



News digest 39
Q1, 2014

Dear partners, friends, and colleagues:

The following is a summary of recent, current, and upcoming activities at the Meningitis Vaccine Project (MVP). We welcome your comments and suggestions at info@meningvax.org and encourage you to forward this update to friends or colleagues who might be interested in learning about MVP's progress.

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Vaccine introduction and communication activities

- Final campaign results are available from the countries that introduced MenAfriVac® in 2013. More than 50 million people aged 1–29 years received the meningococcal A conjugate vaccine manufactured at Serum Institute of India Ltd. (SIIL), bringing the total number of vaccinees to 153,591,657 since vaccine launch in 2010. This is about two million more than indicated by provisional results released in December 2013.
- On February 19, the [journal *Vaccine* published results from the first MenAfriVac campaign conducted without constant refrigeration](#). Maintaining the cold chain is a longstanding challenge in remote, hard-to-reach areas in Africa where electricity is unreliable or absent. In November 2012, more than 155,000 people from the district of Banikoara in Benin were the first in Africa to benefit from a new distribution 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. Results show that the new approach succeeded in providing complete and safe coverage of the population with significant advantages in terms of logistics. In addition, [a separate study published in the *Bulletin of the World Health Organization*](#) on the economic benefits of this "controlled temperature chain" (CTC) approach found that cutting out the cold chain could halve vaccine storage and transportation costs. Research on the distribution of MenAfriVac in a CTC was led by researchers from Optimize, a now-completed partnership between PATH and the World Health Organization (WHO). The Benin Ministry of Health conducted the Banikoara vaccination campaign in partnership with WHO and PATH. [Three modules on the use of MenAfriVac in a CTC](#) are available to countries looking for guidance on how to take advantage of this new flexibility.
- Media outreach activities around the two publications succeeded in raising international awareness about the potential of CTC to deliver MenAfriVac and other vaccines more conveniently and at a lower cost. In addition to stories in *Le Temps*, *Le Monde*, *The Guardian*, *Nature*, *El Mundo*, *Jornal do Brasil*, and *The Hindu*, CTC news was picked up by IRIN news (French, English, Arabic); and several articles appeared in the African press, including in countries where MenAfriVac is to be further deployed (Ethiopia, Kenya, Nigeria). CTC-related news was also posted on blogs such as PLOS public health blog and news@JAMA. Broadcast coverage included BBC, Radio France Internationale (French/Portuguese), Deutsche Welle (German/French), and Voice of America. [Read the MVP press release](#).
- Five new countries are in line for MenAfriVac introduction this year—Côte d'Ivoire, Guinea, Mauritania, South Sudan, and Togo. MenAfriVac rollout will continue in Ethiopia (phase 2 of 3) and in Nigeria (phase 4 of 4).
- The WHO Intercountry Support Team (IST) team conducted advocacy country visits in Togo (March 16–28) and Côte d'Ivoire (March 29–April 2) to support vaccine introduction activities.
- The GAVI Alliance has so far approved funding for MenAfriVac introduction in Côte d'Ivoire, Mauritania, and Togo.

Regulatory activities

- A regulatory meeting was held at the PATH office in Ferney-Voltaire, France, on February 27–28, bringing together the SIIL and MVP teams to prepare the post-approval change application for the MenAfriVac vaccine that will be submitted to the Drugs Controller General of India and

WHO later this year. This license variation will include an under-one age expansion, the addition of a new dosage, and documentation of coadministration with other routine Expanded Programme on Immunization vaccines. This variation will make it possible to integrate MenAfriVac into routine vaccination schedules, providing countries with sustainable strategies to protect new birth cohorts and maintain population protection against meningitis A disease.

Surveillance and epidemic preparedness activities

- Not a single case of group A meningitis has been so far reported among the 153 million individuals who received one dose of MenAfriVac in 2010–2013. Isolated meningitis A cases have been reported this year in Guinea where the vaccine has not yet been introduced.
- More than 33,000 people in the Minkamann refugee camps in South Sudan (Lake State) received one dose of MenAfriVac in March. The emergency vaccination campaign, which was implemented by Médecins sans Frontières (MSF), also included oral cholera and polio vaccine.
- MSF conducted additional preventive campaigns in two refugee camps in Chad where a large number of Central African Republic nationals have fled. By the end of March 24,600 people in the Bitoye and Sodo refugee camps had received MenAfriVac in addition to measles and oral polio vaccine. MSF's next preventive campaign in Chad will target the refugee camp of Gore.
- The 19 countries with an enhanced disease surveillance system notified 6,598 meningitis cases at week 12, 2014. *Streptococcus pneumoniae* is the main causal germ, although Burkina Faso and Ghana reported some W135 cases. Nigeria reported a high incidence of suspected cases in Kebbi State with a few confirmed group C meningococci. The International Coordinating Group on Vaccine Provision for Epidemic Meningitis Control sent antibiotics to the country.
- The IST team conducted a workshop in The Gambia to provide training on case-by-case surveillance of meningitis.

Clinical activities

- The following seven clinical trials related to licensing and prequalification of MenAfriVac for use in 1- to 29-year olds and/or infants have been successfully completed:
 - Phase 1 [PsA-TT-001](#) study in India.
 - Phase 2 [PsA-TT-002](#) study in Mali and the Gambia.
 - Phase 2/3 [PsA-TT-003](#) study in Mali, Senegal, and The Gambia.
 - Phase 2/3 [PsA-TT-003a](#) study in India.
 - Phase 2 [PsA-TT-004](#) study in Ghana.
 - Phase 3 [PsA-TT-005](#) study in India.
 - Phase 3 [PsA-TT-006](#) study in Mali.
- Work continues on the [PsA-TT-007](#) clinical study report that will be part of the regulatory dossier for the pediatric license variation that is being prepared for submission later this year.

Preparing the after MVP

- MenAfriNet, a new regional surveillance network funded by the Bill & Melinda Gates Foundation (BMGF), held its first meeting in Ouagadougou, Burkina Faso, on February 17–18. MenAfriNet will evaluate the impact of MenAfriVac introduction in selected African countries, developing a high-quality meningitis surveillance network that will build on the achievements of the past ten years. Coordinated by the US Centers for Disease Control and Prevention (CDC), the CDC Foundation, and Agence de Médecine Préventive, MenAfriNet includes partners such as WHO, ministries of health, the Norwegian Institute of Public Health, and other nongovernmental agencies.
- MVP and the BMGF hosted a brainstorming conference in Seattle on January 27–31 to discuss the after MVP. Senior management from PATH/WHO and BMGF, African public health experts, and key advisors attended the meeting whose first outcome was the development of a strategic framework outlining activities to be continued or launched in the next few years to sustain public health achievements and support to countries. The next step will be the development of a comprehensive transition plan to ensure the sustainable legacy of MVP after December 2014.

That's all for now from the MVP team. Stay tuned for our next news digest in three months' time. We look forward to receiving your comments at info@meningvax.org.

Created in 2001, the Meningitis Vaccine Project is a partnership between WHO and PATH. The mission of MVP is 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.

For more information on MVP, please visit our website at <http://www.meningvax.org>.