**INTERNATIONAL COORDINATING GROUP (ICG) ON VACCINE PROVISION**

**APPLICATION FORM TO ACCESS ICG CEFTRIAXONE EMERGENCY STOCKPILE
FOR MENINGITIS OUTBREAKS**

**This form should be submitted to ICGsecretariat@who.int**

***The International Coordinating Group (ICG) on Meningococcal Vaccine Provision for Epidemic Meningitis Control is a partnership between IFRC, MSF, UNICEF and WHO. The ICG's objective is to ensure rapid and equal access to vaccines, injection materials and antibiotics for meningitis emergency outbreak response.***

***Please complete this application form only in cases where a concurrent meningococcal vaccine request is not submitted. If a vaccine submission is simultaneously submitted, kindly use the vaccine application form to issue the antibiotic request (Section III).***

**General information**

**Date of request:** Click or tap here to enter text.

**Country:** Click or tap here to enter text.

**Region/****State:** Click or tap here to enter text.

**Affected areas (towns/districts/divisions):** Click or tap here to enter text.

**Requesting agency/institution:** Click or tap here to enter text.

**Contact at requesting agency/institution (name, phone, email):** Click or tap here to enter text.

|  |  |
| --- | --- |
| **Consignee in the country** |  |
| **Consignee organization** |  |
| **Contact name**  |  |
| **Phone** |  |
| **Fax**  |  |
| **Email** |  |
| **Address** |  |
| **P.O. Box** |  |
| **Town** |  |
| **Country** |  |

**Epidemiological information**

**Meningitis case definitions**

*Please provide the meningitis case definitions used for data collection.*

Suspected case: Click or tap here to enter text.

Probable case: Click or tap here to enter text.

Confirmed case: Click or tap here to enter text.

**Epidemic threshold**

*Please describe where (district or subdistrict) and when (Epi-week) the outbreak has been declared (i.e., epidemic threshold crossed or increased number of observed cases compared to the number of expected cases in a certain location over a limited time period).*

Click or tap here to enter text.

**Descriptive epidemiology**

*Please attach relevant epidemiological information by time and place or fill out* ***Annex 1*** *(Epid\_Info Place\_Week) (available* [*here*](https://www.who.int/groups/icg/meningitis/stockpiles)*).*

*Please indicate below the total number of confirmed, probable, and suspected cases by district.*

As of (date DD/MM/YY): Click or tap here to enter text.

Confirmed cases: Click or tap here to enter text.

Probable cases: Click or tap here to enter text.

Suspected cases: Click or tap here to enter text.

*In the absence of confirmed or probable cases, please indicate if 5 or more suspected cases were reported in one week, where cerebrospinal fluid (CSF)/blood glucose ratio is <0.4 (or a CSF glucose level ≤40 mg/dL)* ***and*** *CSF protein level is >200 mg/dL. Please provide evidence of relevant CSF and blood results for each of the suspected cases with these characteristics.*

Click or tap here to enter text.

**Risk factors**

*Please describe in detail the presence of risk factors for meningococcal or pneumococcal meningitis outbreaks. Relevant information might include the following:*

* *Case fatality rate.*
* *Vaccination coverage (routine immunization and catch-up campaigns).*
* *Past meningitis outbreaks (including size and affected districts).*
* *Access to laboratory or healthcare services.*
* *Overcrowded areas, including refugee/internally displaced persons settings, closed institutions, mass gatherings, and mining areas.*
* *Areas experiencing significant population movements (e.g., high-traffic markets, border zones).*

*Please provide detailed information for each risk factor relevant to your context.*

Click or tap here to enter text.

**Ceftriaxone request**

* Number of ceftriaxone vials (1 g) currently available in national stocks: Click or tap here to enter text.
* Number of ceftriaxone vials (1 g) needed for the current outbreak (calculation guidance available [here](https://iris.who.int/bitstream/handle/10665/154595/WHO_HSE_GAR_ERI_2010.4_Rev1_eng.pdf?sequence=1), page 24): Click or tap here to enter text.
* Number of ceftriaxone vials (1 g) requested to the ICG: Click or tap here to enter text.

**Operational information**

*Please tick all that apply.*

[ ]  Ceftriaxone is provided free of charge.

[ ]  Ceftriaxone stocks are routinely pre-positioned in high-risk areas.

[ ]  This application has been approved or submitted by the national public health body responsible for meningitis outbreak response.

*Please use the following section to provide additional information as relevant (e.g., if ceftriaxone is not provided free of charge, please elaborate further; if ceftriaxone stocks are not routinely prepositioned in high-risk areas, please indicate the reason for any stockout).*

Click or tap here to enter text.

*Please describe any antimicrobial resistance surveillance program that is currently ongoing at national and/or international level, with a special focus on bacterial meningitis pathogens.*

Click or tap here to enter text.

**Request for laboratory confirmation support**

*Regional Reference Laboratories and WHO Collaborating Centers can provide assistance to support country laboratory confirmation efforts. Kindly specify any identified needs in this section (if any).*

Click or tap here to enter text.

**Reporting requirements**

*Should ceftriaxone request be approved by the ICG, an* ***interim report*** *within one month of request approval and a* ***final report*** *at the end of the outbreak must be submitted to the ICG secretariat.*

*The interim and final reports should contain the following information at a minimum.*

1. Total number of cases (suspected, probable, confirmed, as available) and deaths.
2. Total number of ceftriaxone vials used for outbreak response.
3. Laboratory confirmation results obtained since the beginning of the outbreak.
4. Planned and implemented measures to prevent the inappropriate use of antibiotics (where needed) and monitor antimicrobial resistance.

 *The final report should also contain the following information.*

1. Overview of outbreak response, including lessons learned and suggested next steps to improve national control plans.
2. Plan for replenishment and review of preparedness stocks for next season.
3. Total remainder of ceftriaxone vials leftover from the ICG request and plans for where they will be stored, or if necessary, destroyed.