

What are the preferred schedules for meningococcal A conjugate vaccine for infants and young children living in countries of the African meningitis belt ?

to achieve sustainable disease control
following the initial mass vaccination campaigns

Professor Kate O'Brien, SAGE Member

Meningococcal A conjugate vaccine impact and routine immunization schedule in infants and young children
Session 6 - Meeting of the Strategic Advisory Group of Experts on Immunization (SAGE)
Geneva, 22 October 2014

Proposed Recommendations for SAGE - 1

Vaccination strategies with MenA conjugate vaccine

- Complete mass vaccination campaigns of 1–29 year olds in all African meningitis belt countries
- Follow up campaigns in the 1-5 years after their completion with
 - ❑ **Routine childhood immunization** MenA programme plus catch-up in infants and young children born since initial mass vaccination, or
 - ❑ **Periodic SIAs** for new cohorts of infants and young children born since the initial mass vaccination, as dictated by continued surveillance
 - ❑ may be recommended in areas where routine childhood immunization coverage is lower than 60%

Proposed Recommendations for SAGE - 2

Number of MenA conjugate vaccine doses

- 1-dose schedule recommended for those to 9-24 months of age
- 2-dose schedule recommended for those 3-<9 months of age
 - interval between doses should be ≥ 3 months

Dosage of MenA conjugate vaccine

- a lower dosage (PsA 5 μ g) recommended for those 3-24 months of age

Co-administration of MenA conjugate vaccine with EPI vaccines

- simultaneously administration with other vaccines, but at different anatomical sites is acceptable
 - diphtheria toxoid, tetanus toxoid, whole cell pertussis, hepatitis B, *Haemophilus influenzae* type b, oral poliovirus, yellow fever, measles and rubella vaccines
- available data with MenC conjugate vaccines suggest that PCV or rotavirus vaccine may be co-administered at different sites

Proposed Recommendations for SAGE - 3

Vaccination strategies with MenA conjugate vaccine

- MenAfriVac vaccination of pregnant women is safe, as assessed in high quality observational studies
- Pregnant women should be included in MenAfriVac vaccine campaigns in all countries in the African meningitis belt

Gaps in policy-oriented information - 1

- Long term high quality surveillance in meningitis belt countries introducing MenA conjugate vaccine to
 - ❑ document vaccine effectiveness
 - ❑ document impact on invasive disease and carriage
 - ❑ define reliable correlates of protection and duration of protection
 - ❑ inform disease control strategies, the need/optimal timing for booster doses
 - ❑ monitor the evolving epidemiological situation, provide a solid basis for the refinement of policies and development of multivalent conjugate vaccines
- ❑ Can SAGE identify high priority issues in this list or endorse the need for conducting these studies?

Gaps in policy-oriented information - 2

- Continuous evaluation of the vaccination programme in countries of the meningitis belt introducing MenA conjugate vaccine to
 - ☐ assess vaccine coverage
 - ☐ document vaccine safety
 - ☐ evaluate the vaccine in special populations such as pregnant/lactating women
 - ☐ identify vulnerable groups through long-term follow up of vaccine trial participants and serial seroprevalence studies
 - ☐ document the effect on immunity to tetanus
 - ☐ assess the economic impact on households and on health systems
- ☐ Can SAGE identify high priority issues in this list or endorse the need to conduct these studies?