Meningococcal meningitis is a life threatening bacterial infection caused by Neisseria meningitidis (13 serogroups), which can result in severe damage to the brain, with a case fatality rate of 50%, if left untreated [1]. Although, outbreaks of meningococcal meningitis have been reported across the world, it has been rated as one of the leading public health concerns in sub-Saharan Africa [1]. In fact, the region has been named as the meningitis belt (extending from Senegal to Ethiopia - comprising of 26 nations), because of the large number of cases being reported in the region [2]. In addition, in the year 2014 alone, close to 12000 cases and 1146 deaths have been reported among the 19 nations of the meningitis belt [1,2].

The epidemiological analysis of the trends of the disease has shown that the disease has a seasonal variation, with maximum number of cases / outbreaks being reported in the dry season (December to June) [2,3]. As anticipated according to the prevalent trends, since the beginning of 2015, a new outbreak of the meningococcal meningitis (caused predominantly by the serogroup-C) has been reported in Nigeria, in which 5855 cases, including 406 deaths (case fatality rate - 7%) have been notified till the first half of May month [2,4]. The number of suspects has increased at an alarming rate, with number of cases being tripled in the last couple of weeks, which is a serious concern [4]. Another area of concern is that for the first time a large-scale meningitis outbreak has been reported because of serogroup-C, and hence there is a significant shortage of the appropriate vaccine [2,4,5].

It is really a major public health concern that so many people are losing their lives because of a disease which can be completely prevented through the vaccines, some of which are available since the last 30 years [1,6]. In fact, documented evidence is available to suggest that since the introduction of a new meningococcal-A conjugate vaccine (MACV) in the targeted age-group of 1-29 years, the number of cases have declined remarkably in the region [5,6]. Realizing the utility and scope of vaccine in reducing the burden of the disease, it has been advocated to facilitate prompt detection of cases and outbreaks through enhanced surveillance; appropriate management of cases with a complete course of antibiotic; to administer serogroup-specific vaccines in the affected region; prophylactic vaccination of the general population with MACV; and to introduce MACV into national routine immunization schedule [1,2,4]. In addition, there is a crucial need to constitute a national epidemic committee to respond to such outbreaks, and every attempt should be taken to mobilize and actively involve the national and international partners [2,4,5].

To conclude, as a part of preparedness and effectively contain and manage the outbreaks of meningococcal meningitis in the sub-Saharan African region, the need of the hour is to strengthen the existing resources, work in a concerted manner with the stakeholders, and effectively address the issue of vaccine shortage, so that any such future outbreaks can be averted.

References