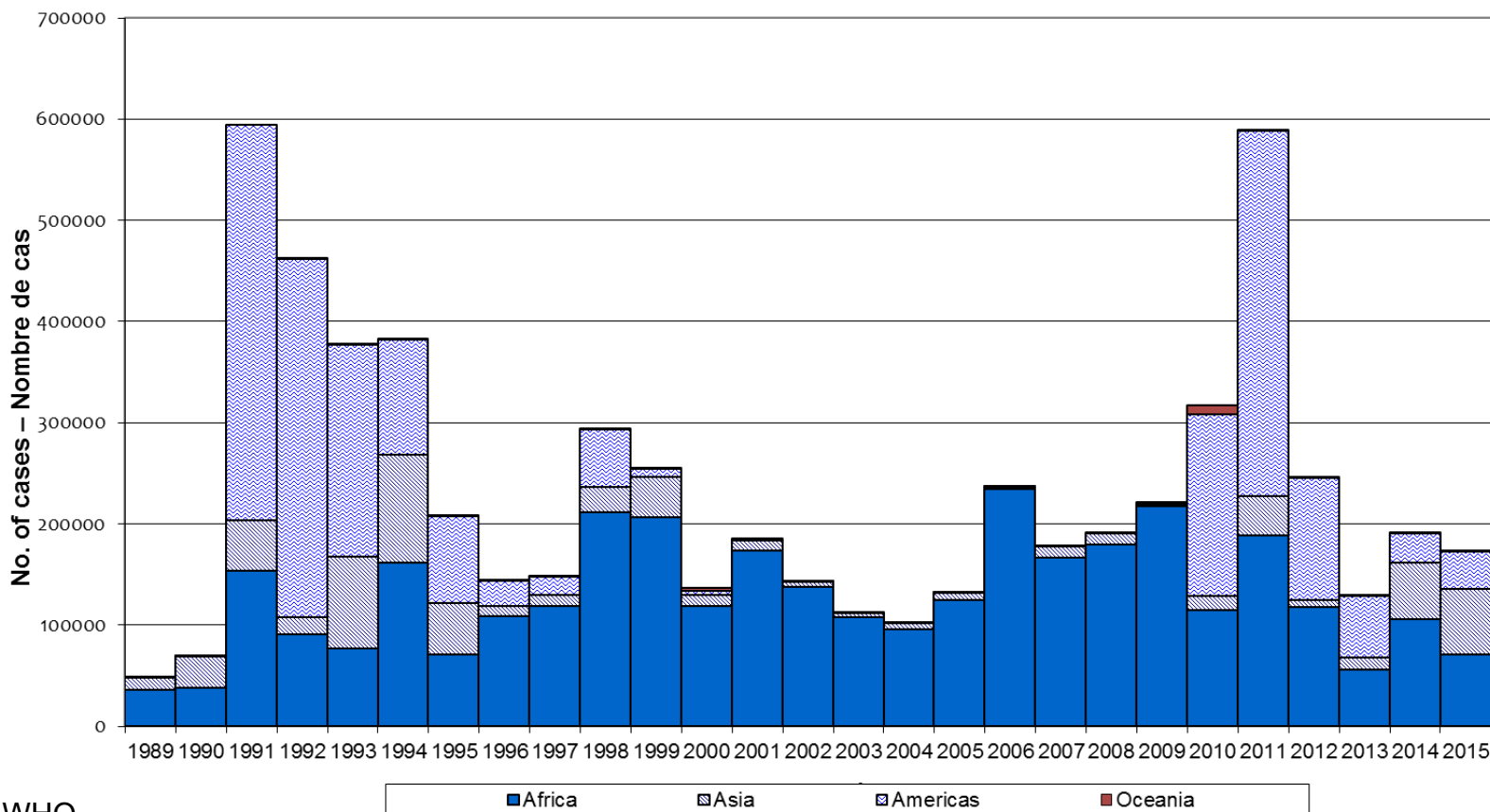

Overview of the global cholera situation

Dr Dominique LEGROS – WHO

SAGE, April 2017

Cholera cases reported by year, 1989-2015

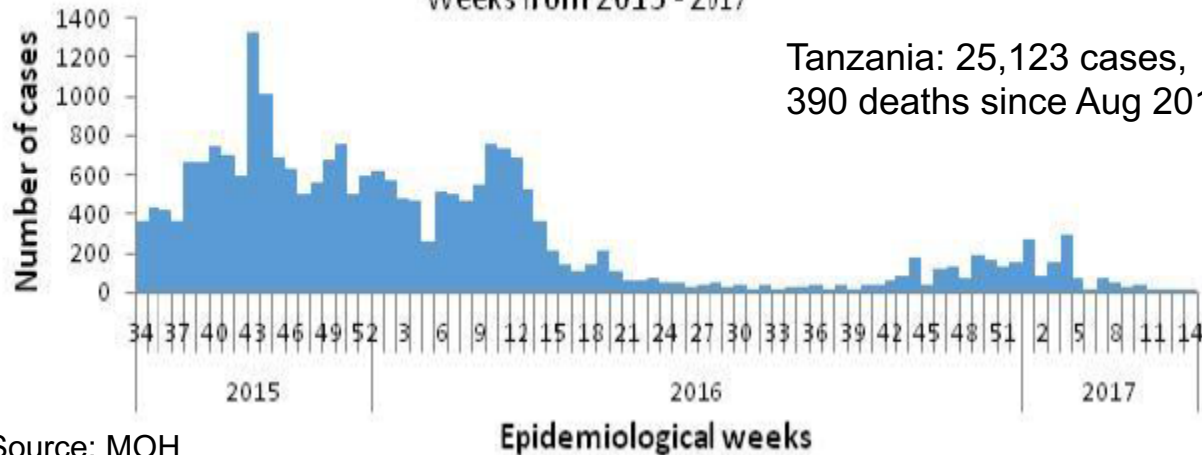
Figure 2 Cholera cases reported to WHO by year and by continent 1989 – 2015
Figure 2 Cas de choléra déclarés à l'OMS par année et par continent 1989-2015



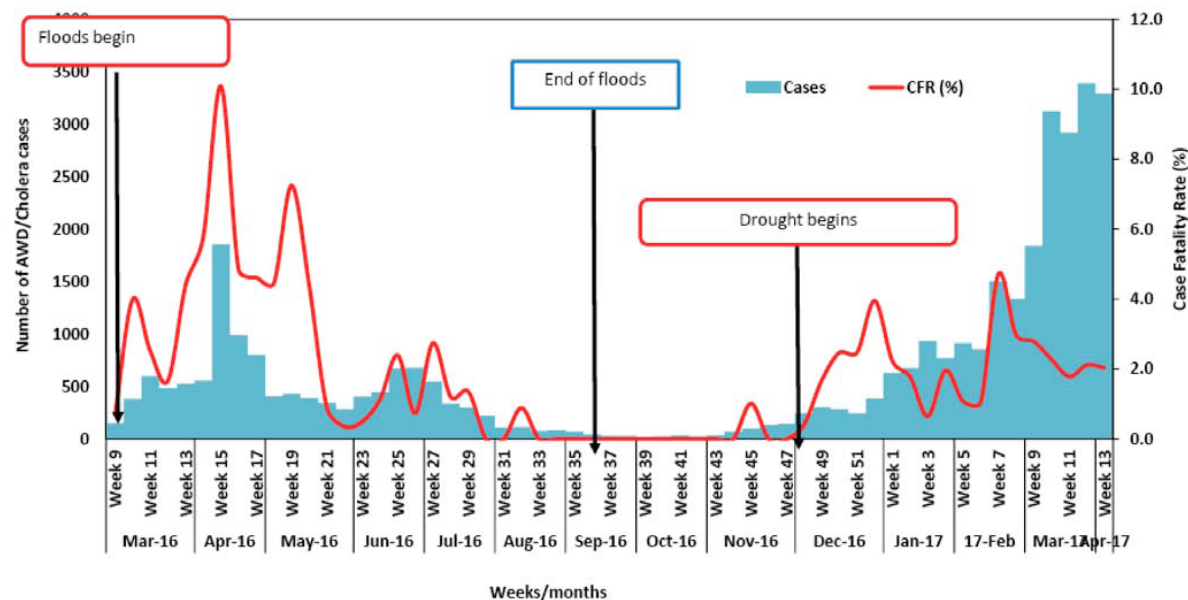
Source: WHO

Long outbreaks with high mortality

Fig 1. Distribution of Cases Reported in Mainland by Epidemiological Weeks from 2015 - 2017

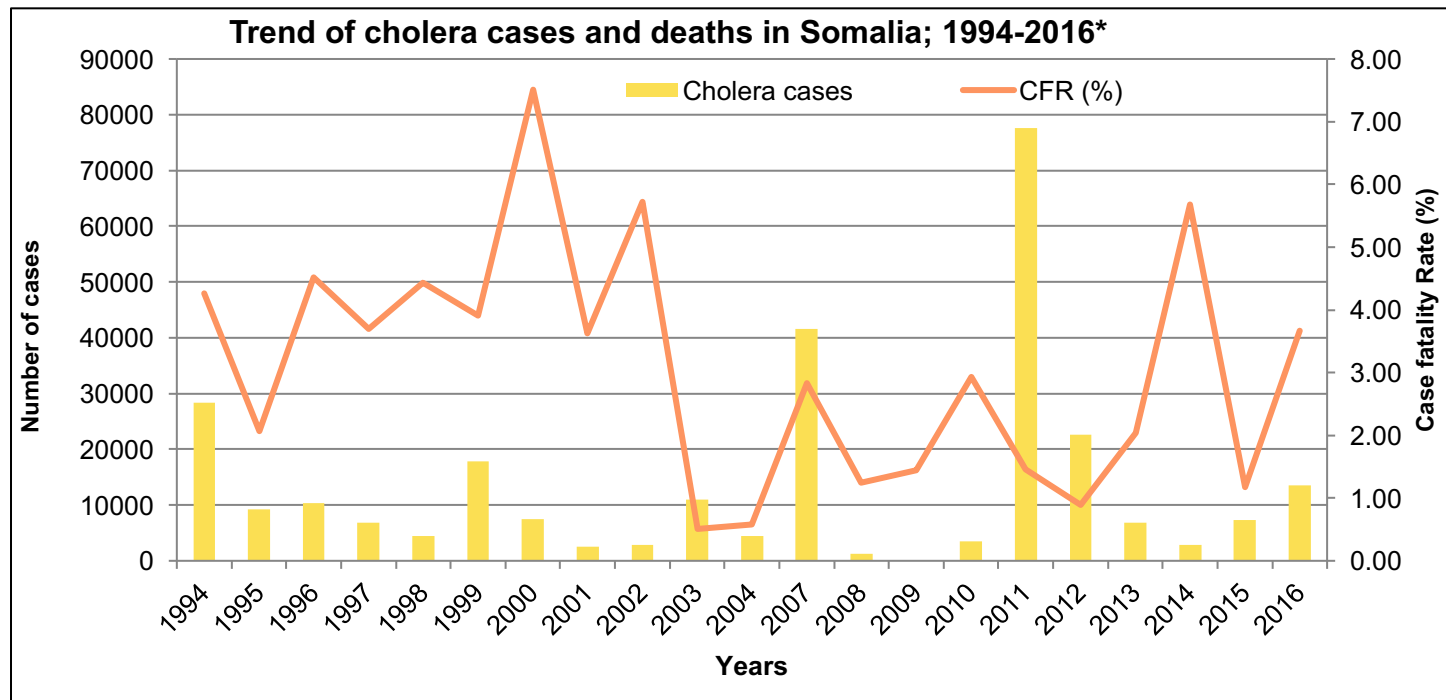


Somalia:
15,619 cases, 531 deaths in 2016
25,536 cases, 545 deaths already 2017*



*: as of 11th of April

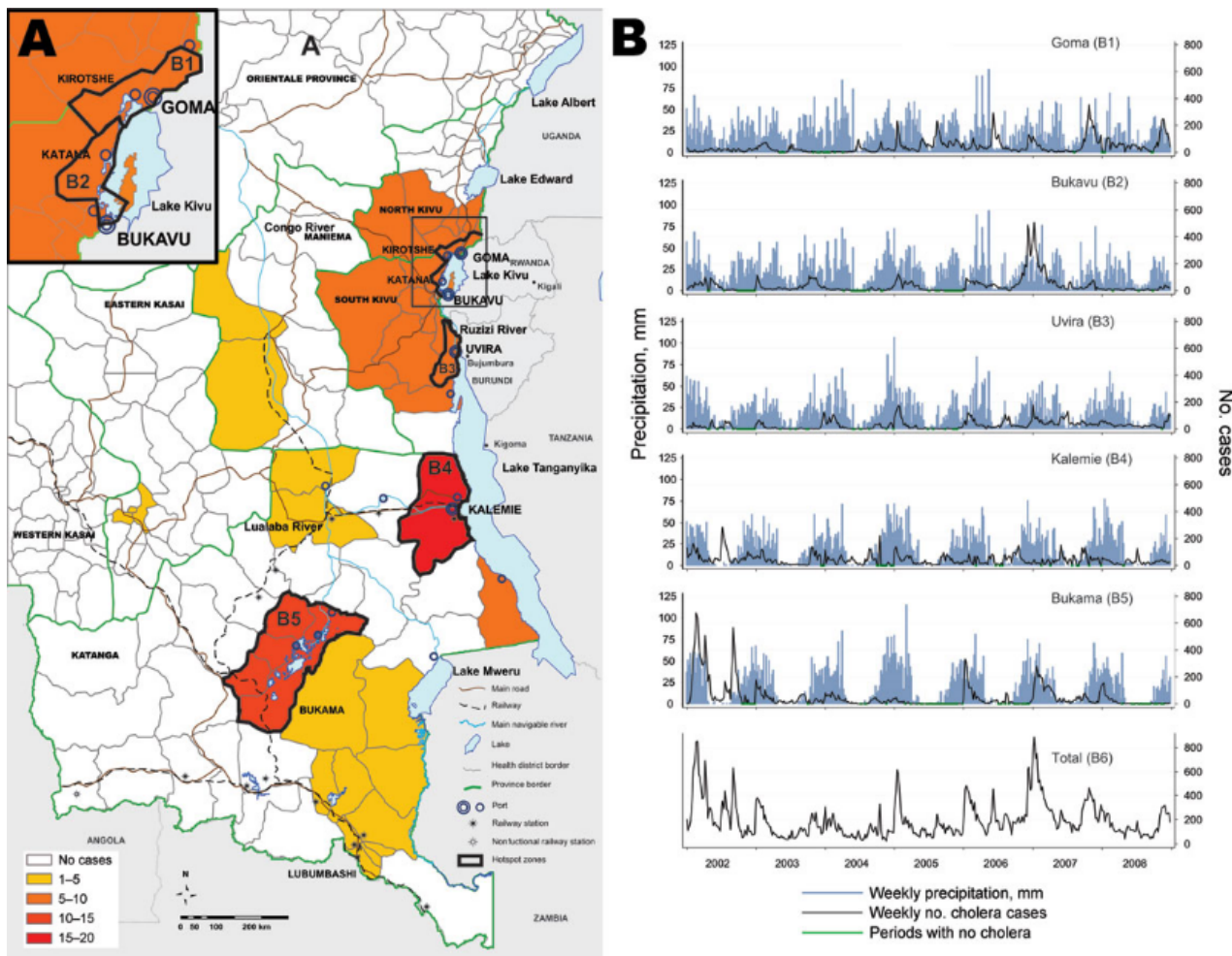
Outbreaks in humanitarian / protracted crisis: often predictable (and Case Fatality Rate often high)



Source: WHO

*: 2016 incomplete on the graph

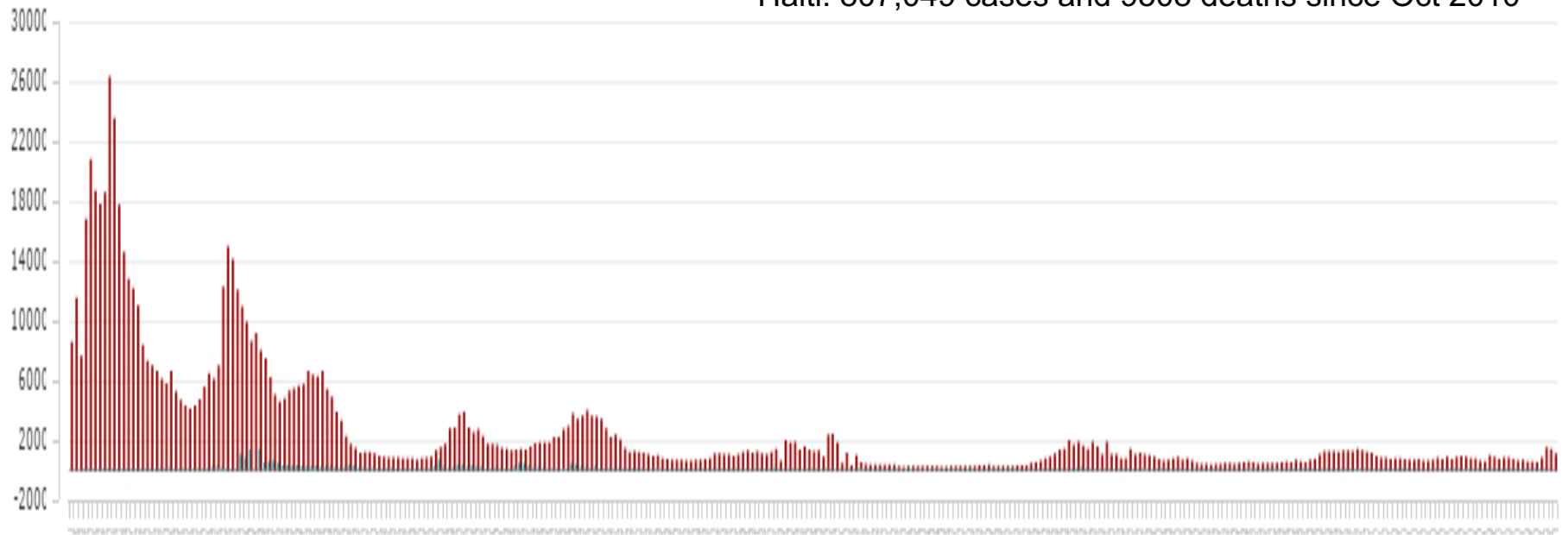
Highly endemic settings: Eastern Democratic Republic of Congo



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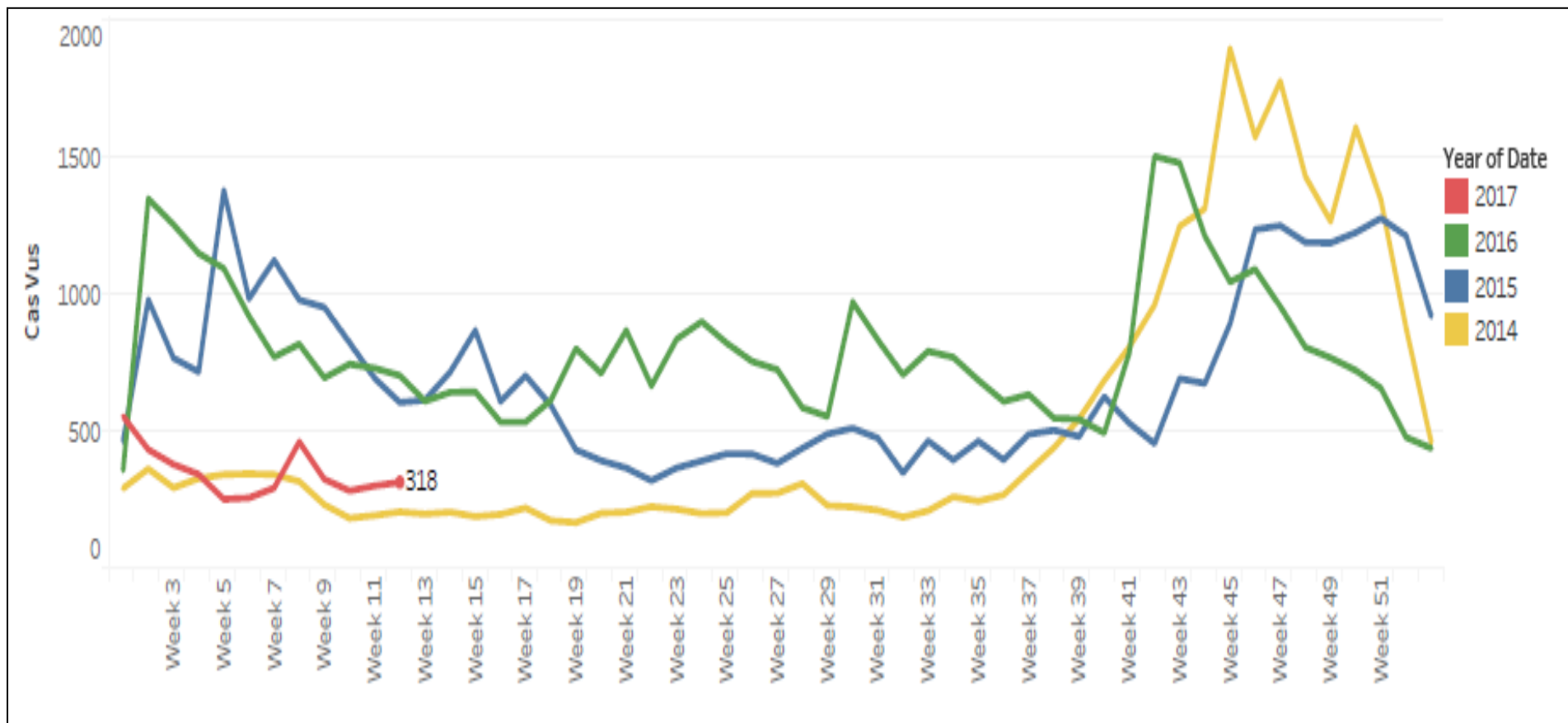
Haiti

Haiti: 807,049 cases and 9508 deaths since Oct 2010



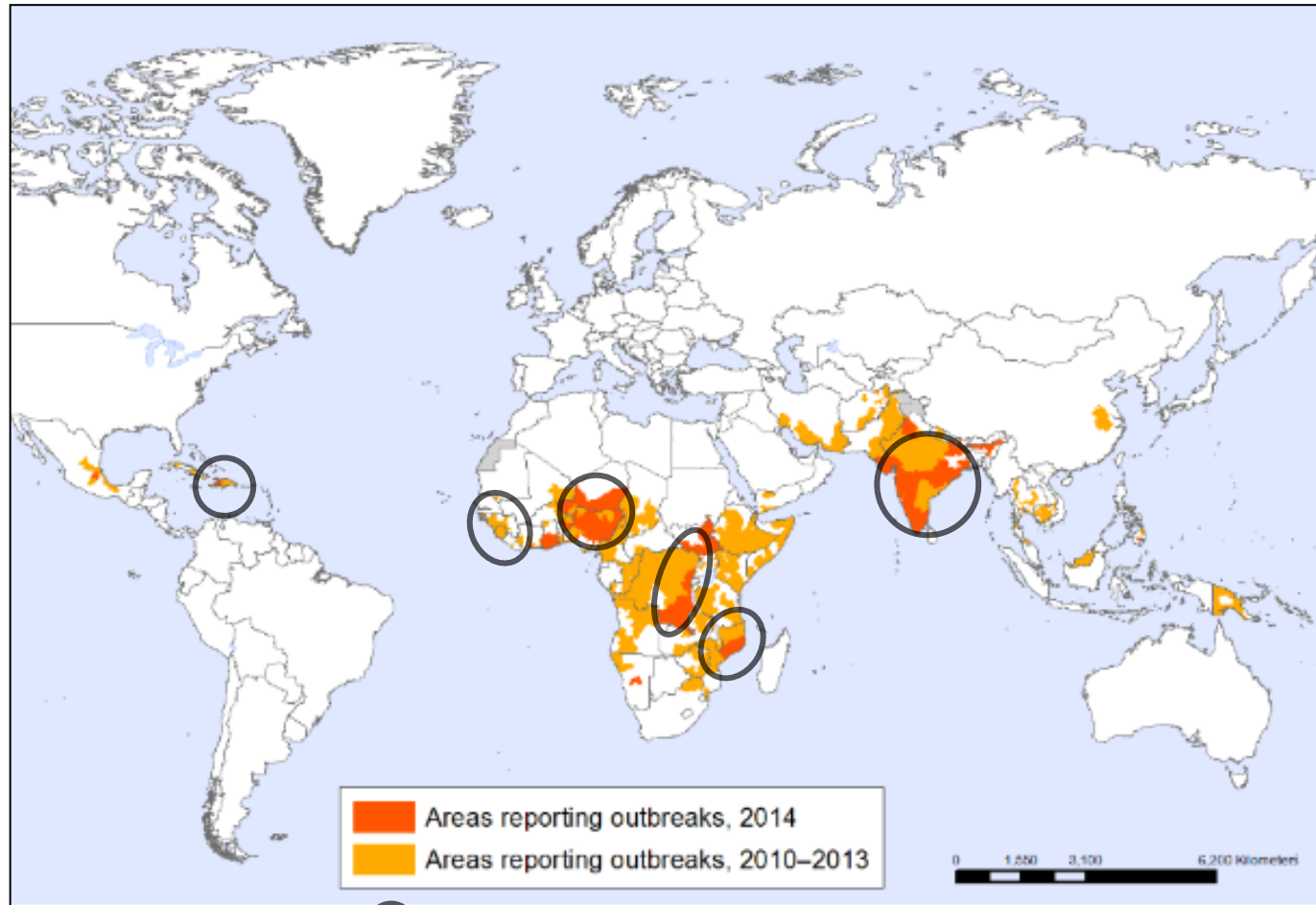
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Haiti-Suspected cholera cases 2014-2017 (until week 12, 2017)



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Areas with reported outbreaks – 2010-14



Source: WHO

○ Cholera main foci

Global situation of cholera

- No signs of decline of reported cholera cases globally
 - Endemic settings
 - Major outbreaks
 - Under-reporting significant from highly endemic countries
- Potential worsening factors in the coming years
 - Climate change
 - Urbanisation
 - Increase in population density
 - (Further) rise of social inequalities
- Need for strong mobilization of endemic countries and partners for multisectoral interventions, including OCV

Current response in many settings

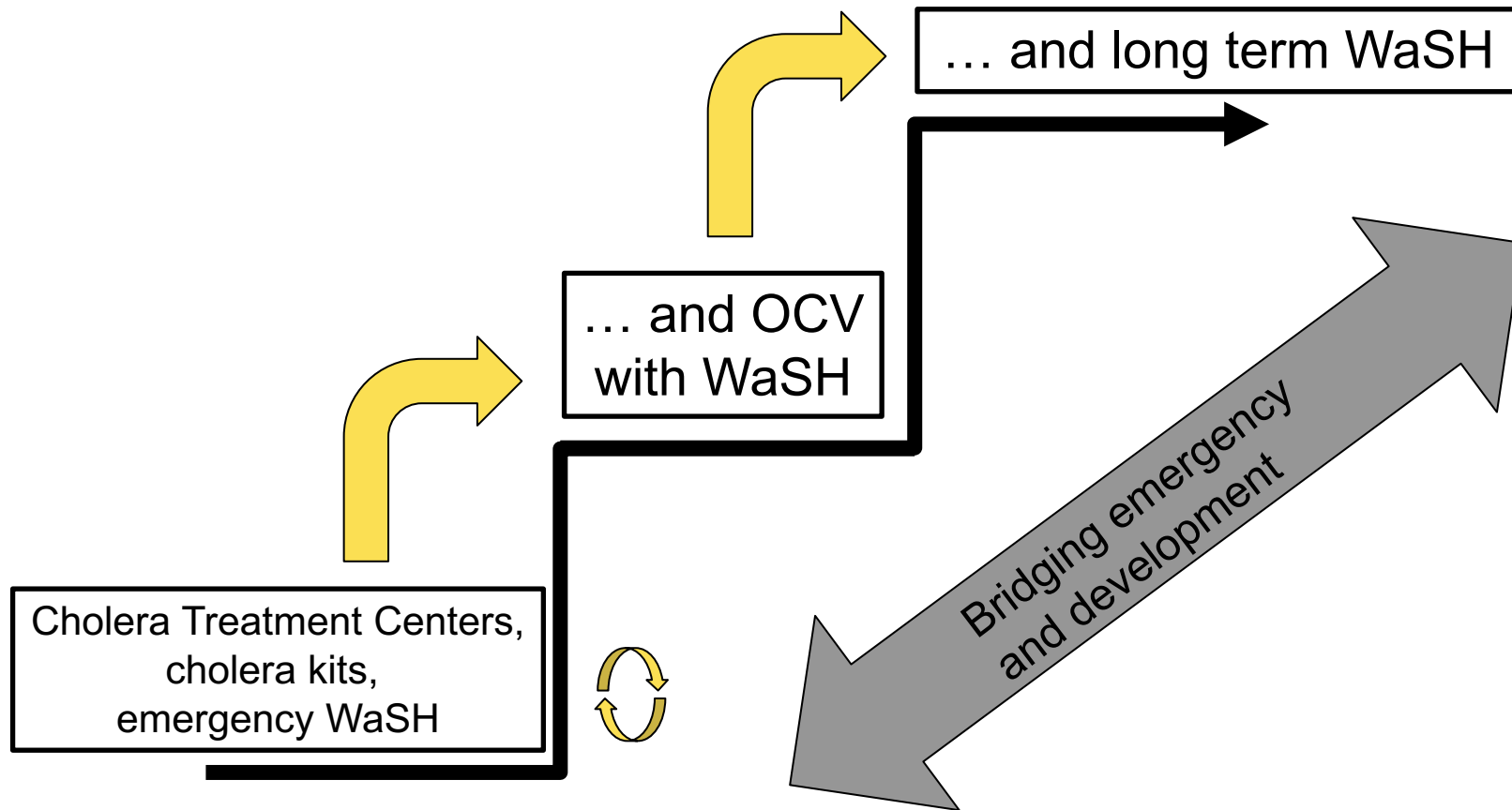
- Practices essentially reactive, i.e. fix the problem in emergency
 - Too much focused on immediate health issues
 - Not multi-sectoral enough
 - Not enough investment in long term solutions
- Not much of a technical issue
 - Control measures are well known
 - Major hotspots are identified
 - Many outbreaks and seasonal peaks can be anticipated

Four axis of a renewed strategy for cholera control

- Cholera occurrence can be predicted in many settings
 - Be more «pre-emptive»
- Cholera is unevenly distributed
 - Be focused on «hot spots»
- The long term solution for cholera control is not in the health sector
 - Be multisectoral (WaSH sector) and mobilize development donors
- OCV use at large scale will
 - Have an immediate impact on transmission
 - Serve as a trigger mechanism for longer term control

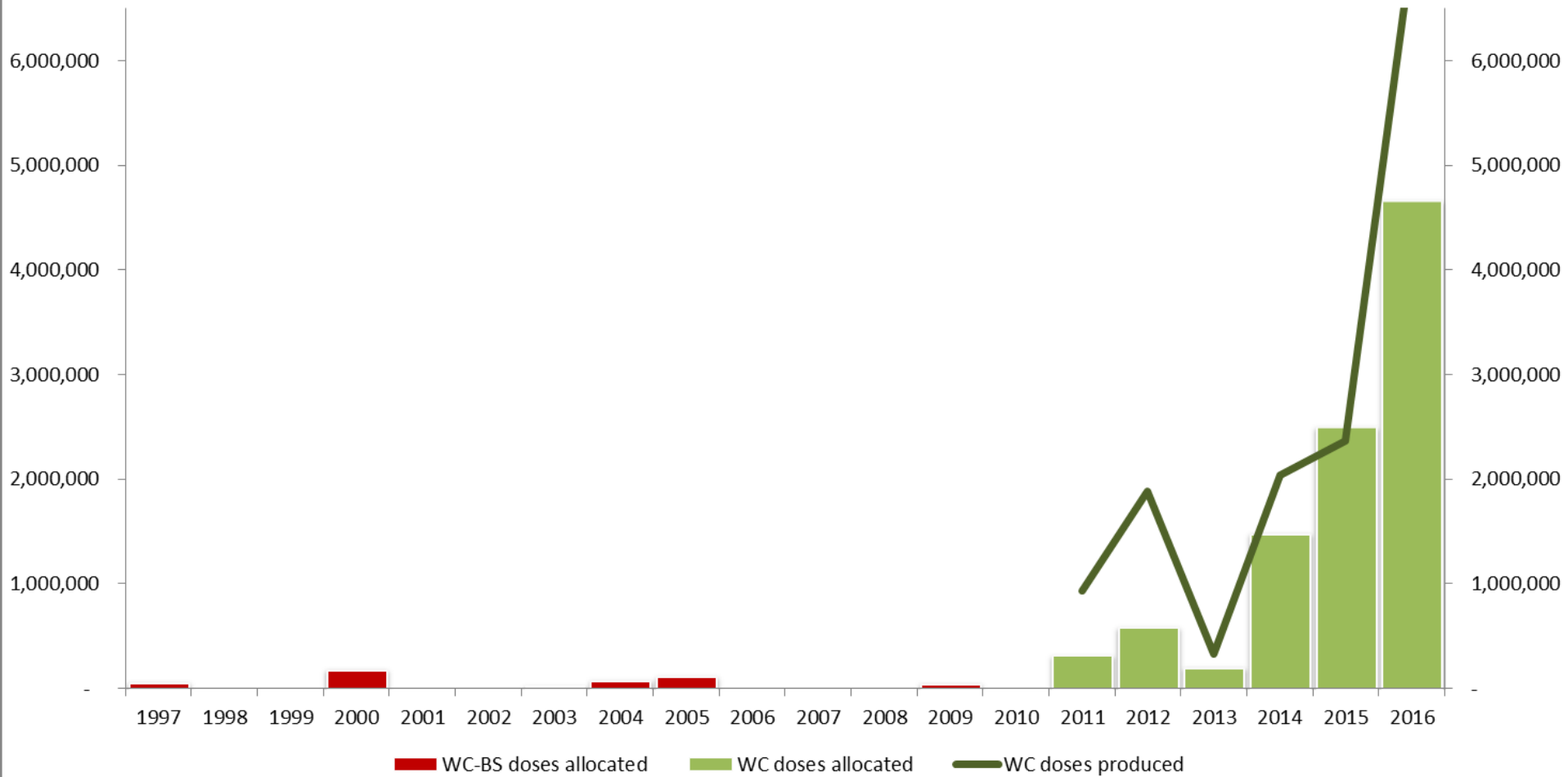


«From preparedness and response to prevention and control»



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Cholera vaccine use and production, 1997-2016



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Feasibility and acceptability

- More than 40 OCV campaigns with more than 5 million people vaccinated since mid 2013 (creation of the stockpile)
- Mass campaigns using OCV have proven feasible and well accepted in all settings
 - Urban and rural
 - Humanitarian emergencies and outbreaks
 - Endemic countries
 - Using different vaccination strategies (door to door, fixed sites)



Feasibility and acceptability



Feasibility and effectiveness of oral cholera vaccine in an urban endemic setting in Bangladesh: a cluster randomised open-label trial

Firdausi Qadri, Mohammad Ali, Fahima Chowdhury, Ashrafur Islam Khan, Amit Saha, Iqbal Ansary Khan, Yasmin A Begum, Taufiqur R Bhuiyan, Mohiul Islam Chowdhury, Md Jasim Uddin, Jahangir A M Khan, Atique Iqbal Chowdhury, Anisur Rahman, Shah Alam Siddique, Muhammad Asaduzzaman, Afroza Akter, Arifuzzaman Khan, Young Ae You, Ashraf Uddin Siddik, Nirod Chandra Saha, Alamgir Kabir, Baizid Khorshid Riaz, Shwapon Kumar Biswas, Farzana Begum, Leanne Unicomb, Stephen P Luby, Alejandro Cravioto, John D Clemens

Am. J. Trop. Med. Hyg., 89(4), 2013, pp. 617–624
doi:10.4269/ajtmh.13-0183
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Use of Oral Cholera Vaccine in Haiti: A Rural Demonstration Project

Louise C. Ivers,* Jessica E. Teng,* Jonathan Lascher, Max Raymond, Jonathan Weigel, Nadia Victor, J. Gregory Jerome, Isabelle J. Hilaire, Charles P. Almazor, Ralph Ternier, Jean Cadet, Jeannot Francois, Florence D. Guillaume, and Paul E. Farmer

OPEN ACCESS Freely available online



Mass Vaccination with a New, Less Expensive Oral Cholera Vaccine Using Public Health Infrastructure in India: The Odisha Model

Shantanu K. Kar¹, Binod Sah^{2*}, Bikash Patnaik³, Yang Hee Kim², Anna S. Kerketta¹, Sunheang Shin², Shyam Bandhu Rath¹, Mohammad Ali², Vittal Mogasale², Hemant K. Khuntia¹, Anuj Bhattachan², Young Ae You², Mahesh K. Puri², Anna Lena Lopez^{2,4}, Brian Maskery², Gopinath B. Nair⁵, John D. Clemens^{2,6}, Thomas F. Wierzbza²



Trans R Soc Trop Med Hyg 2014; **108**: 810–815
doi:10.1093/trstmh/tru153 Advance Access publication 13 October 2014

Feasibility of a preventive mass vaccination campaign with two doses of oral cholera vaccine during a humanitarian emergency in South Sudan

M. Ilaria Porta^{a,*}, Annick Lenglet^b, Silvia de Weerd^b, Rosa Crestani^a, Renate Sinke^b, Mary Jo Frawley^b, Michel Van Herp^a and Rony Zachariah^a



HEALTH IN ACTION

The First Use of the Global Oral Cholera Vaccine Emergency Stockpile: Lessons from South Sudan

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Health in Action

Feasibility of Mass Vaccination Campaign with Oral Cholera Vaccines in Response to an Outbreak in Guinea

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¹ Médecins sans Frontières, Geneva, Switzerland, ² Ministry of Health, Conakry, Guinea, ³ Epicentre, Paris, France, ⁴ Médecins sans Frontières, Conakry, Guinea, ⁵ World Health Organisation, Conakry, Guinea, ⁶ African Cholera Surveillance Network, Paris, France



Organization

Conclusions and next steps

- Increase efforts on communication and advocacy for cholera as a major public health concern
- Engage countries and donors to support cholera control efforts, along Sustainable Development Goals 2030
- Develop / update evidence based technical guidance with support of the Global Task Force on Cholera Control
- Use OCV and integrate with WaSH and other control measures

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