

Health File

Meningococcal meningitis vaccination for Hajj

DR SALIM PARKER

NEISSERIA meningitidis is globally one of the leading causes of bacterial meningitis, and even one case in a community is considered a serious health issue. Some authorities estimate that worldwide up to 1,2 million people are affected annually, leading to between 50 000 and 135 000 deaths.

The fatality remains high even with appropriate treatment, and the long-term disabling neurological consequences of the disease are significant, especially in developing countries.

Thirteen different types, called serogroups of *N meningitidis*, have been reported, of which six (A, B, C, W135, X, and Y) cause almost all worldwide life-threatening disease.

The Meningitis Belt of sub-Saharan Africa, which stretches from Senegal in the west to Ethiopia in the east, has the highest prevalence with a baseline endemic incidence of 10 to 20 cases per 100 000 of the population.

Annual epidemics during the dry season from December to June and cyclical explosive epidemics can increase this rate to 1 000 per 100 000 population. These cycles are variable and peak every eight to 12 years.

Annually, the Kingdom of Saudi Arabia (KSA) hosts between two and five million Muslim pil-



DR SALIM PARKER. Photo SUPPLIED

grims from all over the world during the Hajj period, a significant number attending from sub-Saharan Africa. This will take place from August to September in 2017.

The minor pilgrimage, called the Umrah, attracts millions more throughout the year.

The associated overcrowded conditions are conducive to the spread of human-to-human diseases such as meningococcal disease and a serogroup A outbreak occurred in 1987.

In 2000 and 2001, serogroup W135 outbreaks were documented at the Hajj. A worrying factor was the exportation of the W135 serogroup from Saudi Arabia by returning international pilgrims to 14 different countries. Since then, vaccination with the quadrivalent ACWY vaccine, which covers four of the more serious strains, has been a visa requirement for the Hajj and Umrah.

Previously, the quadrivalent meningococcal polysaccharide vaccine (MPSV4) was available in South Africa but it seems to be being phased out as it is an older type of vaccine. MPSV4 is indicated for the age group of two upwards, with no upper age limit.

A quadrivalent meningococcal conjugate vaccine (MCV4), called Menactra, is the only one currently available but is only licenced for the age range nine months to 55 years. Conjugate vaccines are considered superior to polysaccharide ones but are significantly more expensive.

The roll out of MenAfriVac, a conjugate serogroup A vaccine, across the Meningitis Belt of Africa, has led to a dramatic decrease in the prevalence of the dis-

ease caused by that serogroup and elimination of carriage in certain areas.

Saudi Arabia requires proof of quadrivalent meningococcal vaccination and the vaccine is strongly advised to those visiting the Meningitis Belt of sub-Saharan Africa. Recent trials in South America have shown the efficacy and safety of MCV4 in adults up to the age of 65.

Asymptomatic carriage has been documented in up to 86 per cent of pilgrims. While the incidence of infection in travellers to developing countries is about 0,5 per 100 000 travellers, it has been documented to be much higher in Hajj pilgrims (640 per 100 000) and their contacts (up to 28 per 100 000), and peaks during meningitis belt epidemics (up to 800 per 100 000).

The CDC and South African meningitis experts advise the use of MCV4 in those older than 55 when required if MPSV4 is unavailable despite it not being licenced for that age group. This has to be explained to the older pilgrim.

The experts of the Middle East region, in a consensus document, agreed on the concept of using conjugate vaccines, replacing polysaccharide vaccines. Below follows an excerpt from their position statement:

'The potential of stopping transmission by prevention/ clear-



ance of carriage offers the possibility to protect the contacts of vaccinees and prevents dissemination of the bacteria to other countries. In many countries the experience is that meningococcal infections still occur (especially at the contacts around pilgrims) despite high coverage of polysaccharide vaccination among pilgrims.

'Since Hajj pilgrims often are of older age, it is reassuring that conjugate ACW135Y vaccinees in the age group of 56 to 65 years of age resulted in higher percentage of seroresponders, compared to polysaccharide vaccine.'

The vaccination record of the pilgrims should be clearly labelled as being of a conjugate vaccine and is valid for five years.

If it is not labelled as conjugate, the Saudi authorities will assume it to be MPSV4 and consider it valid only for three years.

It is anticipated that the licencing parameters should change in the future.

Dr Salim Parker (www.hajjdoctor.co.za) is Immediate Past President: South African Society of Travel Medicine (SASTM) and a member of the South African Meningococcal Meningitis Advisory Group.

WHOLESALEERS OF LEATHER BAGS, KITCHENWARE, PLASTICWARE, GLASSWARE and TOYS

BARGAIN WAREHOUSE

There's Always A Bargain!

Wishing all Muslims Eid Mubarak and all Hujjaj a Hajj Maqbool & Hajj Mabruur.

5 BLACK PLASTIC STOOLS FROM... **R100⁰⁰**

FOLD-OUT TABLE 183cm X 75cm **R699⁰⁰**

CHAFFING DISHES AVAILABLE!

WE STOCK THE FOLLOWING PRODUCTS

PURE BUTTER PASTRY AVAILABLE

CORNINGWARE
Consol.
It's good to eat right.

PYREX
VICTORINOX SWITZERLAND

FILL IT BRUSH IT BAKE IT EAT IT

32 Hadjie Ebrahim Cresc. (opp. Hi-lite) Rylands Estate, Athlone, Cape Town
TEL: 021 637 1353/5 FAX: 021 637 2582

ALL JOY

Big Mustard, Big Red Tomato Sauce, Big Mustard Sauce, Big Chilly Sauce, Big Mustard Sauce

THE FAMILY BRAND

For Sales & Trade Inquiries Contact Dawood Kagee:
Fax: (021) 692 2452 | Cell: 084 556 2967 | email: dkagee@hotmail.com