



APRIL 2017

MenAfriNet Holds Third Annual Partners' Meeting

The 3rd annual MenAfriNet Partners' Meeting took place from December 1st through 2nd in Lomé, Togo. The meeting brought together 94 participants from 13 countries and 31 different organizations to share updates on network progress and challenges and develop priorities for the upcoming years. This year's meeting was held in conjunction with the 13th Annual World Health Organization (WHO) Meeting on Surveillance, Preparedness and Response to Meningitis Outbreaks in Africa.

The opening ceremony of the joint meetings was chaired by Professor Moustafa Mijiyawa, Minister of Health and Social Protection of Togo. He welcomed participants and thanked partners for their continued support that has contributed to the reduction of meningitis disease since the introduction of MenAfriVac™ (MACV). Dr. Lucile Imboua, WHO representative appointed to Togo, and Dr. Marta Guerra, CDC Togo representing the United States Ambassador to Togo, joined the Minister in emphasizing the importance of disease surveillance, especially for meningitis. Dr. Ryan Novak, MenAfriNet Director at the U.S. Centers for Disease Control and Prevention (CDC), Dr. Amadou Fall, Focal Point for Immunization at the WHO Inter Country Support Team – West Africa, Dr. Tamekloe Tsidi Agbéko, Head of Surveillance in the Togo Ministry of Health and Social Protection, and Dr. Jennifer Moïsi, representing the *Agence de Médecine Préventive* (AMP) opened the MenAfriNet session. They highlighted

the critical role of MenAfriNet in the prevention, detection, and response to meningitis epidemics in the meningitis belt and the role of all partners and countries. Dr. Jason Mwenda from WHO presented the meeting objectives and agenda.

The meeting was structured into four sessions:

1. Surveillance and Country Updates
2. Data Management, Quality, Analysis and Use and Serogroup A Meningococcal Disease
3. Laboratory
4. Research, Evaluation, and Future Priorities

MenAfriNet countries presented their experiences with surveillance implementation and laboratory capacity building during sessions 1 and 3. Their presentations led to rich discussion of shared perspectives, challenges, and solutions. Each of the MenAfriNet Work Groups also reviewed their 2016 accomplishments during these sessions and shared their priorities for upcoming two years.

Presentations and discussions underscored MenAfriNet's continued success in generating high-quality, case-based surveillance data to inform vaccine evaluation and epidemic response. According to these data, several key performance indicators, such as increasing the rate of specimen collection and percentage of confirmatory tests performed, improved across the network. The importance of quality surveillance data

was further emphasized by WHO's presentation on the current epidemiology of meningitis in the region.

With serogroup A meningococcal disease still circulating in the meningitis belt, there is an urgent need for a standardized investigation protocol to evaluate all reported cases of serogroup A disease reported in countries where MACV was introduced. Continuing to collect and analyze high-quality surveillance data and plan strategically for the sustainability of the network will be the focus of MenAfriNet in the next two years. The network will perform mid-project data validation and analysis to examine interim data and identify priorities.

Additionally, the network launched its first social media campaign to promote the meeting. AMP and the Director of CDC's National Center for Immunization and Respiratory Diseases, Dr. Nancy Messonnier, tweeted best wishes for the success of the meeting while Mr. Rodrigue Barry of WHO provided regular updates via Twitter (available on www.MenAfriNet.org).

The 4th annual partners meeting is being planned for October 2018.



Togo Rolls Out Case-Based Surveillance

From January to May 2016, Togo experienced a large outbreak of meningitis caused by *Neisseria meningitidis* serogroup W (NmW) in the Savanes and Kara regions, which lie in the meningitis belt. The outbreak resulted in over 1,700 cases and 120 deaths. The successful rollout in 2014 of MACV in Togo resulted in a dramatic decline in serogroup A disease. However, other meningococcal disease serogroups and some serotypes of pneumococcal disease continue to cause meningitis epidemics in the region. Since the beginning of 2017, Togo reported 376 cases of meningitis in 19 health districts. One district in the Plateaux region reached the epidemic threshold



during week 4 and 14 of 2016 specimens were confirmed by PCR as NmW.

In September and October



2016, the Togo Ministry of Health and Social Protection conducted a training of the trainers on surveillance of case-based meningitis and other vaccine-preventable diseases (measles, polio, yellow fever) with the World Health Organization (WHO) and *Agence de Médecine Préventive* (AMP). Forty participants were trained from Togo's national surveillance unit, *Institut National d'Hygiène*, in Kara, Sylvanus Olympio in Lomé, and regional surveillance officers from Savanes, Kara, Centrale and Plateaux. The training focused on the adaptation of generic surveillance guidelines and standard operating procedures for case-based meningitis surveillance in Togo. Training on case-based surveillance for meningitis was also conducted in December 2016 at the regional level in Savanes and Kara

and at the district level for most districts in these regions.

Prior to these trainings, two districts in Savanes were already performing case-based meningitis surveillance as part of AMP's PneumoTône project with support from MenAfriNet. In response to a request from the Ministry of Health and Social Protection, AMP and CDC will be implementing real-time PCR for bacterial meningitis pathogens in 2017 to support case confirmation. With these expanded abilities, Togo will be able to quickly confirm cases and identify potential clusters or outbreaks.



Investigation of Serogroup A Meningococcal Cases in Guinea

Guinea introduced meningococcal serogroup A conjugate vaccine (MACV) in several stages – two prefectures introduced MACV in June 2014 and an additional 15 introduced MACV in August 2015. Despite high vaccine coverage, 13 cases of serogroup A meningococcal meningitis (NmA) were reported in 2016. According to WHO Enhanced Meningitis Surveillance, countries that have reached target MACV vaccination coverage have largely eliminated NmA disease.

MenAfriNet's top priority is to assess the long-term impact of MACV on NmA epidemics, circulation of NmA and other meningitis pathogens, and duration of protection. One of the outcomes of the 3rd Annual MenAfriNet

Partners' Meeting was the development of a standardized investigation protocol to evaluate all reported cases of NmA for countries where MACV was introduced. MenAfriNet implementing partners are collaborating with the Guinea Ministry of Health (MoH), CDC-Guinea and other in-country partners to investigate these reported NmA cases.

The NmA case investigation protocol was piloted during a joint CDC and WHO mission to Conakry in February 2017 to investigate the 2016 NmA cases. The CDC/WHO mission recommended further piloting of the NmA case investigation protocol by the MoH's Regional Epidemic Response Teams [*Equipes régionales d'alerte et de riposte aux épidémies* (ERARE)] and used the protocol as a tool

for the Field Epidemiology Training Program (FETP)—Frontline attended by prefecture surveillance officers.

During the CDC/WHO mission, the MoH, *Agence Nationale de Sécurité Sanitaire* and *Institut National de la Santé Publique* planned for the adaptation of WHO's "Enhanced Meningitis Surveillance—Plus" framework and implementation of real-time PCR for case confirmation. PCR training and a workshop to develop a 3-year plan to strengthen meningitis surveillance are planned for April and May 2017, respectively.