

Towards elimination of meningitis A epidemics in Africa Decisive action needed to sustain historic achievements

Countries in the meningitis belt have committed to eliminating *Neisseria meningitidis* serogroup A (NmA) epidemics, formalizing their commitment through the:

- Yaoundé declaration (2008) which pledged that all countries in the meningitis belt will collectively put an end to devastating outbreaks of meningitis and will ensure that the Meningococcal A conjugate vaccine (MenACV) will be made available to populations through the organization of campaigns and fast-track introduction.
- African Regional Strategic Plan for Immunization (endorsed at the 2014 Regional Committee) which states that “all countries within the meningitis belt to introduce MenAfriVac® through campaigns, and 15 of them to have the vaccine in routine immunization by 2020”.

Incredible progress has been made. To ensure sustained protection, countries are urged to turn their pledges into action and introduce the NmA vaccine into routine immunization schedules by 2020.

➤ For over a century, meningitis epidemics have caused devastation within the meningitis belt. Bringing these epidemics to an end is now a goal that is within reach. Before the introduction of the MenACV, NmA caused 80-85% of meningitis cases in the meningitis belt. **MenACV mass preventive campaigns conducted since 2010 have had dramatic impact, delivering immediate and substantial public health benefits.**

- Among vaccinated populations, incidence of NmA meningitis has declined by more than 99% while overall risk of meningitis epidemics has declined by 60% at district level.
- This is due to the virtual elimination of NmA carriage, resulting in interruption of transmission and herd protection. Herd protection – which enhances the protection of the entire population including non-immunized individuals – is the cornerstone of the MenACV strategy.

➤ It was recommended by WHO that MenACV should be **introduced into routine immunization programmes as soon as possible and within no more than five years following roll out of mass preventive campaigns.**

- Routine immunization provides continued protection of new birth cohorts. It is associated with a catch-up campaign to protect those who were too young at the time of the initial mass campaign. This results in:
 - Enhanced protection for vaccinated individuals;
 - Maintenance of herd-protection, which would otherwise vanish.
- At the same time, introduction of MenACV into routine immunization schedules may provide an opportunity to increase demand for co-administered vaccine, such as measles-containing-vaccine, and, if introduced at 15 or 18 months of age, to initiate / strengthen a second year of life platform.

A new, substantially revised, version of the guide to support countries in the introduction of the vaccine into routine immunization schedules is now available. It includes an entire section dedicated to decision-making.

DECISION-MAKING AND KEY CONSIDERATIONS	14
Strategy and WHO recommendation for MenACV introduction	14
What is the best age to administer MenACV?	16
Linking routine introduction with mass preventive or catch-up MenACV campaigns...	19
Geographical scope of introduction into routine and for catch-up campaigns	20
Decision-making at country level	21
PLANNING AND IMPLEMENTATION.....	23

Between December 2010 and December 2018, 22 of the 26 countries in the meningitis belt conducted mass preventive campaigns, either nationwide or in high-risk areas. Two other countries plan to conduct campaigns by the end of 2019, amounting to a total of 24 countries in less than 10 years. Rapid and enthusiastic uptake of the vaccine into routine immunization programmes has also been observed, with seven countries introducing the vaccine within less than 2.5 years of the issuance of WHO recommendations. However, the pace of routine introduction has slowed down. Efforts to expand introduction into routine immunization programmes must be rapidly strengthened to avoid the resurgence of NmA epidemics.

➤ **Risk of NmA should not be misperceived, and countries should not feel complacent** about the lack of cases. In countries that have already conducted mass preventive campaigns, **introduction into routine immunization programmes consequently occurs at a point where NmA has virtually disappeared**. It is precisely because of the successful preventive campaigns conducted in those countries and neighbouring countries.

- Near elimination of NmA should not deprioritize the introduction of the vaccine into routine immunization schedules!
- Countries and partners face competing immunization and health priorities, but the epidemic potential of the disease should always be carefully considered in the prioritization process.

In an environment where non-NmA meningitis epidemics are highly visible, the need for protection against a wider range of serogroups critically appears. The conditional approval of the Gavi Alliance Board to support a targeted approach using multivalent meningococcal conjugate vaccines is promising. However:

- Gavi support is contingent on the availability of suitable products.
- Currently there is no multivalent conjugate vaccine that is affordable or supplied in large quantities.
- New vaccines are unlikely to be licenced, pre-qualified by WHO, and made widely available within the next 4 to 5 years, not accounting for the risks and potential delays involved in product development. Significant uptake will also take additional years.

In this context, **the promising perspective of multivalent conjugate vaccines for public health use should not become a justification for delayed roll out of the monovalent vaccine**.

- The successful introduction of MenACV into routine immunization schedules will lay the groundwork for a smooth transition to future multivalent vaccines.
- The introduction of MenACV into routine immunization schedules should be seen as a major step on the way towards enhanced meningitis control.

➤ **Today's priority is to sustain the impact of campaigns** by quickly introducing MenACV into routine programmes.

- The success of MenACV has attracted high-level political and popular interest.
- Delayed introduction of MenACV will result in loss of herd protection and could create pockets of susceptible individuals who have not been in contact with NmA, leading to a **high risk of catastrophic resurgence of NmA epidemics**.
- **Failing to sustain the impact of the campaigns would turn a public health success story into a public health failure**. This would also jeopardize efforts to end meningitis epidemics, such as the ones outlined in the initiative to develop a global roadmap "**defeating meningitis by 2030**" *.

TIME FOR SUSTAINABLE ELIMINATION OF MENINGITIS A EPIDEMICS IS NOW!

* <https://www.wiltonpark.org.uk/event/wp1675/>