



News digest 42  
Q4, 2014

Dear partners, friends, and colleagues:

The following is a summary of the last activities of the Meningitis Vaccine Project (MVP). We encourage you to forward this update to friends or colleagues who might be interested in learning about MVP's progress.

-----  
**Vaccine introduction, vaccine policy, and communication activities**

- Côte d'Ivoire, Ethiopia (phase 2 of 3 mass campaign), Mauritania, Nigeria (phase 4 of 4 mass campaign), and Togo introduced MenAfriVac®, the group A meningococcal conjugate vaccine manufactured at Serum Institute of India Ltd. during the last quarter of 2014. Preliminary campaign results based on administrative vaccine coverage data indicate that the campaigns were overall very successful.
  - Mauritania kicked off the 2014 MenAfriVac vaccination season on October 14 with a 10-day campaign targeting 8 regions (33 districts) in the country. Preliminary results show that more than 1.5 million people aged 1–29 years were immunized, with coverage rates averaging 97%. Two districts distributed MenAfriVac in a controlled temperature chain (CTC), as originally planned, and with optimal results. More than 80,000 individuals benefited from this new approach that allows the vaccine to be kept outside of the traditional 2°–8°C temperature range, for up to four days at up to 40°C.
  - Nigeria was the second country to rollout MenAfriVac this year. The country conducted the fourth and last phase of its MenAfriVac campaign in 9 states (189 districts) between October 21–31. More than 27.7 million people aged 1–29 years received one dose of MenAfriVac, bringing the total number of Nigerian vaccinees to more than 79 million since the vaccine was introduced in the country in 2011. The administrative coverage averaged 98%.
  - In Ethiopia, MenAfriVac reached more than 26.2 million people from 3 regions (45 districts) between October 28 and November 7, bringing the total number of Ethiopian vaccinees to more than 44.8 million to date. Preliminary vaccine coverage rate averages 98% in the country. The third and last phase of MenAfriVac rollout in Ethiopia will target some 16 million individuals in 2015.
  - Togo conducted its MenAfriVac campaign between November 28 and December 7. Preliminary results indicate that more than 2.8 million Togolese in 4 regions (28 districts) received the vaccine, with vaccine coverage rates averaging 100% among the 1–29-year-old target population. The CTC approach was used successfully in some districts.
  - Côte d'Ivoire held its MenAfriVac campaign December 12–21. Preliminary campaign results indicate that more than 4.6 million individuals aged 1–29 years received one dose of MenAfriVac during the 10-day campaign, with coverage rates averaging 100%. The CTC approach was used with success in some districts.
- In addition to the planned 2014 campaigns, mop-up vaccination activities took place in Senegal where remaining vaccine doses were used to immunize more than 500,000 people in the region of Matam, near the Mauritanian border.
- In all, the MenAfriVac campaigns reached more than 63 million individuals in 2014, bringing the total number of vaccinees in the African meningitis belt to more than 217 million in 15 countries since vaccine launch in 2010 (Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Ethiopia, The Gambia, Ghana, Mali, Mauritania, Niger, Nigeria, Senegal, Sudan, and Togo).
- MenAfriVac mass vaccination campaigns will continue in Ethiopia and in four new countries in 2015 (Democratic Republic of Congo, Guinea, Guinea Bissau, South Sudan). Burundi, Central African Republic, Eritrea, Kenya, Rwanda, Uganda, and Tanzania will be the seven last African countries to conduct MenAfriVac campaigns in 2016.

- The MVP team & partners presented results from vaccine roll-out, impact, infant clinical trials, and modelling of vaccination strategies at the World Health Organization (WHO) Strategic Advisory Group of Experts on Immunization (SAGE) meeting at WHO/HQ on October 21–23. The evidence presented at the meeting can be accessed [here](#). SAGE concluded that a one-dose schedule (with a lower vaccine dosage of 5µg) at 9 months of age or older was recommended to achieve sustainable meningitis control following the initial mass campaigns in 1–29-year olds. A summary of the SAGE meeting is available [here](#), and the WHO updated policy guidance adding to the previous recommendations on meningococcal A conjugate vaccine (WHO position paper 2011) will be published in the [Weekly Epidemiological Record](#) of February 20, 2015.

### **Regulatory activities**

- On November 19, 2014, the Drugs Controller General of India (DCGI) approved use of the MenAfriVac vaccine in children younger than one year of age, thereby enabling the integration of MenAfriVac into routine vaccination schedules.
- On December 30, 2014, after a detailed evaluation of the vaccine license variation application, WHO announced prequalification of MenAfriVac for use in infants, certifying that the lower vaccine dosage (5µg) meets international standards of quality, safety, and efficacy. Specifically, the WHO decision allows United Nations procurement agencies to purchase the vaccine for use in the Expanded Programme on Immunization (EPI) in meningitis-belt countries while serving as an endorsement of quality for countries interested in adopting it.
- At least six countries are in line for introducing MenAfriVac in their routine immunization programs as early as Q4, 2015 (Burkina Faso, Chad, Ghana, Mali, Niger, Nigeria). MenAfriVac introduction in routine vaccination schedules will provide African countries with sustainable strategies to protect new birth cohorts and maintain population protection against meningitis A disease.

### **Surveillance and epidemic preparedness activities**

- The 19 countries with an enhanced disease surveillance system notified 20,644 meningitis cases at week 48, 2014. *Streptococcus pneumoniae* is the main causal germ.

### **Thank you and goodbye**

- Marie-Françoise Makadi (Clinical Research Associate), Julie Chaumont (Clinical Operations Manager), Godwin Enwere (Medical Director), Enricke Bouma (Project Associate), Davegne Servoz (clinical assistant), and Monique Berlier (Communications Director) said their goodbyes to MVP and PATH. They had been with the project since 2005 (Davegne), 2008 (Enricke), 2007 (Marie-Françoise and Julie), 2006 (Godwin), and 2002 (Monique).

### **Project closure**

- All project closure activities have been completed.
- MVP partnered with Rockhopper TV to produce a series of advocacy films highlighting the history of MenAfriVac, the success of vaccine introduction so far, and the importance of sustaining disease control through continued rollout and the introduction of MenAfriVac in the EPI programs. Some of the videos can be viewed on the [video](#) page of the MVP website, others will be made available in the weeks to come.
- The Meningitis Vaccine Project website will remain accessible for the next three years, but it will not be updated. Watch our goodbye message on our home page at [www.meningvax.org](http://www.meningvax.org).

### **The after MVP**

- The Bill & Melinda Gates Foundation approved and funded the proposals that PATH and WHO submitted for a post-MVP transition period of three years (2015–2017). Both proposals aim to sustain the achievements of the MVP and support countries in the near and far future.

This was MVP's last news digest. Our previous quarterly newsletters can be found [here](#).

For additional information on epidemiology, vaccine rollout, or the after MVP, please contact [vaccines@who.int](mailto:vaccines@who.int) or [info@path.org](mailto:info@path.org).

Created in 2001, the Meningitis Vaccine Project was a partnership between WHO and PATH. The mission of MVP was to eliminate epidemic meningitis as a public health problem in sub-Saharan Africa through the development, testing, introduction, and widespread use of conjugate meningococcal vaccines.