WHO COORDINATES RESPONSE TO MENINGITIS OUTBREAKS IN FOUR AFRICAN COUNTRIES

HUNDREDS OF THOUSANDS VACCINATED IN MASS CAMPAIGNS

16 MARCH 2007 GENEVA -- Two months into the dry season in the African “Meningitis Belt”, 15 595 cases, including 1670 deaths, have been reported to the World Health Organization (WHO) from four countries: Burkina Faso, the Democratic Republic of the Congo, Sudan and Uganda. Two of these countries, Uganda and the Democratic Republic of the Congo, are at the extreme south of the “Meningitis Belt”, which stretches from Senegal in the West to Ethiopia in the East, with an estimated population of 300 million people. The samples show that these cases are caused by *Neisseria meningitidis* serogroup A, the most common serogroup in Africa.

In northern Uganda, 2961 cases, including 105 deaths, have been reported in several areas. A campaign of vaccination has been completed in some areas and is continuing in others. WHO and Médecins sans Frontières (MSF) are working together to contain the outbreak. In southern Sudan, 6946 cases including 430 deaths have been reported from nine out of 10 states. In Burkina Faso, 4958 cases including 432 deaths were reported. In the Democratic Republic of the Congo, 730 cases including 84 deaths have been reported.

The International Coordinating Group (ICG*) on Vaccine Provision for Epidemic Meningitis has so far released 1.1 million vaccine doses to respond to the outbreak in southern Sudan and is ready to provide additional doses if needed. Around 1.5 million people in the affected countries have been targeted in mass vaccination campaigns organized by the National authorities, WHO, MSF, International Medical Services, as well as other NGOs present in the area, and supported by UNICEF, (OCHA), the European Community Humanitarian Office (ECHO). The affected areas are known to host large numbers of returnees, as well as displaced populations living in areas not easily accessible and dispersed population settlements.

Vaccination campaigns are going on in Burkina Faso, where the ICG has already released 530 000 doses. WHO is present in the field in all the affected countries, assisting with surveillance and control measures. The WHO and partners have provided drugs for case management as well as emergency supplies for outbreak investigation and technical guidance for outbreak control and management.

In the African Meningitis belt, improved epidemiological surveillance and prompt case management with oily chloramphenicol - the standardized antibiotic treatment - are used to control epidemics. At the same time, WHO and partners recommend reactive mass vaccinations targeted at the highest risk groups: usually people between the ages of 2-30 years. Every district that is in an epidemic phase, as well as adjoining districts that are in the alert phase should be targeted for vaccination. It is estimated that a mass immunization campaign, promptly implemented, can prevent 70% of cases.
Note for the Media

This season, the ICG secured some 8 million doses as an emergency stockpile. 5.5 million doses are currently available. Despite concerns about a shortage of vaccine, WHO estimates that some 15 million doses are still available on the market, which countries can purchase. Furthermore, to rapidly address the potential shortage of vaccine supply, WHO decided to assess the status and production capacity of polysaccharide manufactures worldwide. One manufacturer, Bio-Manguinhos in Brazil, was identified as the strongest and quickest alternative for scaling-up vaccine supply in the short and medium term. In partnership with the Finlay Institute in Cuba, Bio-Manguinhos is working with WHO to ensure a supply of up to 10 million doses of bivalent AC meningitis vaccine by the next epidemic season.

Meningitis background

Meningitis is an infection of the meninges, the thin lining that surrounds the brain and the spinal cord. Several different bacteria can cause meningitis. *Neisseria meningitidis* is one of the most important because of its potential to cause large epidemics. Meningococcal disease was first described in 1805 when an outbreak swept through Geneva, Switzerland.

The bacteria are transmitted from person to person through droplets of respiratory or throat secretions. Close and prolonged contact (e.g. kissing, sneezing and coughing on someone, living in close quarters or dormitories (military recruits, students), sharing eating or drinking utensils etc.) facilitate the spread of the disease. The average incubation period is 4 days, ranging between 2 and 10 days. *N. meningitidis* only infects humans; there is no animal reservoir.

The most common symptoms are stiff neck, high fever, sensitivity to light, confusion, headaches and vomiting. Even when the disease is diagnosed early and adequate therapy instituted, 5% to 10% of patients die, typically within 24-48 hours of onset of symptoms. Meningococcal disease is potentially fatal and should be viewed as a medical emergency. A range of antibiotics may be used for treatment.

The highest burden of meningococcal disease occurs in sub-Saharan Africa, which is known as the “Meningitis Belt”. This hyperendemic area is characterized by particular climate and social habits. During the dry season between December and June, because of dust winds and upper respiratory tract infections due to cold nights. The transmission of *N. meningitidis* is facilitated by overcrowded housing at family level and by large population displacements due to pilgrimages and traditional markets at regional level.

WHO promotes a two-pronged strategy which involves epidemic preparedness and epidemic response. Preparedness focuses on surveillance, from case detection and investigation and laboratory confirmation. Epidemic response entails a prompt and appropriate case management as well as timely reactive mass vaccination.

An improved and affordable conjugate vaccine is expected by 2010. It will offer longer lasting protection, allowing preventive immunization. WHO supports the development of such a vaccine through the Meningitis Vaccine Project, (partnership between the Program for Appropriate Technology in Health -PATH and WHO).

*Following large meningitis outbreaks in Africa in 1995-96, WHO was instrumental in establishing the International Coordinating Group (ICG) on Vaccine Provision for Epidemic Meningitis Control to ensure rapid and equal access to vaccines and injection material as well as for their adequate use when the stocks are limited. The ICG is composed of WHO, UNICEF, MSF and the International Federation of the Red Cross and Red Crescent Societies.*
WORLD HEALTH DAY 2007:
INTERNATIONAL HEALTH SECURITY
“Invest in health, build a safer future”
High-level debate tackles need for improved international health security

29 MARCH 2007 | GENEVA/SINGAPORE -- Political, business and opinion leaders are gathering in Singapore on 2 April for a global debate that will focus on the urgent need to improve international health security. The high-level debate, hosted by the World Health Organization (WHO) and the Government of Singapore, will launch the World Health Day 2007 theme of international health security and send a global message to “Invest in health, build a safer future.”

The debate will focus on threats to our collective health security. These include emerging and rapidly spreading diseases, environmental change, the danger of bioterrorism, sudden and intense humanitarian emergencies caused by natural disasters, chemical spills or radioactive accidents, and the impact of HIV/AIDS, a disease that is threatening the stability of communities in some of the poorest countries in the world.

“The uncertainty and destructive potential of disease outbreaks and acute public health emergencies gives them a high public and political profile,” said the WHO Director-General, Dr Margaret Chan. “When the world is collectively at risk, defence becomes a shared responsibility of all nations. WHO continues to track evolving infectious disease situations and acute health threats, sound the alarm if necessary, share expertise with local and national health officials, and mount the kind of response needed to protect people from these dangers to health.”

The wide-ranging debate will challenge panelists to confront the public health, business and diplomatic obstacles to improved cross-border cooperation, and urge them to find a way forward to more effective collaboration. Participants in the global event will include the Prime Minister of Singapore Mr Lee Hsien Loong as the keynote speaker, Dr Margaret Chan, Mr Philip Chen, Chief Executive of Cathay Pacific Airways, Dr Balaji Sadasivan, Senior Minister of State of Foreign Affairs of Singapore, and Mr Jonas Gahr Støre, Minister of Foreign Affairs of Norway. After the initial debate, the event will shift to a “town hall” format to stimulate wider discussion with an audience of more than 200 participants.

Prime Minister Lee Hsien Loong said “The theme of this year’s World Health Day, international health security, is apt given the global health landscape today. In a highly interconnected world, diseases spread fast and recognize no boundaries. Cooperation among nations is crucial, for we all have a responsibility to one another. The debate will help build consensus on how we can deal with the challenges together. Singapore is happy to be part of this process as co-host of the World Health Day 2007 event.”

Mr Jonas Gahr Støre, Minister of Foreign Affairs of Norway, began an initiative last summer to establish an informal group of foreign ministers to explore the linkages between foreign policy and global health. He said: “Globalization
has increased countries’ vulnerability and interdependence. Health issues are among the major challenges that call for stronger strategic focus and closer international cooperation.”

Mr Philip Chen, Chief Executive of Cathay Pacific Airways, steered the airline through the 2003 outbreak of SARS, a highly contagious disease that travelled the globe quickly and inflicted severe economic damage. He said: “The SARS outbreak taught us that organizational competence is essential in meeting the challenges of a crisis but - perhaps more importantly - it is also critical to invest in the time needed to build credibility and win the trust of those people you must rely on for support should a crisis ever happen. This is as true for multinational organizations and governments as it is for commercial enterprises such as Cathay Pacific.”

“The transnational nature of impending health threats makes it imperative for all countries to work together to counter them. Our experience in battling SARS has taught us many lessons which we can share with others. As a member of the WHO Executive Board, Singapore will continue to play its part in and contribute to the global health arena,” said Dr Balaji Sadasivan, Senior Minister of State of Foreign Affairs of Singapore. A new sense of urgency following the outbreaks of SARS and avian influenza in the early years of this decade has led the world to adopt an innovative new approach to strengthen global defenses against the spread of disease. The revised International Health Regulations (2005) come into force on 15 June 2007. They represent an unprecedented public health tool which aims to ensure maximum health security and minimum interference with international transport and trade.

The revised Regulations offer new opportunities to strengthen national and international public health capacities and collaboration. They significantly broaden reporting requirements for Member States. The legal framework will require countries to inform WHO of all public health emergencies of international concern. WHO, with its extensive technical and communications capacities, stands ready to work with countries to investigate, verify and respond to threats, and protect people worldwide.

“New outbreaks of avian influenza and the looming danger of an influenza pandemic, together with the severe health impacts of recent flooding in Indonesia and the Horn of Africa, underline the fact that now is the time to focus on international health security. Even with serious challenges in today’s world, however, it is my view that these are optimistic times for health,” said Dr Chan.

**International health security issues**

A WHO background document, released today, will be used to help guide discussions and stir debate. The paper profiles eight issues linked to international health security, together with key points to focus the debate:

* **Emerging diseases**: new, highly contagious diseases, such as SARS and avian influenza, know no borders. Their potential to cause international harm means that outbreaks cannot be treated as purely national issues. In the last few decades, new diseases began emerging at an unprecedented rate of one or more per year.

* **Economic stability**: public heath dangers have economic as well as health consequences. Containing international threats is good for economic well-being. With fewer than 10,000 cases, SARS cost Asian countries US $ 60 billion of gross expenditure and business losses in the second quarter of 2003 alone.

* **International crises and humanitarian emergencies**: these events kill and maim individuals and severely stress the health systems that people rely on for personal health security. In 2006, 134.6 million people were affected and 21,342 were killed by natural disasters.

* **Chemical, radioactive and biological terror threats**: whether deliberate or accidental, WHO’s global networks are well placed to respond to the health effects of these threats using the same techniques employed in other disasters - rapid assessment and response, triage and treatment, securing water, food and sanitation systems. Anthrax-tainted letters sent through the U.S. postal system in 2001 and the release of sarin on the Tokyo subway in 1995 remind us that although chemical and biological attacks are rare, there are people ready to use this brand of terrorism.

* **Environmental change**: environmental and climate changes have a growing impact on health, but health policies alone cannot prevent their effects. People are dying- upwards of 60,000 in recent years in climate-related natural disasters, mainly in developing countries.
* HIV/AIDS - a key health and security issue: the devastating impact of HIV/AIDS, demonstrated to international security specialists the potential impact of a public health issue on security. In 2006, an estimated 39.5 million people were living with HIV/AIDS.

* Building health security: national compliance with the revised IHR 2005 will underpin international health security.

* Strengthening health systems: functioning health systems are the bedrock of health security, but the current state of systems worldwide is inadequate. As an example, the world is currently short of more than four million health workers, with the impact most felt in developing countries.

WHO PROPOSES GLOBAL AGENDA ON TRANSPLANTATION

New World Observatory Launched with Spain

30 MARCH 2007 | GENEVA -- This week, at the second Global Consultation on Transplantation the World Health Organization (WHO) presented countries and other stakeholders with a blueprint for updated global guiding principles on cell, tissue and organ donation and transplantation.

Those principles aim to address a number of problems: the global shortage of human materials - particularly organs - for transplantation; the growing phenomenon of ‘transplant tourism’ partly caused by that shortage; quality, safety and efficacy issues related to transplantation procedures; traceability and accountability of human materials crossing borders.

Stakeholders agreed to the creation of a Global Forum on Transplantation to be spearheaded by WHO, to assist and support developing countries initiating transplantation programmes and to work towards a unified global coding system for cells, tissues and organs.

A central theme of the discussions was WHO’s concern over increasing cases of commercial exploitation of human materials.

“Human organs are not spare parts,” said Dr Howard Zucker, WHO Assistant Director-General of Health Technology and Pharmaceuticals. “No one can put a price on an organ which is going to save someone’s life.”

“Non-existent or lax laws on organ donation and transplantation encourage commercialism and transplant tourism,” said Dr Luc Noel, in charge of transplantation at WHO. “If all countries agree on a common approach, and stop commercial exploitation, then access will be more equitable and we will have fewer health tragedies.”

Transplantation is increasingly seen as the best solution to end-stage organ failure. End-stage kidney disease, for instance, can only be repaired with a kidney transplant. Without it, the patient will die or require dialysis for years, which is an expensive procedure and often out of reach of poorer patients. Transplantation is the only option for some liver conditions, such as severe cirrhosis or liver cancer, and a number of serious heart conditions.

Recent estimates communicated to WHO by 98 countries show that the most sought after organ is the kidney. Sixty-six thousand kidneys were transplanted in 2005 representing a mere 10% of the estimated need. In the same year, 21 000 livers and 6 000 hearts were transplanted. Both kidney and liver transplants are on the rise but demand is also increasing and remains unmatched.

Reports on 'transplant tourism' show that it makes up an estimated 10% of global transplantation practices. The phenomenon has been increasing since the mid-1990’s, coinciding with greater acceptance of the therapeutic benefits of transplantation and with progress in the efficacy of the medicines - immuno-suppressants - used to prevent the body’s rejection of a transplanted organ.
The principles put forward by WHO underscore that the person - whether recipient of an organ or a donor - must be the main concern both as patient and as human being; that commercial exploitation of organs denies equitable access and can be harmful to both donors and recipients; that organ donation from live donors poses numerous health risks which can be avoided by promoting donation from deceased donors; and that quality, safety, efficacy and transparency are essential if society is to reap the benefits transplantation can offer as a therapy.

“Live donations are not without risk, whether the organ is paid for or not. The donor must receive proper medical follow-up but this is often lacking when he or she is seen as a means to making a profit,” added Dr Luc Noel. “Donations from deceased persons eliminate the problem of donor safety and can help reduce organ trafficking.”

WHO action on transplantation will be aided by a global observatory set up in Madrid under the auspices of the Government of Spain. The observatory, which is linked to the WHO Global Knowledge Base, will provide an interface for health authorities and the general public to access data on donation and transplantation practices, legal frameworks and obstacles to equitable access.

Note to editors/reporters

Figures collected by WHO and collated by the global observatory come from questionnaires answered by 98 countries representing just under 5.5 billion people, that is, about 82% of the world’s population. The countries were distributed in the following manner: 41 from the European region; 21 from North and South America; 13 from the Western Pacific region; 12 from the Eastern Mediterranean; eight from South East Asia; and three from Africa.

In 2005, 66,000 kidney transplants were performed, 60% of which in industrialized countries. Seventy-five per cent of the more than 21,000 liver transplants and 6,000 heart transplants were performed in industrialized and emerging economies.