

Summary of the Twenty-First Meeting of the International Task Force for Disease Eradication (II) July 10, 2013

The Twenty-First Meeting of the International Task Force for Disease Eradication (ITFDE) was convened at The Carter Center from 9:00 am to 3:30 pm on July 10, 2013 to discuss the current status of progress towards elimination of cysticercosis/taeniasis and towards control of meningococcal meningitis. The Task Force members are Sir George Alleyne, Johns Hopkins University; Dr. Stephen Blount, The Carter Center; Dr. Mickey Chopra, UNICEF; Dr. Donald Hopkins, The Carter Center (Chair); Dr. Adetokunbo Lucas, Harvard University; Dr. Montserrat Meiro-Lorenzo, The World Bank; Professor David Molyneux, Liverpool School of Tropical Medicine (retired); Dr. Mark Rosenberg, Task Force for Global Health; Dr. Lorenzo Savioli, World Health Organization. members (Blount, Hopkins, Lucas, Rosenberg, Wirth) attended this meeting, and two others were represented by alternates (Dr. John Paul Clark for Meiro-Lorenzo and Dr. Mark Eberhard for Slutsker).

Presenters at this meeting were Dr. Amanda Cohn and Dr. Patricia Wilkins of the Centers for Disease Control and Prevention (CDC), and Dr. Arve Lee Willingham III of the University of Copenhagen.

Control of Meningococcal Meningitis

Meningococcal meningitis is an often fatal infection by the bacterium *Neisseria meningitidis* that mainly affects tissues of the brain and spinal cord. It is spread from person to person by the respiratory route from carriers, and only infects humans. There is no animal reservoir. There are twelve serotypes, of which serotypes A, B, C, W135, X and Y may cause epidemics.¹ In the “meningitis belt” of sub-Saharan Africa, a region of 300 million persons extending from Senegal to Ethiopia, about 80% of all meningitis cases are caused by serotype A, in highly disruptive and lethal epidemics occurring at 7-14 year intervals and infecting tens or hundreds of thousands of persons, with case fatality rates of 10-15%. The incidence of meningococcal infections in Africa is much higher than in all other geographic areas. These epidemics typically occur during the

associated with smaller epidemics in Africa and South America. Serotypes B and C are the most common varieties found in North America and Europe. Most of the discussion at this meeting

to fully assess these features. A major research need now is for enhanced surveillance and good diagnostic facilities to monitor the occurrence of meningitis of various serotypes as well as any adverse events following mass immunization efforts.

3. Additional research is also recommended to assess costs associated with meningococcal epidemics and cost savings associated with prevention of such epidemics, as well as studies to confirm the safety and effectiveness of including this new vaccine in routine childhood immunization programs and to assess the possible role of associated viral infections.
4. An effective vaccine is also needed to prevent serotype B infections.

Elimination of Taeniasis/Cysticercosis

Taeniasis/cysticercosis (T/C) is one of the 17 Neglected Tropical Diseases officially recognized by the World Health Organization, and it is one of the original six diseases declared to be eradicable by the ITFDE in 1993. This disease occurs sporadically in urban and rural pig-raising and pork-

Community Led Total Sanitation to combat taeniasis.⁷ Task Force members suggested that greater attention should be given to reducing transmission by improving human hygiene and sanitation. Inspection of the tongues of pigs in slaughterhouses could be an inexpensive strategy to rapidly detect foci of infected pigs and humans, and thus determine where interventions need to be implemented. Farmers must be convinced why it would be in their financial interest to