## Cholera Updates from Johns Hopkins Groups

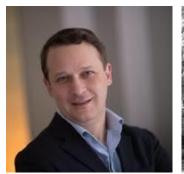
#### **Andrew Azman**

GTFCC OCV Working Group Meeting, Geneva 4 December 2019





# One University, Many "Cholera People"





















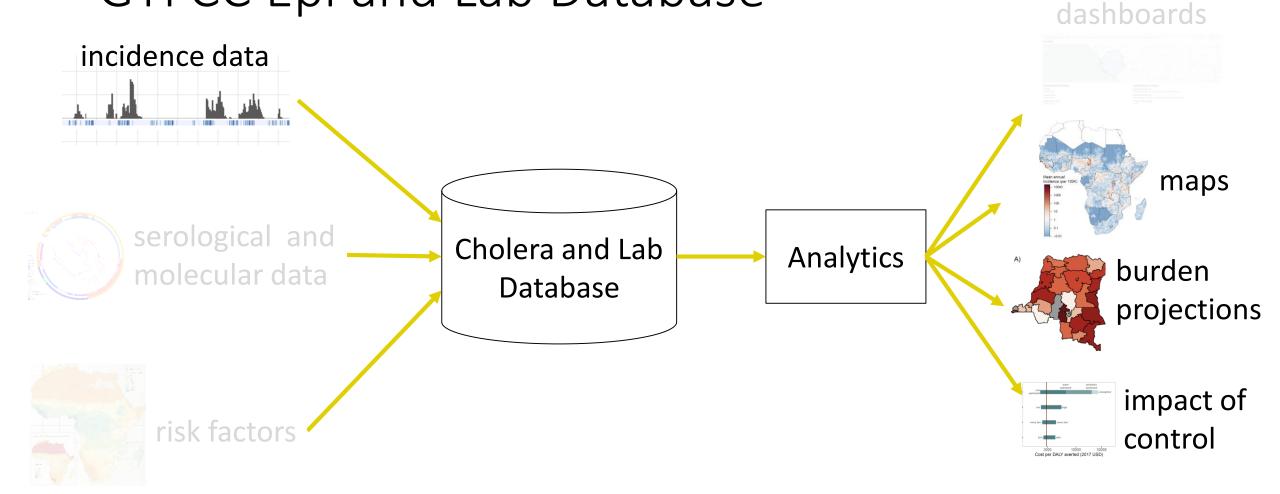








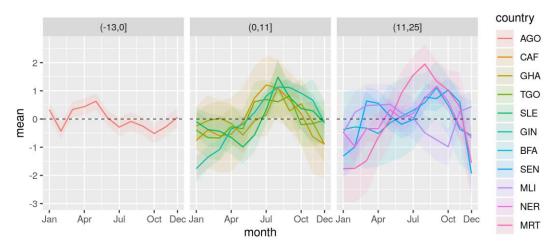
# GTFCC Epi and Lab Database

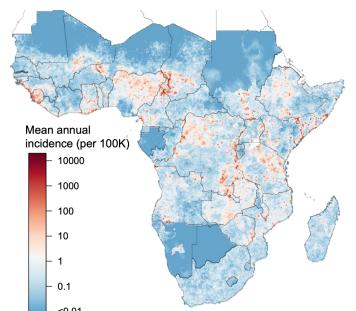






# Global cholera epidemiology and burden





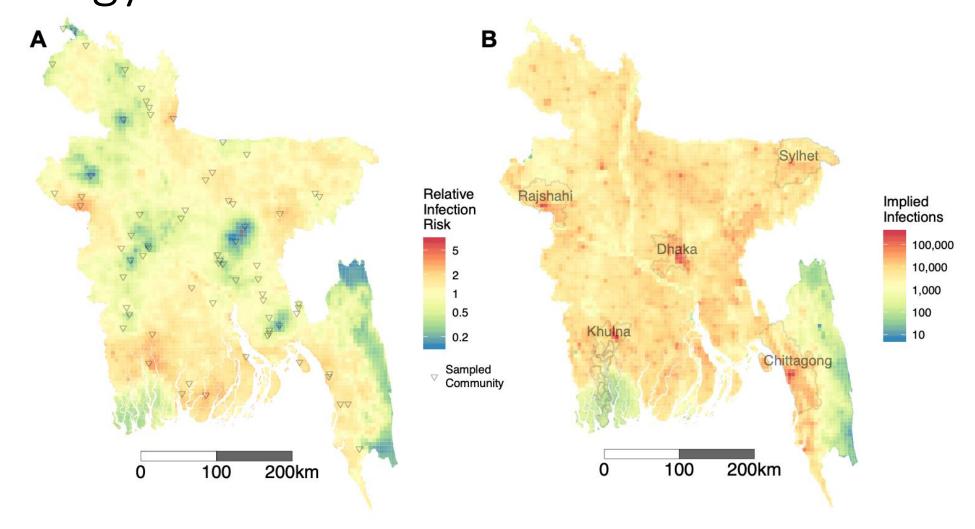
- Updates to cholera incidence maps to include global data through 2019
- Time-space maps in Africa
- Estimating the seasonality of cholera in Sub-Saharan Africa





# Mapping cholera with cross-sectional serology

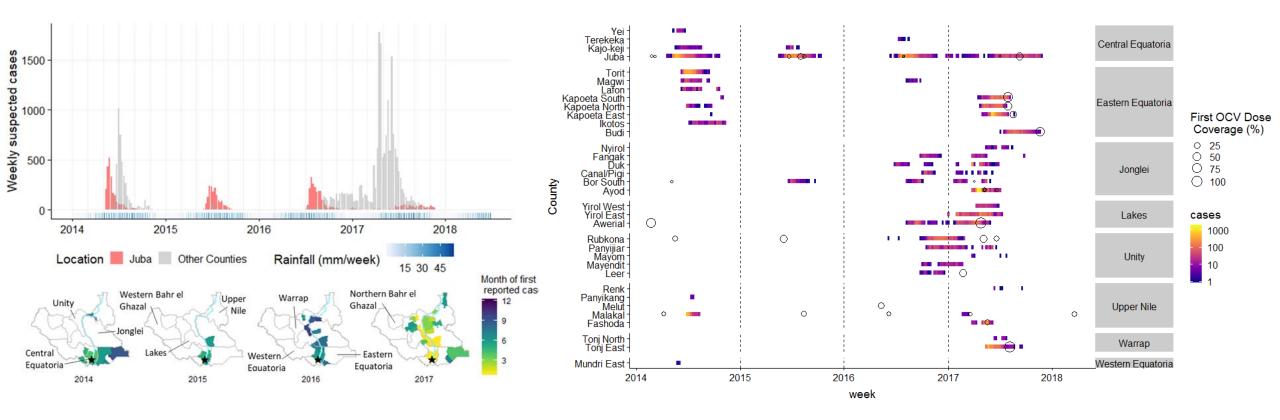








## Case studies to inform future interventions







# Modeling the potential impact of OCV



RESEARCH ARTICLE

The projected impact of geographic targeting of oral cholera vaccination in sub-Saharan Africa: A modeling study

Elizabeth C. Leeo<sup>1</sup>\*, Andrew S. Azmano<sup>1</sup>, Joshua Kaminskyo<sup>1</sup>, Sean M. Moore<sup>2,3</sup>, Heather S. McKayo<sup>1</sup>, Justin Lesslero<sup>1</sup>

1 Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States of America, 2 Department of Biological Sciences, University of Notre Dame, Notre Dame, Indiana, United States of America, 3 Eck Institute for Global Health, University of Notre Dame, Notre Dame, Indiana, United States of America

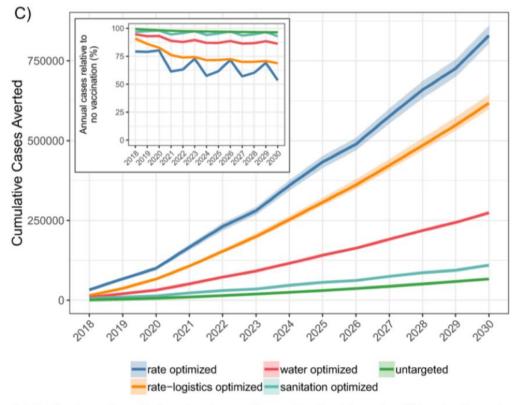


Fig 2. Health outcomes after vaccination under primary model assumptions. Cumulative number of fully vaccinated persons in sub-Saharan Africa as a result of campaigns from 2018 through 2030 according to the (A) rate-optimized and (B) rate-logistics-optimized vaccination deployment strategies. Countries in grey had no districts targeted by a given vaccination deployment strategy. Base maps were sourced from GADM (https://gadm.org). (C) Cumulative cases averted from mass oral cholera vaccination campaigns across 5 deployment strategies in sub-Saharan Africa from 2018 through 2030 (mean and 95% CI). The inset figure shows the mean annual percentage of cholera cases averted in our models according to each deployment strategy.

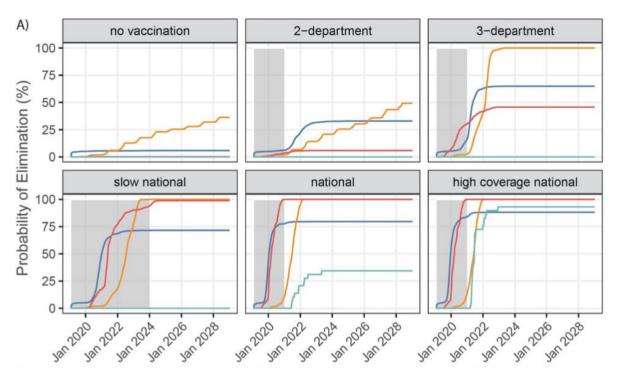




## Can OCV be used to eliminate cholera?

#### Achieving coordinated national immunity and cholera elimination in Haiti through vaccination

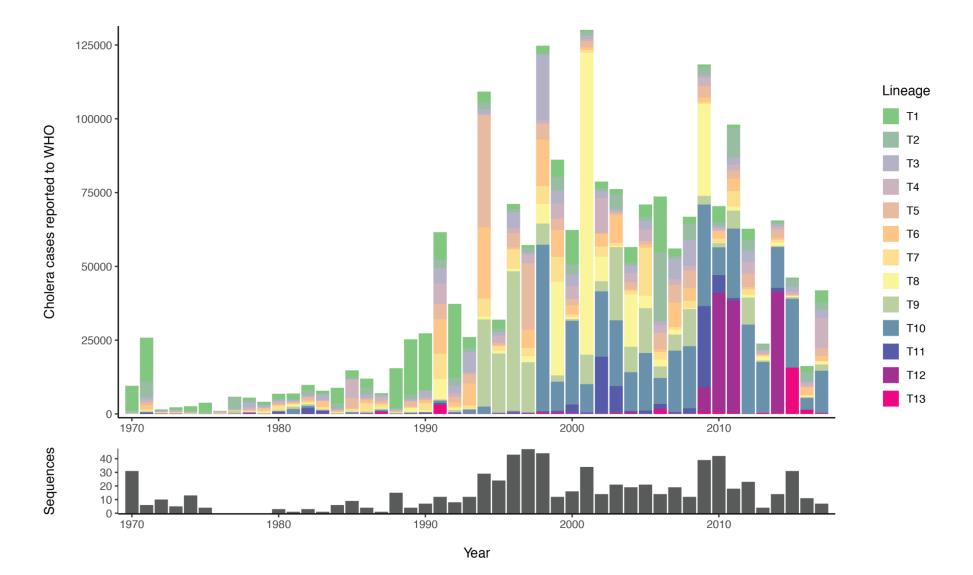
Elizabeth C. Lee\*1, Dennis L. Chao\*2, Joseph Lemaitre\*3, Laura Matrajt\*4, Damiano Pasetto³, Javier Perez-Saez³, Flavio Finger<sup>5,6</sup>, Andrea Rinaldo³, Jonathan D. Sugimoto⁴, M. Elizabeth Halloran<sup>4,7</sup>, Ira M. Longini Jr.<sup>8,9</sup>, Ralph Ternier<sup>10</sup>, Kenia Vissieres<sup>10</sup>, Andrew S. Azman<sup>‡1</sup>, Justin Lessler<sup>‡1</sup>, and Louise C. Ivers<sup>‡11,12</sup>





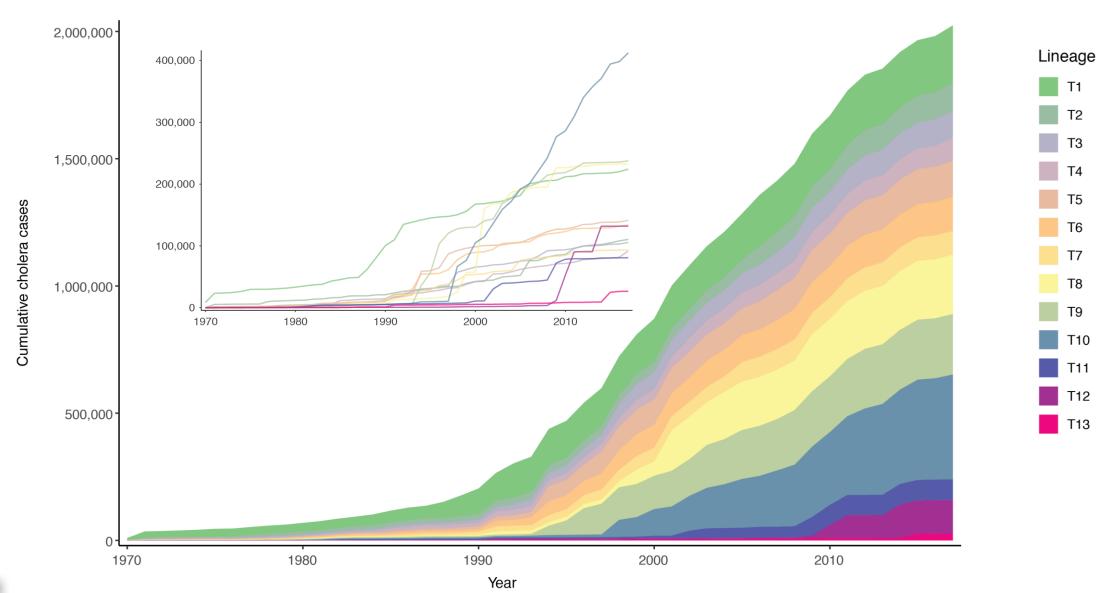


# Combining genomic and epidemiologic data







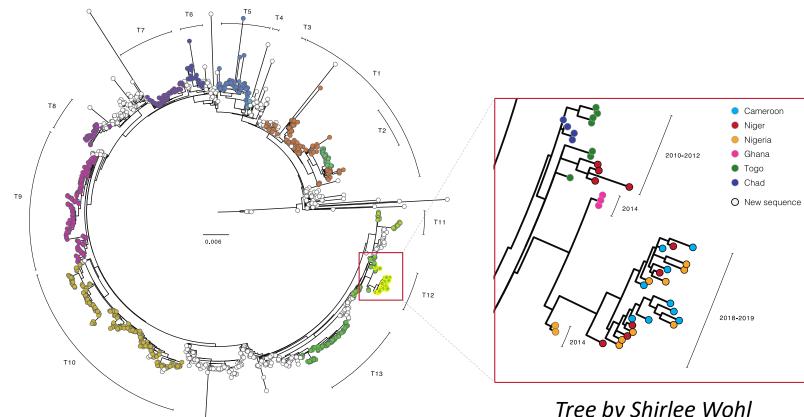


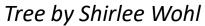




# Bringing sequencing closer to the source





















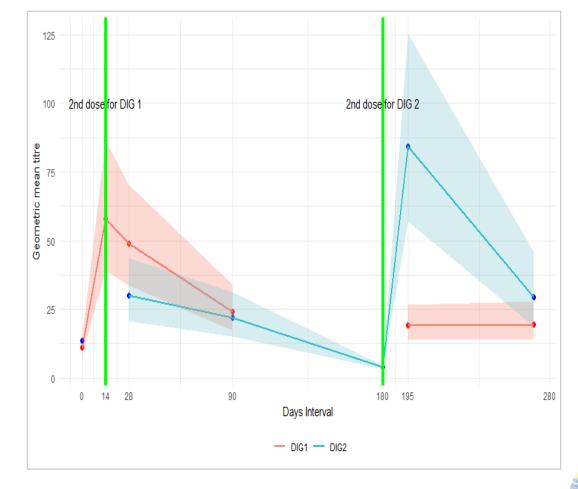
## Dose-Interval studies

#### • Zambia

- 2 week or 6-month interval
- Endpoint:
- Preliminary Results Available

#### Cameroon

- 2 week, 6-month and 11.5-month intervals
- Endpoint:
- Final blood draw in February-2020







# Diagnostic evaluations

- Lamp PCR field evaluation(s)
- O1-only Crystal VC evaluation in Kenya
- CholKit evaluation in Malawi

