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International Coordinating Group on Vaccine Provision for Epidemic Meningitis Control. Summary Report. Geneva, Switzerland, 16-17 January 1997

World Health Organization

Emerging and other Communicable Diseases, Surveillance and Control

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CONTENTS

Page

1. REPORT 1

2. ANNEX 1. Report of the Ad Hoc Working Group on the WHO Strategy for Provision of Meningitis Vaccine for Epidemic Prevention and Control, Geneva, 2 and 3 December 1996. 5

3. ANNEX 2. Proposed Terms of Reference. International Coordinating Group on Meningitis Vaccine. . . 16

4. ANNEX 3. Proposed Terms of Reference. Executive Sub-Group of the International Coordinating Group on Meningitis Vaccine. 18

5. AGENDA 19

6. LIST OF PARTICIPANTS 20

Introduction

This was the first meeting of the International Coordinating Group (ICG) proposed at the 2-3 December, 1996 meeting of the Ad Hoc Working Group on WHO Strategy for Provision of Meningitis Vaccine for Epidemic Prevention and Control. The meeting was chaired by Dr d'Almeida, DPM, AFRO, and the agenda and list of participants are provided as annexes. The objectives of the meeting were to define terms of reference, agree on the membership of the International Coordinating Group (ICG) and its Executive Sub-Group, to establish the criteria for determining priority distribution of vaccine for epidemic control in the 1997 season, for which only 14 million doses of vaccine would be available, and to consider a strategy for ensuring adequate vaccine supplies in future years.

The expected outcome of the meeting was to obtain agreement on the responsibilities of the ICG and its Executive Sub-Group, on the criteria for vaccine distribution in 1997, on a funding mechanism for an emergency stock of vaccines and auto-destruct syringes, and on a strategy to address adequate vaccine and syringe supplies for future years. The meeting met these goals.

Background

The draft summary report of the 2-3 December, 1996, meeting was approved with some modifications (attached, Annex 1).

Drs Wahdan and d'Almeida respectively reported the current situation in the countries of the African and Eastern Mediterranean Regions considered to be at risk for epidemic meningitis as regards surveillance, logistics, and financing, including the gaps which must be addressed.

In the Eastern Mediterranean Region, meningitis surveillance and case reporting exist in all countries; Sudan, in the meningitis belt, plus Egypt, Morocco, Saudi Arabia and Yemen have reported meningitis cases. Saudi Arabia is in a special situation because the season of pilgrimage occurs during the meningitis season this year. There is some delay in reporting cases of disease detected by the surveillance system to the central level and thus to the Regional Office, but in outbreak situations, cases are reported promptly. EMRO has taken action recently to improve surveillance, including training of trainers and regional meetings on emergency preparedness. There is a regional working group on emergencies, and the focal point for the ICG is the Regional Advisor on Communicable Disease Control. Three countries, Egypt, Saudi Arabia, and Sudan, have national plans for meningitis control including a preventive immunization strategy; Syria and Lebanon are considering a similar strategy. Sudan, Saudi Arabia, and Egypt have at present 3 million, 2 million and 2 million doses respectively of meningitis vaccines in stock, and have budgets for vaccine purchase. There is no funding for additional vaccine purchase outside of $200 000 for the 1 million doses already ordered. However, in the case of epidemics, funds are expected to become available from national sources.

Of the 17 countries at risk in the meningitis belt of Africa, 5 had large epidemics of meningitis last year, and this resulted in increased political commitment by these countries, culminating in a meeting in Burkina Faso in October 1996, which led to a coalition among most of the countries concerned (West African countries, Algeria and Chad). The plan agreed by these countries was to strengthen surveillance, set up national and subregional stocks of vaccines, and strengthen laboratory capacity for early diagnosis of all epidemics. All WHO Country Offices will have national programme epidemiologists as focal points to monitor and communicate information to AFRO. Some countries have made plans to set aside funds prior to the appearance of epidemics, and the WHO country offices have a budget line for emergency epidemics. Funds have been mobilized by AFRO so far for 500 000 doses and 3 out of the 17 countries at risk have funds available for their national emergency stocks (a total of 3 million doses is projected to be set aside for these national emergency stocks). All countries have agreed to develop national plans, and a mechanism has been developed within AFRO to monitor utilization of vaccines.

Ms Amie Batson, VSQ, presented a proposal for an emergency fund for meningitis vaccine and auto-destruct syringe supplies, bundled together as a "safe injection" package. This emergency fund, totalling a projected $2.3 million for 1997, would be converted to a revolving fund in future years, which would promote self-sufficiency of the affected countries. A sub-group of the ICG met immediately after the meeting to develop a strategy to launch a global appeal for funds for vaccine supplies, not only for 1997, but for future years as well. This global appeal must serve to inform donors on the need for emergency prevention instead of emergency response, in the case of recurrent epidemics such as the meningitis epidemic in the meningitis belt.

Dr G. Szalay, Chief, DBP, along with the vaccine manufacturers present, gave an update on the vaccine supply situation, which has not changed significantly since the 2-3 December meeting. One million doses have already been ordered by EMRO to be allocated by the ICG, and 6 million doses are pledged for the first trimester of 1997, of which 3 million will go into the ICG emergency pool, and 3 million will be allocated, but kept with the manufacturers until needed, as country stocks according to the projections provided by AFRO. The manufacturers (Pasteur-Mérieux-Connaught and SmithKline Beecham) also pledged that 7 million doses will be available to the ICG in the second semester of 1997; the amount and timing of this amount, which is over and above that allocated to regular customers for routine use, may change depending on when financing is available for their purchase and on the activities of other vaccine procurement groups. The Institute of Immunology in Zagreb expects to have about one million doses available for purchase in 1997.

Terms of Reference and Membership of ICG and its Executive Sub-Group

There was extended discussion about the central role of the ICG in procurement and distribution of vaccines. It was agreed that the primary focus of the ICG was to address the rational use of the limited amounts of vaccine available for 1997, to seek funds to ensure that as much vaccine as possible would be available to countries most in need, and to monitor and coordinate the distribution of vaccines which were procured through other sources, such as UNICEF or MSF.

The Terms of Reference of both groups are attached (Annexes 2 and 3). It was agreed that the ICG, meeting in June and December of each year, would be composed of the international organizations, NGOs, technical agencies, manufacturers of meningitis vaccine and of autodestruct syringes, and development agencies present at the meeting, who agreed to coordinate vaccine procurement and distribution of vaccine and injection material, and representatives of three countries in the WHO African and Eastern Mediterranean Regions, two of which would be located within the meningitis belt. WHO would serve as secretariat. It was also agreed that as a general principle the work of the ICG should aim to support the concept that all countries should eventually provide for their own vaccine needs. However, because of the vaccine shortage in 1997, the ICG would need to promote the use of emergency measures to effectively rationalize existing stocks, and to ensure availability of funding so that as much vaccine as possible be made available to the countries which most needed them.

The Executive Sub-Group, which would be the working arm of the ICG, would need to be kept small to expedite decisions on matters within its terms of reference. It was proposed that the group include strong epidemiological expertise and comprise one representative of each of the following organizations: CDC, IFRC, MSF, UNICEF, AMP, WHO Regional Offices (AFRO and EMRO) , and WHO Headquarters, although MSF and UNICEF would have to check with their headquarters prior to agreement to participate. Within 48 hours of receipt of a request for vaccine, the Sub-Group should decide either to recommend that vaccine should immediately be supplied for use or that an on-site assessment should be performed.

Criteria for Vaccine Distribution

The ICG agreed that criteria for vaccine distribution should be primarily based on epidemiological criteria, including confirmation that epidemic group A meningococcal meningitis is occurring and how long the outbreak has been in progress. Essential information needed includes the size of the population involved, the age distribution of cases, the geographical limits of the epidemic, and previous vaccination history. Agreeing that the role of the ICG and the Executive Sub-Group was only part of adequate response to an epidemic, the ICG recognized that there should be criteria for vaccine release in addition to the epidemiological trigger, on the following lines:

- existence of a plan for use of the vaccine, submitted to the ICG with the request;
- exclusion of requests for vaccine for routine immunization in 1997;
- development of a monitoring system for vaccine use and regular reporting on use to the ICG;
- bundling of orders for vaccines with those for auto-destruct syringes and needles;
- assurance of the availability of proper storage conditions for the vaccines; and
- indication of the exact amount of vaccine already available in stock.

The ICG also agreed that several conditions might point to a lower priority for supply of vaccine:

- access to vaccine already available in stock;
- delay in relaying surveillance data, leading to delayed immunization interventions which would be ineffective
- indication of a need for assistance in administering the vaccine (in which case such assistance should be assured when the vaccine is released).

Requests for access to vaccine distribution should come through the relevant Regional Office, which would clear the requests and ensure that the appropriate information and documentation were supplied, or that further details were requested if necessary.

Monitoring Vaccine Use and Impact

There are two facets to monitoring of vaccine use and impact:

1. Monitoring of who was vaccinated and how this was related to the immunization plan. This could best be done by simple tally sheets of doses administered by age group, provided at weekly intervals throughout the epidemic season. This information should be received for presentation to the ICG at its June meeting.

2. Monitoring of vaccination impact. The meeting planned for 19-20 February, 1997, on operational research on meningitis immunization strategies, might be the best forum to address this question. Data on attack rates and number of cases in areas conducting epidemic response information would be important and should be provided for review by the ICG at its June meeting.

Plans for Future Years

It was agreed to consider future plans at the next formal meeting of the ICG, at the end of the 1997 meningitis season, in June. The ICG will meet henceforth in December and June each year.

Annex 1

Ad Hoc Working Group on the WHO Strategy for Provision of Meningitis Vaccine for Epidemic Prevention and Control

Geneva, 2 and 3 December 1996

Report

Introduction

Meningococcal meningitis occurs sporadically throughout the world with seasonal variations. Periodic large meningitis epidemics caused by serogroup A meningococcus have ravaged sub-Saharan Africa throughout much of this century. This area, which stretches from Senegal in the West to Ethiopia in the East, is know as "the meningitis belt" and includes all or part of at least 15 countries with an estimated total combined population of approximately 280 million persons. In 1996, large outbreaks caused an estimated 250,000 cases in the meningitis belt countries. Table 1 shows the number of cases and deaths of meningococcal meningitis in the African Region reported to WHO.

These unusually large outbreaks of meningitis led to an unprecedented demand for meningitis vaccine, exceeding the available supplies. Vaccine was purchased and distributed without any overall coordination, resulting in shortages in some countries. In anticipation of a continuing need for large amounts of vaccine in the 1997 meningitis season, a meeting to elaborate a WHO strategy for provision of meningitis vaccine for epidemic prevention and control was held in Geneva, Switzerland from 2 to 3 December 1996. Representatives of meningococcal vaccine manufacturers, makers of auto-destruct syringes, WHO Collaborating Centres and other partner organizations, WHO staff from Headquarters and Regional Offices attended the meeting. The list of participants is attached as Annex 1 and the agenda as Annex 2.

Three working groups met during the meeting and summaries of working group deliberations and meeting recommendations follow.

Working Group on the Role of WHO

It was proposed that an international coordinating group (ICG) be set up to assist WHO in fulfilling its mandate of responding to epidemics due to vaccine-preventable diseases. Initially, this group should focus on epidemic meningitis and ensure optimal use of the limited amounts of vaccine available for the 1997 meningitis season. The function of the ICG would be to help establish a supply of vaccine and autodestruct syringes for emergency response, to set criteria for allocation of resources, and to help make timely forecast demands for the resources. The composition of the ICG is proposed to be the pertinent WHO headquarters units, WHO regional offices (AFRO and EMRO), selected development agencies and technical partners as appropriate. The group would meet at the start of the meningitis season in January* and again at the end of the season in June. A permanent secretariat subgroup would meet more frequently to monitor the

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*subsequently changed to December

epidemiological situation and respond rapidly to needs. The group supported the requirement for additional operational research, but considered this to be the specific task of WHO/EMC rather than the proposed ICG.

Working Group on the Role of Manufacturers

It was determined that a production capacity of 50-60 million doses of meningitis A/C vaccine could potentially be achieved in the longer term, and was believed to be sufficient to meet needs in the next few years. There appeared to be no potential or advantage for making a monovalent serotype A vaccine. However, due to depletion of stocks in 1996, the manufacturers cannot provide more than 14 million doses of meningitis vaccine (A/C) for the 1997 meningitis season. The manufacturers agreed to reserve this amount of vaccine for epidemic control in 1997, to be coordinated by WHO, subject to financial commitment. The commitments made for 1997 include 1 million doses ordered by EMRO, 6 million for which AFRO will seek funds, and 7 million to be reserved for purchase prior to June 1997. WHO will take steps to ensure that the vaccine is released for use by the relevant regulatory authority as soon as possible, consistent with appropriate control of vaccine quality, within the coming season. This group also recommended that an international coordination group (ICG) would be needed to handle emergency distribution of vaccine and autodestruct syringes. No shortage of autodestruct syringes is envisaged but it will be essential to ensure coordination of syringe and vaccine distribution. The manufacturers should liaise closely with the ICG, but not be active members. It was indicated that the International Federation of Pharmaceutical Manufacturers Associations (IFPMA) was interested in supporting the efforts being made at this meeting and by the ICG in the future.

Working Group on the Role of Development Agencies and Technical Partners

The role of both development agencies and technical partners (such as UNICEF, MSF, IFRC, and other groups which may participate in an epidemic response) would be to collaborate in an efficient response following the framework recently used in the October 1996 Burkina Faso meeting. The development agencies would play an important role in helping secure in a timely manner the resources for having contingency stocks of vaccine. WHO should play an important part in assisting in these contacts. The group recommended that a coordinating group of partner organizations be established. One of the functions of the technical partners which should be further developed is their contribution to operational research activities.

Recommendations

1. Implement immediately the plan for vaccine and syringe availability:

   a. An International Coordinating Committee (ICG) should be created, composed of members from WHO headquarters, the WHO regional offices, AFRO and EMRO, partner international and nongovernmental organizations, with liaison to the manufacturers of vaccine and autodestruct syringes. This ICG should meet twice

yearly at the start and end of the meningitis season (in January[*] and June) with the following mandate:

- make vaccine and syringe demand forecasts with a lead time of 1-2 years for development
- establish criteria for emergency supplies distribution
- maintain and distribute an emergency supply of vaccine and syringes.

A small executive subgroup should meet frequently during the meningitis season to monitor demand for vaccine and the epidemiological situation and to allocate vaccine according to the criteria set by the ICG.

b. The amount of meningitis vaccine available for 1997 to meet epidemic needs from all sources is projected to be 14 million doses. This amount is insufficient for estimated needs, and is categorized as follows: 1 million doses have been purchased by EMRO, 6 million doses are to be purchased by AFRO, and 7 million doses are to be placed in reserve by the manufacturers for WHO, and should be purchased by WHO in the next 6 months.

c. Estimates should be provided by the ICG for vaccine and syringe requirements for 1998-1999 and thereafter, beginning at the January 1997 meeting, and revised at each meeting, with awareness of the lead time of 1-2 years for vaccine production. It is estimated at present (Dec. 1996) that 50-60 million doses will be required in 1998, and annually thereafter.

d. WHO should aim to have a stock of 5-10 million doses of vaccine and autodestruct syringes for emergency use. This stock will be purchased after deposit of appropriate funds, then it will be replenished as distribution under ICG and reimbursement of supplies occurs. Thus a "revolving" supply will be managed by WHO for response to special epidemic requests. An Appeal will be prepared to set up a fund to purchase vaccine and autodestruct syringes for meningitis epidemic control. It is envisaged that the fund will function initially as an emergency fund to be depleted according to priority needs, with no reimbursement. The fund should then be modified and established on a revolving basis to provide a sustainable mechanism for progressive self-sufficiency in meningitis vaccine procurement.

2. Ensure that the cooperative approach and decisions made at the technical, intergovernmental and national levels at the recent meeting in Burkina Faso are pursued and built upon

3. Continue the cooperation and communication between WHO, manufacturers and partners that was evident at this meeting through the ICG.

4. WHO(EMC), should coordinate operational research to insure that the best data for the most cost-effective vaccine strategies are available in the future.

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[*]subsequently changed to December

Table 1 Cumulative cases of meningitis in the WHO African Region from 1 January 1996

Tableau 1 Total cumulé des cas de méningite déclarés dans la Région africaine de l'OMS depuis le 1er janvier 1996

Country – Pays	Cumulative notified cases as of 04.10.96 Total cumulé des cas notifiés au 04.10.96	
	Cases – Cas	Deaths – Décès
Benin – Bénin (08.05.96)	699	84
Burkina Faso (03.07.96)	42 129	4 226
Burundi (31.05.96)	7	0
Cameroon – Cameroun (30.04.96)	178	30
Central African Republic – République centrafricaine (13.03.96)	155	22
Chad – Tchad (16.06.96)	1 079	109
Côte d'Ivoire	...	...
Eritrea – Erythrée (21.03.96)	...	...
Ethiopia – Ethiopie (29.02-10.03.96)	771	11
Ghana (31.03.96)	479	41
Guinea – Guinée (15.03.96)	89	15
Malawi (30.03.96)	269	29
Mali (05.09.96)	7 244	831
Mauritania – Mauritanie (13.03.96)	...	...
Mozambique (20.08.96)	2 132	121
Niger (25.09.96)	16 050	1 493
Nigeria – Nigéria (25.06.96)	75 069	8 440
Senegal – Sénégal (13.03.96)	...	...
Togo (29.07.96)	517	100
United Republic of Tanzania – République Unie de Tanzanie (30.03.96)	316	26
Zaire – Zaïre (19.07.96)	86	11
Zambia – Zambie (12.09.96)	1 897	194
Total	149 166	15 783

() - Last reporting date – Dernière date de notification

... Data not available – Données non disponibles

Ad Hoc Working Group on the WHO Strategy for Provision of Meningitis Vaccine for Epidemic Prevention and Control
Geneva, 2 & 3 December 1996
Executive Board Room

Agenda

MONDAY, 2 DECEMBER 1996

	Opening of the meeting - Chairman	Dr M. Wahdan	
1.	**Introduction**	Dr D. L. Heymann	09.00-09.20
2.	**Overview of 1996 meningitis epidemics in Africa**	Dr D. Barakamfitiye	09.20-09.45
3.	**Options for meningitis vaccination**	Dr J. Wenger	09.45-10.10
	Discussion		10.10-10.30
	Coffee		*10.30-11.00*
4.	Vaccine availability		11.00-11.45
	Introduction: demand, supply, financing, distribution	Dr J.B. Milstien	
	Experience in 1996 and forecasts for 1997	Dr A. Ndikuyeze	
	Role of WHO/HQ	Dr G. Szalay	
5.	**Views of vaccine manufacturers**		11.45-12.30
	Lunch		*12.30-13.30*
6.	**Auto-destruct syringes**		13.30-14.00
	(a) EPI recommendations	Mr M.J. Zaffran	
	(b) Views of manufacturers		

7.	**Contingency stocks**	Mr P. M. Evans Dr D. Barakamfitiye Dr B. Sadrizadeh.	))14.00-14.45)
8.	**Coordination of donor support**	Dr J. Kreysler	14.45-14.55
		EHA	14.55-15.05
9.	**General discussion**		15.05-15.30
	Tea		*15.30-15.45*
10.	**Strategy for 1997 and future epidemics: working groups**		15.45-17.30

Role of WHO
Role of manufacturers
Role of other partners

TUESDAY, 3 DECEMBER, 1996

10.	**Continuation of working groups**	09.00-10.30
	Coffee	*10.30-10.50*
11.	**Review of working group reports**	10.50-12.30
	Lunch	*12.30-13.30*
12.	**Adoption of plan for ensuring vaccine availability**	13.30-15.30
	Tea	*15.30*

Annex 2

Proposed Terms of Reference
International Coordinating Group on Meningitis Vaccine

An informal group of partners working together in support of regional and country efforts in epidemic control of meningitis to ensure to the greatest extent possible the provision of vaccines and autodestruct syringes through the following activities:

review meningitis situation,

review new information on cost-efficacy of meningitis vaccine strategies and vaccination policies,

update country estimates of vaccine need for emergency stock and project global aggregate and timing of demand,

review/determine vaccine and autodestruct syringe production capacity,

determine the amount of vaccine to be kept for emergency preparedness stock,

jointly coordinate the procurement and distribution of vaccines and autodestruct syringes,

establish/regularly review criteria for vaccine distribution,

establish an executive sub-group which will consider vaccine distribution, taken into account country vaccine need

review national reports on vaccine use,

identify short-, medium- and long-term financial strategies to provide the availability of sufficient vaccine availability,

advocacy with international community and development agencies

Membership (limited to those who agree to coordinated procurement and distribution)

international organizations
non-governmental organizations
technical agencies
vaccine manufacturers
financial partners
2 countries in meningitis belt plus one outside

Method of Communication

meeting every six months, December and June, in Geneva

Secretariat

WHO

Annex 3

Proposed Terms of Reference
Executive Sub-Group of the International Coordinating Group on Meningitis Vaccine

A sub-group of the International Coordinating Group on Meningitis Vaccine, to review requests for meningitis vaccine purchase and autodestruct syringes from emergency stocks from countries in need, and to coordinate vaccine distribution through the following activities:

inventory of existing stocks in countries,

review of vaccine availability from manufacturers,

review vaccine requests and compare to criteria for vaccine distribution,

identify missing information in vaccine requests and request as necessary,

advise on the amount of vaccine to be distributed,

monitor vaccine distribution by other mechanisms

review financial resources for procurement of vaccine

Membership (limited to members of International Coordinating Group)

international organizations

non-governmental organizations

technical agencies

Method of Communication

facsimile/electronic mail

Secretariat

WHO

International Coordinating Group on Vaccine Provision for Epidemic Meningitis Control WHO, Geneva, Room M205 16-17 January 1997

AGENDA

16 January		**Presenter**
14.00	Opening of meeting	Chair
14.10	Report of previous meeting	Dr D. Heymann
14.30	Regional reports on surveillance, logistics, and financing for 1997: Data needed, frequency of reporting, reporting channels	AFRO, EMRO
15.00	Update on vaccine supply situation	Dr G. Szalay
15.15	Proposal for an emergency fund	Ms A. Batson
15.30	Break	
16.00	Criteria for determining priority distribution of available vaccines Proposals: General discussion	 AFRO, EMRO
17.30	Closure for day	

17 January		
09.00	Review and finalization of criteria	
09.30	Activities of ICG Composition Terms of Reference Communication mechanisms	
10.00	Activities of subgroup Composition Terms of Reference	
10.30	Break	
11.00	Mechanisms for monitoring vaccine use and impact	
11.30	Plans for future years	
12.00	Summary and conclusions	Chair
12.30	Lunch Break	