis vaccine is provided only in endemic areas.
  - An infant is said to be fully immunized if he receives all due vaccine scheduled according to the national immunization schedule till one year of age.
  - All adults need a seasonal flu (influenza) vaccine every year as the strain changes because on antigenic shift and drift. Flu vaccine is especially important for immunocompromised adults.
  - To guard against pertussis (whooping cough), everyone should obtain a Tdap vaccine once if they did not get it as a child, and then a Td (tetanus, diphtheria) or Tdap booster dose every 10 years.

Pregnant women should obtain the Tdap vaccine every time they get pregnant, ideally between the ages of 27 and 36 weeks.

- HPV vaccination, which protects against the forms of human papillomaviruses (HPV) that cause the majority of cervical, anal, vulval, and oral cancers, as well as genital warts, is also recommended.

HPV vaccination should be given for all preteens at age 11 or 12 years.

HPV vaccination for each one by the age of 26 years. (If not already).

HPV vaccination is not advisable for persons older than age 26 years. Some adults aged 27 to 45 years who are not already vaccinated may decide to receive HPV vaccine after consultation with their physician about their possible benefits of vaccination. HPV vaccination in this age group does not provide much benefit as exposure to the virus would have already occurred prior to vaccination in sexually active patients [10].

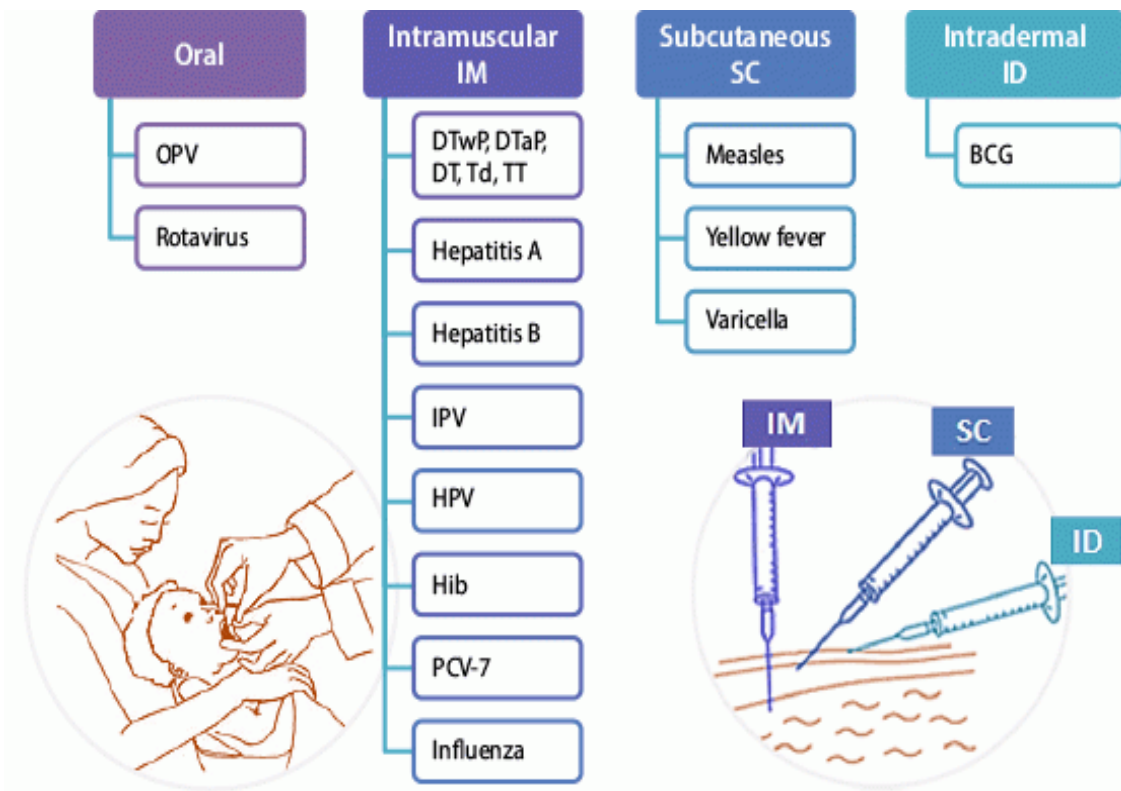


Fig. 2. Vaccination schedule in India

**National Immunization Schedule**

Age	Vaccines given
<b>Birth</b>	Bacillus Calmette Guerin (BCG), Oral Polio Vaccine (OPV)-0 dose, Hepatitis B birth dose
<b>6 Weeks</b>	OPV-1, Pentavalent-1, Rotavirus Vaccine (RVV)-1***, Fractional dose of Inactivated Polio Vaccine (iIPV)-1, Pneumococcal Conjugate Vaccine (PCV) - 1***
<b>10 weeks</b>	OPV-2, Pentavalent-2, RVV-2***
<b>14 weeks</b>	OPV-3, Pentavalent-3, iIPV-2, RVV-3***, PCV-2***
<b>9-12 months</b>	Measles & Rubella (MR)-1, JE-1* , PCV-Booster***
<b>16-24 months</b>	MR-2, JE-2*, Diphtheria, Pertussis & Tetanus (DPT)-Booster-1, OPV –Booster
<b>5-6 years</b>	DPT-Booster-2
<b>10 years</b>	Tetanus Toxoid (TT)/Tetanus & adult Diphtheria (Td)
<b>16 years</b>	TT/Td
<b>Pregnant Mother</b>	TT/Td1, 2 or TT/Td Booster**

1. \* JE in 231 endemic districts
2. \*\* One dose if previously vaccinated within 3 years
3. \*\*\***Rotavirus vaccine** and **PCV** in selected states/districts as per details below:
  - Rotavirus: Andhra Pradesh, Assam, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu, Tripura & Uttar Pradesh.
  - PCV: Bihar, Himachal Pradesh, Madhya Pradesh, Uttar Pradesh (12 districts) & Rajasthan (9 districts).

**Fig. 3. Vaccination of viral disease for adults**

**7. IMPACT OF VACCINATION**

Vaccination has been a boon to global health. Two major viral diseases namely smallpox and rinderpest, have been eradicated. Worldwide coverage of vaccination against many important infectious diseases has improved drastically since the onset of WHO's Expanded Programme of Immunization in 1974 and of the Global Alliance for Vaccination and Immunization in 2000. Polio is another viral disease on the verge of eradication and success is on the way to control spread of measles.

In spite of these success stories, still about 6.6 million children still die per year and about half of these deaths are attributable to infections like pneumonia and diarrhoea, which could be prevented by timely vaccination.

Timely progress of vaccines against more complex infections, such as malaria, tuberculosis and HIV, are challenging and much progress is still awaited. Success against these infections may require judicious combination of vaccine,

wherein each part would stimulate a different arm of the immune system. In the longer run, certain vaccines are likely to be employed to prevent or modulate the course of some non-infectious diseases like therapeutic cancer vaccines, future vaccination projects would also help to fight against addiction, diabetes, hypertension and Alzheimer's disease [11].

In the end, we still need to work to ensure the good financing, timely provision, equitable distribution, and administration of vaccines to all in the world. Especially for those who are in far flung areas. The World Health Organization (WHO), the Bill and Melinda Gates Foundation and the United Nations Children's Fund (UNICEF), are just a few of the organisations involved, with their fundings which have been exemplary in expanding vaccine benefits to all and sundry. The vitality of these organizations and worldwide co-operation and participation was essential in early development of vaccine in the 2019 global pandemic of SARS-CoV-2 [12].

## 8. FUTURE AND CHALLENGES

Immunization agenda 2030 {action plan}

<b>Immunisation Programmes for primary health care/universal health coverage</b>	<ul style="list-style-type: none"> <li>• Ensure adequate health workforce availability</li> <li>• Build and strengthen comprehensive vaccine-preventable disease surveillance supported by strong and reliable laboratory-based systems</li> <li>• Secure high-quality supply chains and effective vaccine management to facilitate equitable coverage in immunisation and establish synergies with other primary health care supply chains where possible</li> <li>• Generate fit-for-purpose immunisation data for evidence-based decision-making</li> <li>• Ensure functional vaccine safety systems in close collaboration with national regulatory agencies</li> </ul>
<b>Commitment &amp; Demand</b>	<ul style="list-style-type: none"> <li>• Build and sustain strong social, financial and political commitment for immunisation</li> <li>• Strengthen leadership, management and coordination for immunisation at all levels</li> <li>• Ensure people and communities value, actively support and seek out immunisation services</li> </ul>
<b>Coverage &amp; Equity</b>	<ul style="list-style-type: none"> <li>• Reach high equitable immunisation coverage at national level and in all districts</li> <li>• Increase coverage of vaccines among the most disadvantaged populations</li> <li>• Reduce the number of children not reached through the immunisation programme (“zero-dose” children)</li> </ul>
<b>Life course &amp; Integration</b>	<ul style="list-style-type: none"> <li>• Strengthen policies and service delivery to provide new and underused vaccines and appropriate catch-up vaccination across the life-course</li> <li>• Establish integrated delivery touchpoints for immunisation and other public health interventions across the life course</li> </ul>
<b>Outbreaks &amp; Emergencies</b>	<ul style="list-style-type: none"> <li>• Decrease the number and magnitude of outbreaks of epidemic-prone vaccine-preventable diseases</li> <li>• Ensure timely, well-organized responses to outbreaks of epidemic-prone vaccine-preventable diseases</li> <li>• Establish timely and appropriate vaccination services in acute emergencies and humanitarian crises</li> </ul>
<b>Supply &amp; Sustainability</b>	<ul style="list-style-type: none"> <li>• Build and sustain healthy markets across all antigens at the global level</li> <li>• Safeguard access quality assured vaccines in a timely fashion in all countries</li> <li>• Ensure sufficient financial support for immunisation programmes across all countries to achieve universal coverage</li> <li>• Increase immunisation expenditure from domestic resources for aid dependent countries, and when transitioning away from aid, secure government domestic funding to sustain coverage of all vaccines after transition</li> </ul>
<b>Research &amp; Innovation</b>	<ul style="list-style-type: none"> <li>• Establish and strengthen country capacity to identify, create and manage innovation</li> <li>• Develop new vaccines and technologies and improve existing products and services for immunisation programmes</li> <li>• Introduce and scale up new and underused vaccines and improved technologies, services and practices</li> </ul>

**Fig. 4. Global future of vaccination**  
[13]

Protein subunit vaccines are being rapidly included as the future of vaccination. They take a different method to stimulate the immune system which differs from the mRNA and DNA Covid-19 vaccines. This method incites our immune system by offering a part of the virus that is incapable of causing disease. In recently concluded clinical trials, protein subunit vaccines have shown very good efficacy in protecting against Covid-19. They are also more stable and do not require the maintenance of strict cold chain. Thus, making them easier to distribute among remote areas.

## 9. ADVANCES IN ADJUVANTS

Adjuvants help generate an added immune response, allowing the use of less dose of vaccine to generate the same level of protection. This ultimately increases the number of doses that can be made which is useful when the entire humanity needs vaccines to fight the same virus at the same time [14-19].

## 10. CONCLUSION

Immunization is a long-term investment that will result in a healthier, safer, and more prosperous society for everyone.

## CONSENT AND ETHICAL APPROVAL

It is not applicable.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

## REFERENCES

1. COVID- Worldometer (worldometers.info)
2. Bharati K, Vrati S. Viral Vaccines in India: An Overview. Proc Natl Acad Sci India Sect B Biol Sci. 2012;82(1):181-198. DOI: 10.1007/s40011-011-0014-9
3. Available: <https://www.immune.org.nz/vaccines/vaccine-development/brief-history-vaccination>
4. Taylor MW. Vaccines against viral infections. Viruses and Man: A History of Interactions. 2014;355–77. DOI: 10.1007/978-3-319-07758-1\_19 PMID: PMC7123619.
5. Loehr Jamie. Vaccine basics. The Vaccine Answer Book. Naperville, IL: Sourcebooks Inc. ISBN 978-1402223785; 2009.
6. Available: <https://www.who.int/news-room/feature-stories/detail/how-do-vaccines-work>
7. Types of vaccines - WHO Vaccine Safety Basics (vaccine-safety-training.org)
8. World Health Organization, Global Vaccine action plan 2011- 2020
9. WHO/ smallpox WHO – world Health Organization. Retrieved 2019-04-16
10. Available: <https://www.cdc.gov/vaccines/adults/rec-vac/index.html>
11. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4024226/>
12. <https://www.frontiersin.org/articles/10.3389/fmicb.2020.01526/full>
13. Available: <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>
14. Available: <https://www.theguardian.com/vax-facts/2021/oct/13/vaccines-future-coronavirus-pandemics>
15. Abbafati Cristiana, Kaja M. Abbas, Mohammad Abbasi, Mitra Abbasifard, Mohsen Abbasi-Kangevari, Hedayat Abbastabar, Foad Abd-Allah, et al. Five insights from the global burden of disease study 2019. LANCET. 2020;396(10258): 1135–59.
16. Abbafati, Cristiana, Kaja M. Abbas, Mohammad Abbasi, Mitra Abbasifard, Mohsen Abbasi-Kangevari, Hedayat Abbastabar, Foad Abd-Allah, et al. Global burden of 369 diseases and injuries in 204 countries and territories, 1990-2019: A systematic analysis for the global burden of disease study 2019. LANCET. 2020; 396(10258):1204–22.
17. Franklin, Richard Charles, Amy E. Peden, Erin B. Hamilton, Catherine Bisignano, Chris D. Castle, Zachary Dingels V, Simon Hay I, et al. The burden of unintentional drowning: Global, regional and national estimates of mortality from the global burden of disease 2017 study. Injury Prevention. 2020;26(SUPP\_1):83–95. Available: <https://doi.org/10.1136/injuryprev-2019-043484>
18. James Spencer L, Chris D. Castle, Zachary Dingels V, Jack T. Fox, Erin B. Hamilton, Zichen Liu, Nicholas L. S. Roberts, et al. Estimating global injuries morbidity and mortality: Methods and data used in the global burden of disease 2017 study. Injury Prevention. 2020;26 (SUPP\_1):125–53. Available: <https://doi.org/10.1136/injuryprev-2019-043531>.
19. James Spencer L, Chris D. Castle, Zachary Dingels V, Jack T. Fox, Erin B. Hamilton, Zichen Liu, Nicholas L. S. Roberts, et al. Global injury morbidity and mortality from 1990 to 2017: Results from the global burden of disease study 2017. Injury Prevention. 2020;26(SUPP\_1):96–114. Available: <https://doi.org/10.1136/injuryprev-2019-043494>.

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