



GLOBAL TASK FORCE ON
CHOLERA CONTROL

ACCESSING THE ORAL CHOLERA VACCINE STOCKPILE

Kashmira Date

GTGCC Annual Meeting, 4 June 2019



CURRENTLY AVAILABLE ORAL CHOLERA VACCINES (OCV) PREQUALIFIED BY THE WORLD HEALTH ORGANIZATION (WHO)

Dukoral



Shanchol



Euvichol and Euvichol-Plus



Available through the global OCV stockpile

Bivalent (O1 and O139), killed whole cell vaccines. 2 doses, 14 days apart among individuals ≥ 1 year old. 1.5 ml volume, no buffer requirement (compared with Dukoral)

2018: Shanchol prequalified by WHO for controlled temperature chain (CTC) use

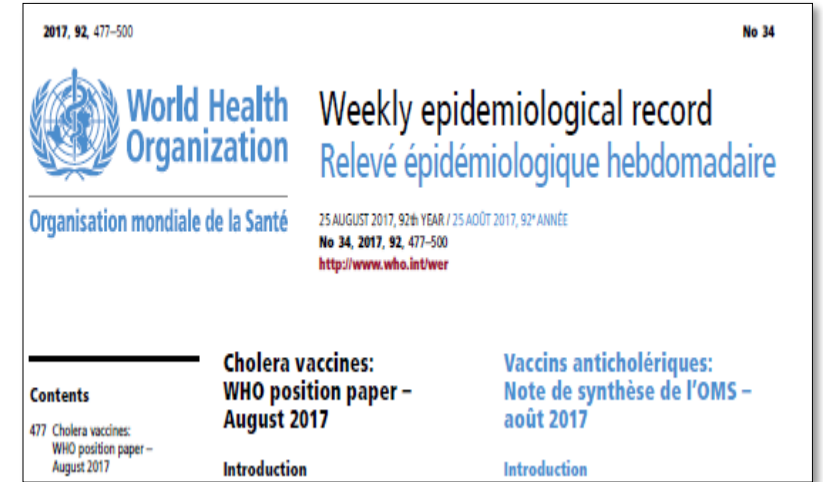
GLOBAL RECOMMENDATIONS

STRATEGIC ADVISORY GROUP OF EXPERTS ON IMMUNIZATION (SAGE) AND WHO POSITION PAPER, 2017

Implement as a complementary cholera prevention and control measure in the short-to-medium term while access to other primary prevention measures (safe water and sanitation) improve globally

Given the current availability of killed whole-cell OCVs and data on their safety, efficacy, field effectiveness, feasibility, impact and acceptability in cholera-affected populations, use in different settings in conjunction with WaSH

Ensure equitable access to the OCV stockpile among populations exposed to the risk of cholera in emergency and endemic settings



Endemic
↓
**Targeted strategies -
Hotspots**

Epidemic/Outbreak
↘
**Assess risk/risk of spread
Determine target areas/populations
Assess capacity to implement**

**Humanitarian
emergencies**
↙

GLOBAL OCV STOCKPILE

- **Sep 2011:** WHO consultation called for creation of an OCV stockpile for outbreaks and emergencies
- **Jul 2013:** Stockpile established for initial 2 million doses through funding from multiple donors
 - Managed by the International Coordinating Group (WHO, UNICEF, MSF and IFRC) similar to other stockpiles
- **Nov 2013:** Gavi board approved a contribution to the global cholera stockpile during 2014–2018; included funding for operational costs in 2016
- **2014:** Decision making transition to the GTFCC OCV working group for non-emergency use (“non-emergency reserve”)
- **2018:** Gavi approved transition of the OCV program to include preventive vaccination in cholera hotspots aligning with the roadmap (final decision in June 2019)

GLOBAL OCV STOCKPILE USE

Emergency Use – Single requests to respond to a specific urgent situation

Outbreak response

- To prevent further spread/reduce morbidity and mortality
- We can stop the spread but we have to act on time

Humanitarian Crises

- In settings where the risk of cholera is estimated high, to prevent the risk of occurrence of an outbreak or, at least, reduce its impact
- Cholera is not there yet, but can strike anytime

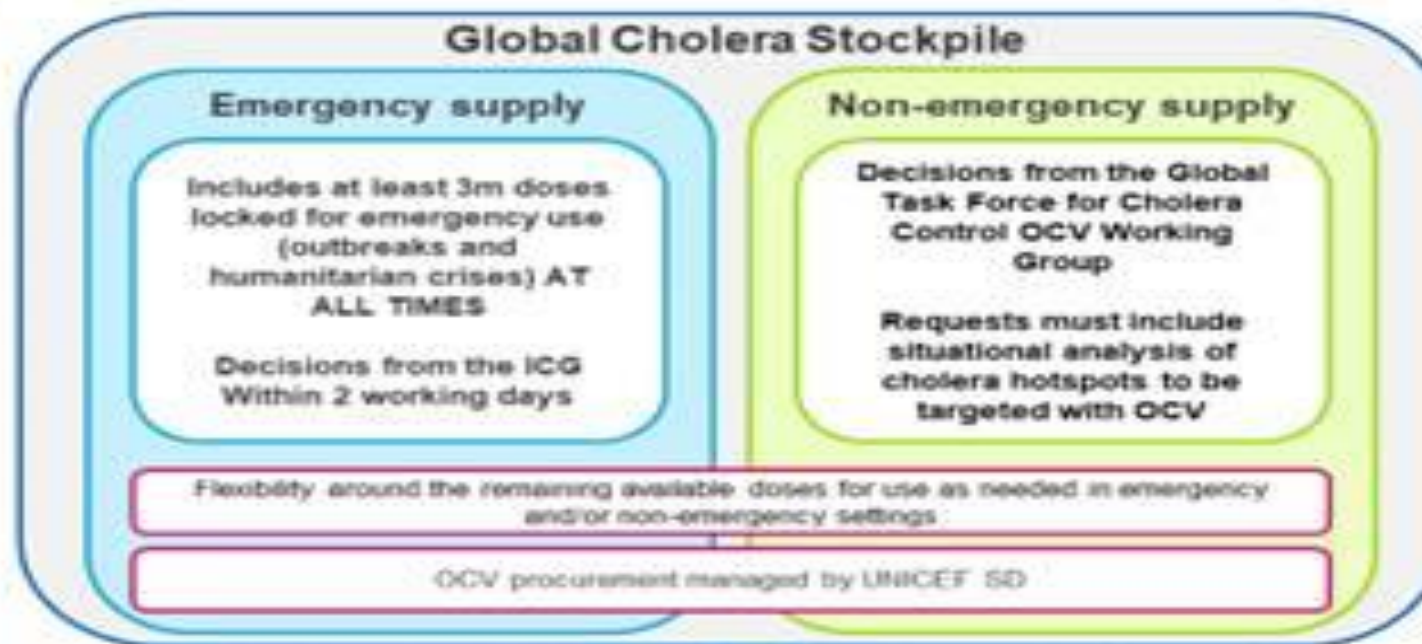
Non-Emergency Use – large scale requests integrated in the country multisectoral plans

Cholera hotspots

- Certain areas of the world (“cholera hotspots”) see cholera epidemics on a regular basis
- In these areas we know with relative confidence where cholera is going to strike
- Preventive OCV campaigns, used in complement with all other control interventions as part of a Multisectoral Control Plan

GLOBAL OCV STOCKPILE MECHANISMS

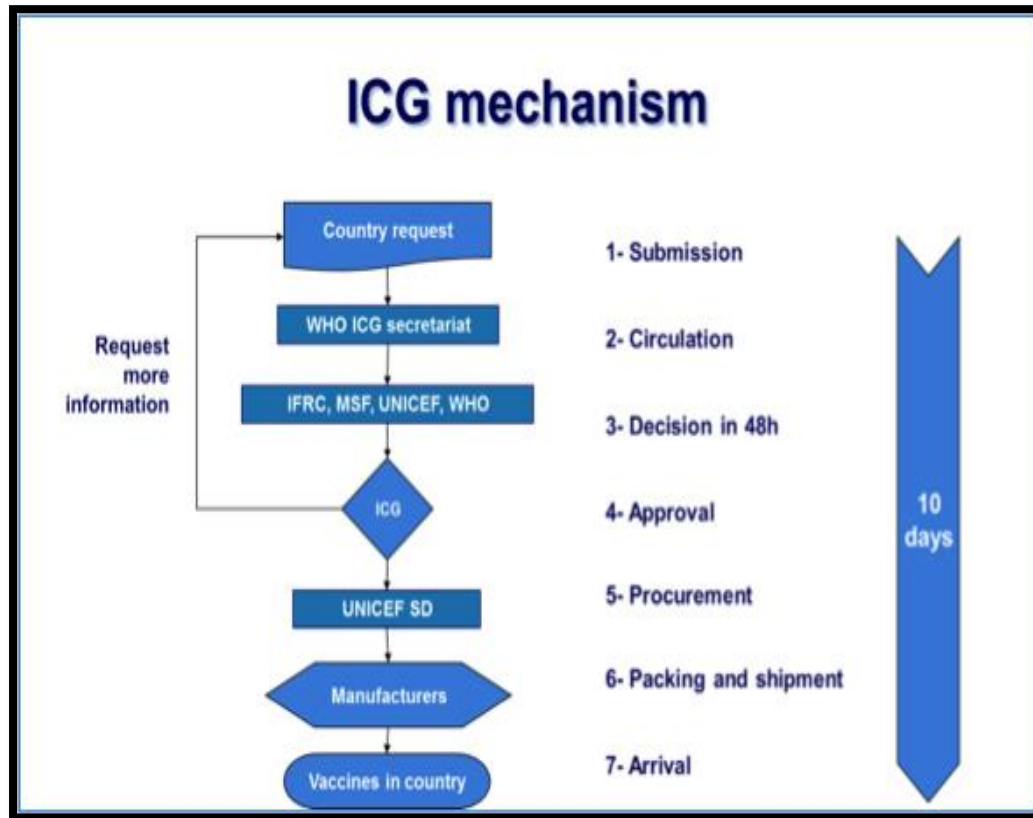
Gavi supports the global cholera stockpile through which countries can access OCV



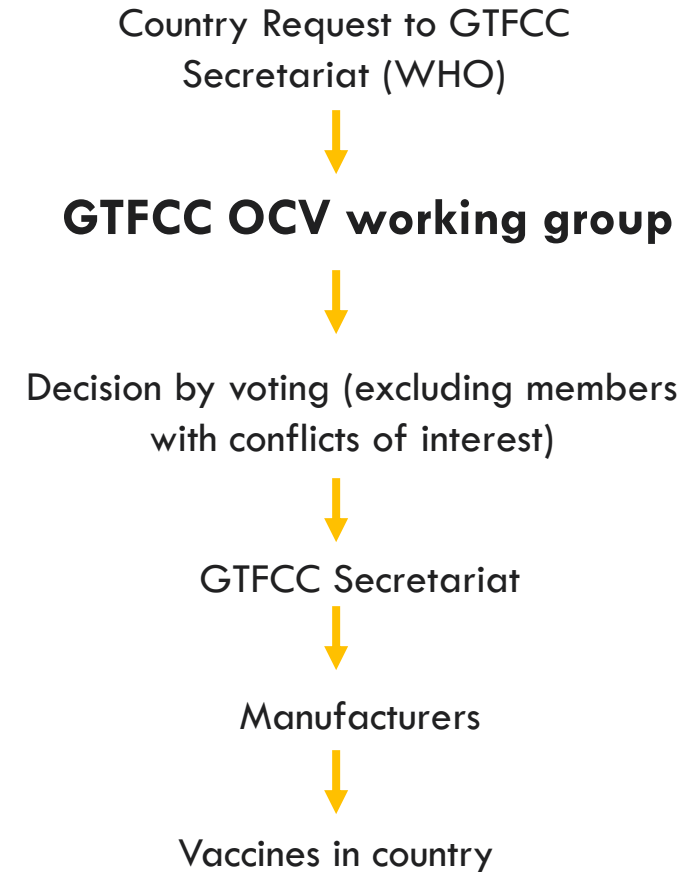
Note: Support for vaccine and operational costs available for Gavi-supported countries; countries not supported by Gavi are required to reimburse vaccine-related costs and do not receive operational cost support

GLOBAL OCV STOCKPILE REQUESTS AND DECISION MAKING MECHANISMS

Emergency stockpile (ICG)



Non-emergency reserve (GTFCC OCV WG)



REQUEST MECHANISMS

<https://www.who.int/csr/disease/icg/cholera/en/>

<https://www.who.int/cholera/vaccines/en/>
<https://www.who.int/cholera/vaccines/ocv-declaration-of-intent.pdf?ua=1>

Criteria: Risk of cholera, Severity of cholera, WASH conditions and capacity to improve, Healthcare conditions and capacity to improve, Capacity to implement OCV campaigns, Capacity to conduct M&E activities, Commitment at national and local level.

Link to the roadmap/NCP



The screenshot shows the WHO website interface. The top navigation bar includes 'Health Topics', 'Countries', 'News', 'Emergencies', and 'About Us'. The main content area is titled 'Emergencies preparedness, response' and features a news article titled 'International Coordinating Group (ICG) on vaccine provision for cholera'. To the right of the article is an 'ICG cholera dashboard' with a bar chart showing 'Doses shipped by year' for 2015 and 2016, and a 'Target population*' of 3,642,769. The dashboard also indicates that 87.78% of doses are approved. A sidebar on the left contains links for 'Home', 'Alert and response operations', 'Diseases', 'Biorisk reduction', and 'Disease outbreak news'.



GLOBAL TASK FORCE ON
CHOLERA CONTROL

Global Task Force on Cholera Control (GTFC)

DECLARATION OF INTENT TO USE ORAL CHOLERA VACCINE FOR CHOLERA CONTROL IN ENDEMIC SETTINGS

Email the completed form to GTFCsecretariat@who.int

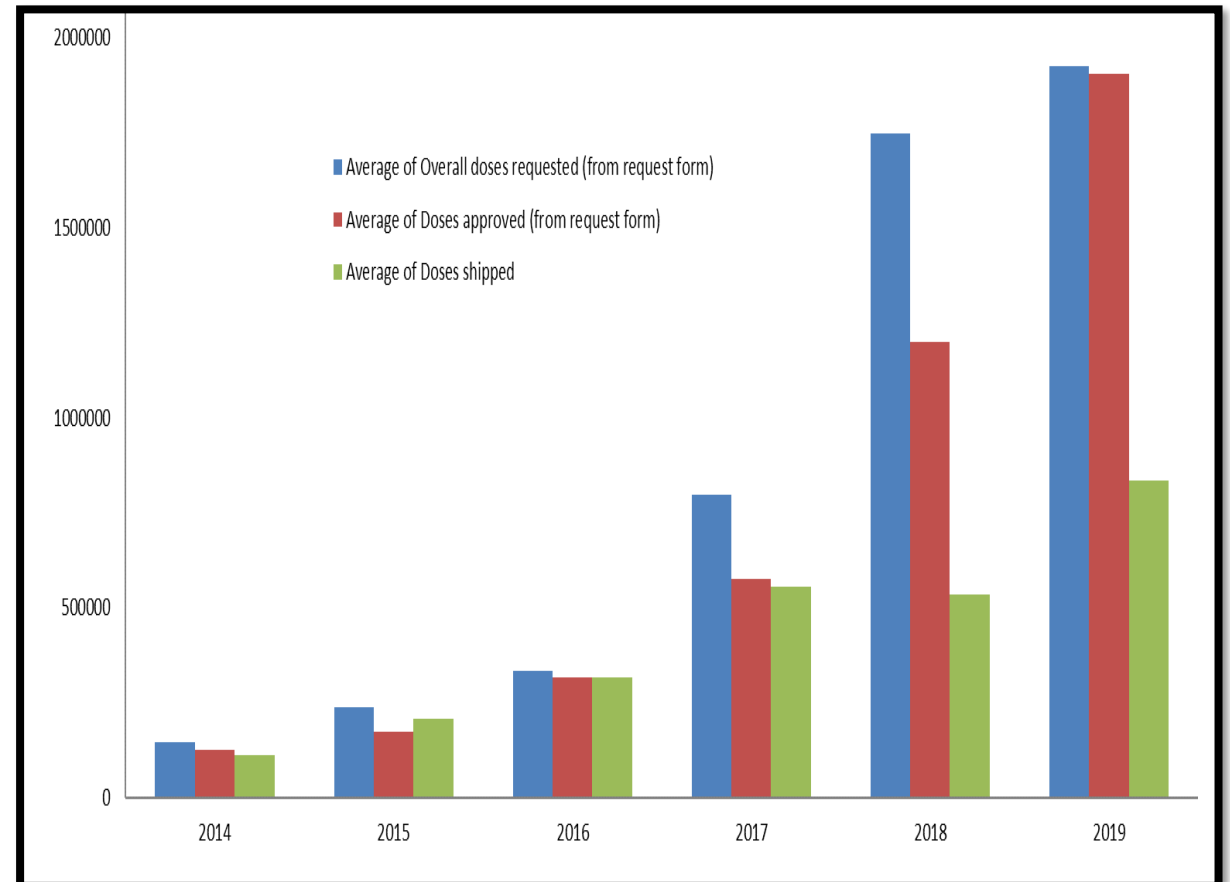
OVERVIEW OF OCV USE 2014 – 2019 (AS OF MAY 2019)

Year	Doses shipped	Doses requested
2013	204,500	204,500
2014	1,486,215	1,962,485
2015	2,502,775	4,419,127
2016	4,645,345	5,021,672
2017	9,979,595	21,800,653
2018	17,447,580	100,781,390
Total	36,266,010	134,189,827

2019 (As of 31 May)

14,486,070 doses have been requested

10,099,639 have been shipped



USE OF A SINGLE DOSE

Adapting to the global shortage of cholera vaccines: targeted single dose cholera vaccine in response to an outbreak in South Sudan

Lucy A Parker, John Rumunu, Christine Jamet, Yona Kenyi, Richard Laku Lino, Joseph F Wamala, Allan M Mpairwe, Iza Ciglencecki, Francisco J Luquero, Andrew S Azman, Jean-Clement Cabrol

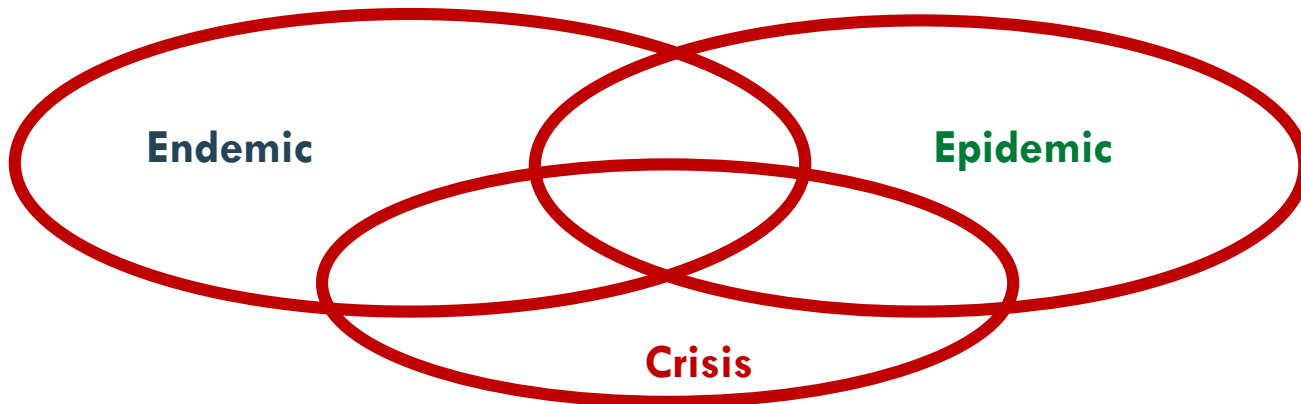
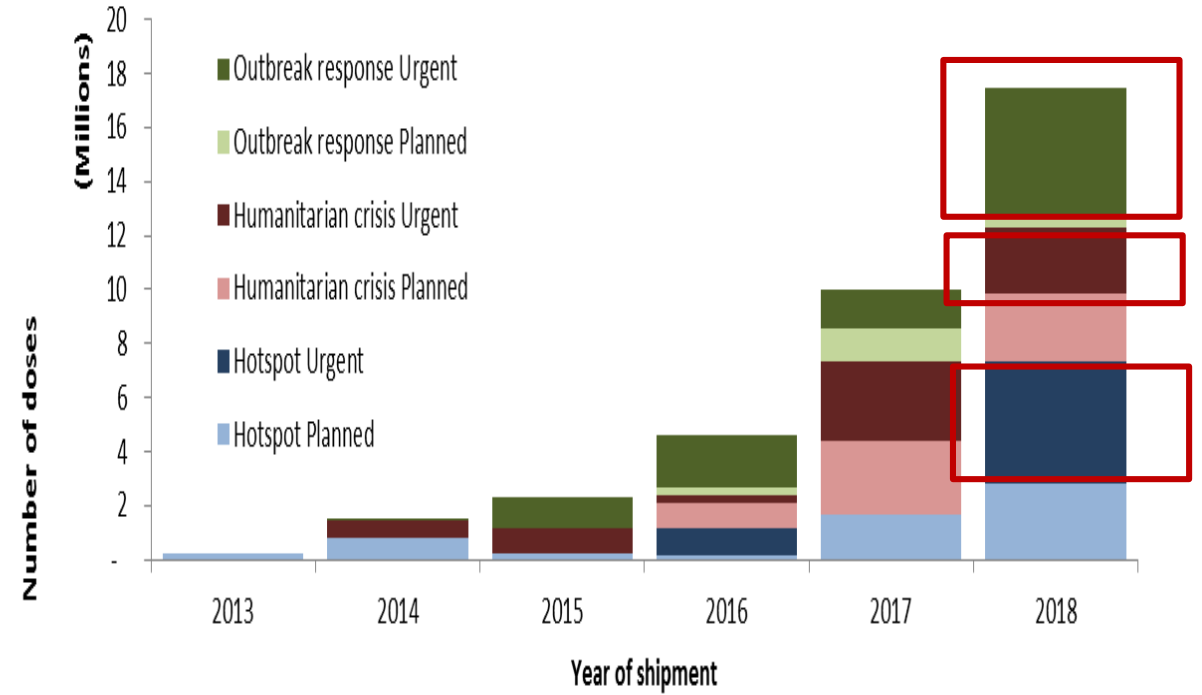
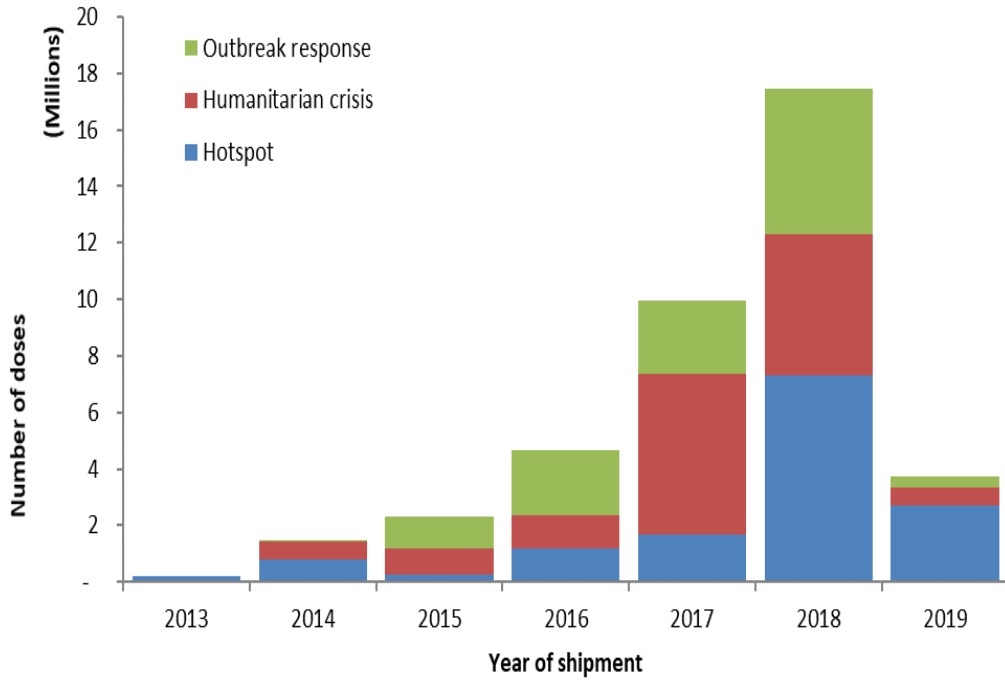
Efficacy of a single-dose regimen of inactivated whole-cell oral cholera vaccine: results from 2 years of follow-up of a randomised trial

Firdausi Qadri, Mohammad Ali, Julia Lynch, Fahima Chowdhury, Ashraful Islam Khan, Thomas F Wierzba, Jean-Louis Exder, Amit Saha, Md Taufiqul Islam, Yasmin A Beaum, Taufiqur R Bhuiyan, Farhana Khanam, Mohiul I Chowdhury, Jabal Ansary Khan, Alamgir Kabir, Isha, Isha

Effectiveness of one dose of oral cholera vaccine in response to an outbreak: a case-cohort study

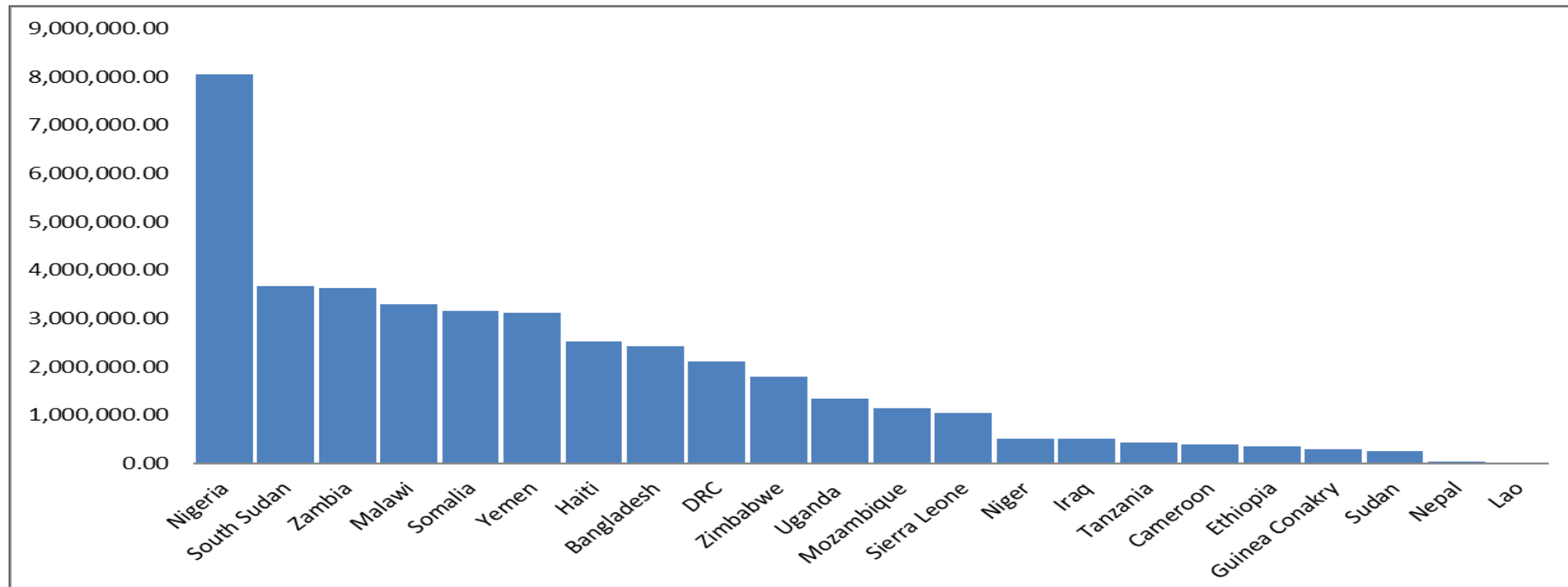
Andrew S Azman, Lucy A Parker, John Rumunu, Fisseha Tadesse, Francesco Grandesso, Lul L Deng, Richard Laku Lino, Bior K Bior, Michael Lasuba, Anne-Laure Page, Lameck Ontweka, Augusto E Llosa, Sandra Cohuet, Lorenzo Pezzoli, Dossou Vincent Sodjinou, Abdinasir Abubakar, Amanda K Debes, Allan M Mpairwe, Joseph F Wamala, Christine Jamet, Justin Lessler, David A Sack, Marie-Laure Quilici, Iza Ciglencecki, Francisco J Luquero

OCV STOCKPILE USE BY SETTING



22 COUNTRIES USING OCV, 2013 – 2019

(AS OF 8 FEB 19)



In 2018, 11 countries used OCV

- 4 were “new countries”: Lao, Uganda, Yemen, Zimbabwe

OPPORTUNITIES

UPCOMING UPDATES TO THE GAVI OCV PROGRAM

- Approved transition of the program to include preventive immunization in cholera hotspots – alignment with the global roadmap

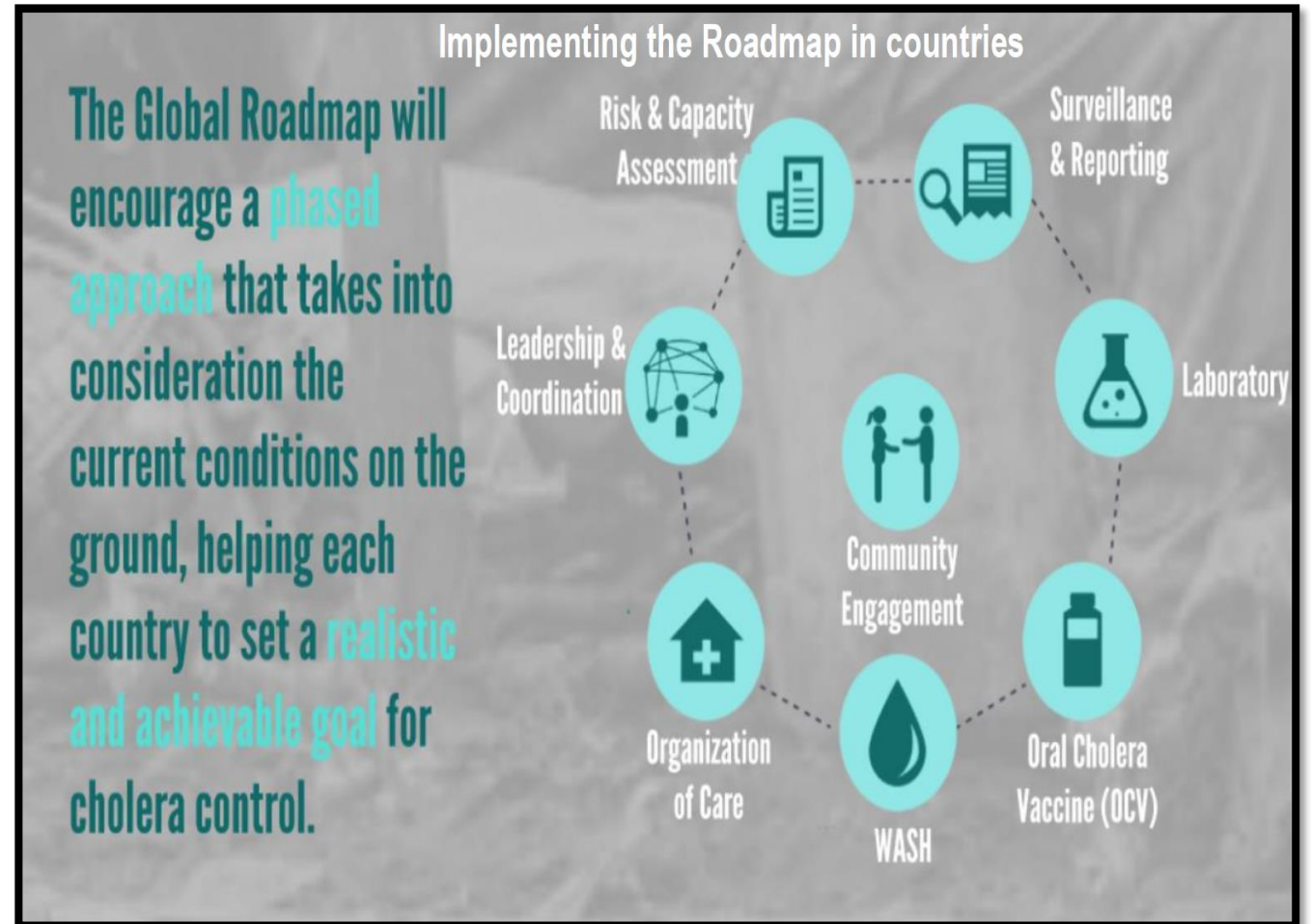
(Details under discussion)

Key Principles

- Flexible and simple application, review and approval processes
- Streamlined and timely reviews and additional flexibility to accommodate emergencies
- OCV requests as part of NCPs and leverage GTFCC and OCV WG expertise for endorsement of NCPs
- Leverage Gavi fragility policy for conflict settings
- Country financing/co-financing considerations
- Common entry point for country requests for all settings (emergency and non-emergency)

OPPORTUNITIES THE OCV PILLAR OF THE NCP

- Consider OCV use as part of a multisectoral national cholera plan
- Strong national political and financial commitment (cholera investment case)
- WaSH Integration/Linkage
- Demonstrate impact on cholera transmission



Thank you

Together we can
#endcholera



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.