



GLOBAL TASK FORCE ON
CHOLERA CONTROL

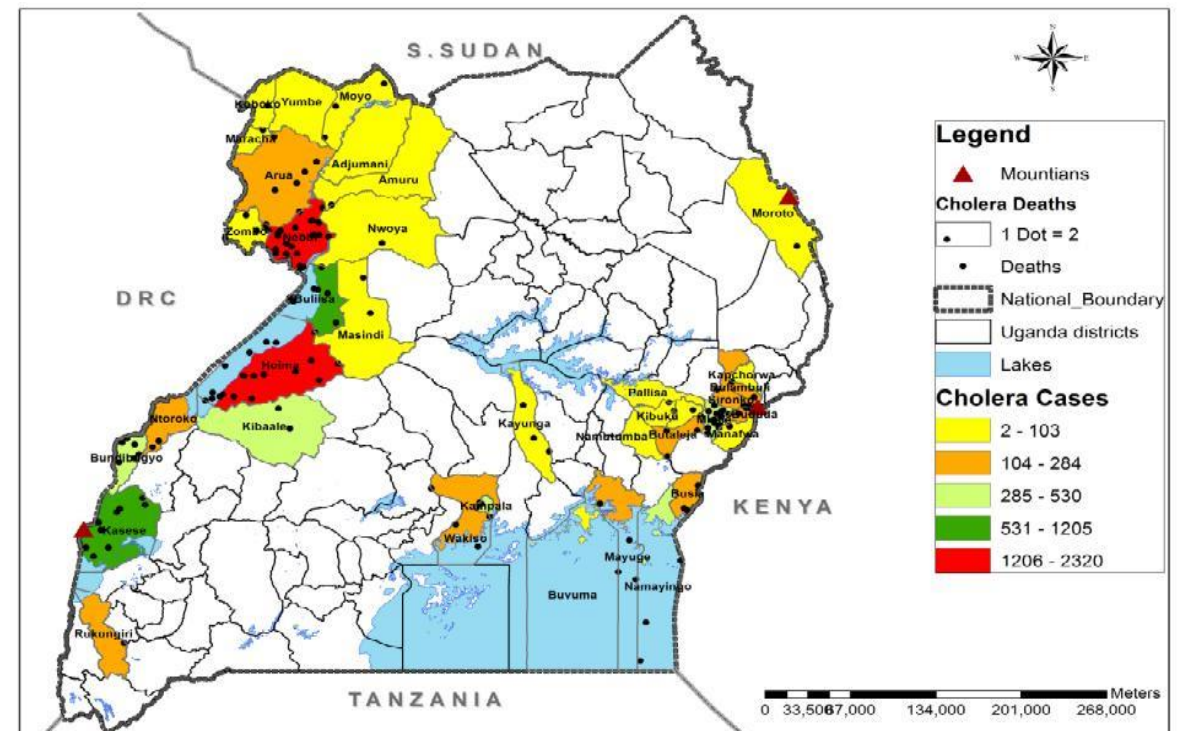
Implementation of reactive and preventive campaigns in Uganda
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HISTORY OF CHOLERA IN UGANDA

- The first cholera outbreak was in 1971
- Outbreaks have followed El Nino rains (1,2)
- Fishing communities are among the most affected groups (3).
- In the recent past, refugee influx from the neighboring countries were responsible for the spikes
- Cross-border movements is another factor for cholera outbreaks (4)

Fig 1. Map of Uganda showing cholera affected districts, 2011-2015



HISTORY OF CHOLERA IN UGANDA CONT..

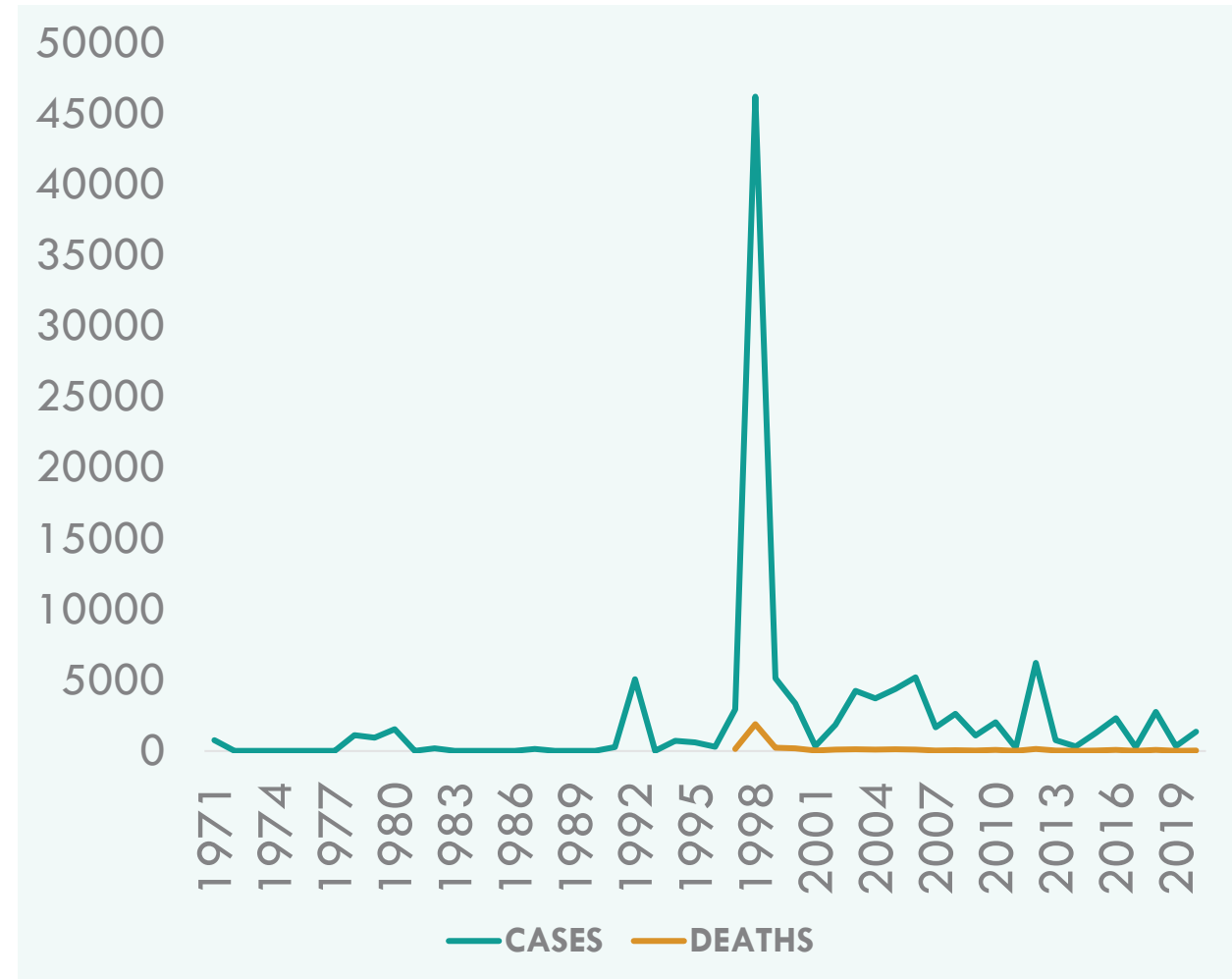
The biggest outbreak was in 1997/98 during El Nino (cholera curve simulates an abnormal ECG diagram).

Progress registered. Annual cases reduce from 1,850 for the period 2011-2015 to 1,400 for the 2016-2020.

The achievement were due high commitment by government of Uganda starting from the top leadership.

Interventions are guided by a National cholera prevention plan 2017/22 and cholera prevention guidelines 2017

Fig 2. Cholera cases and deaths, 1971 - 2020



HISTORY OF CHOLERA IN UGANDA CONT..

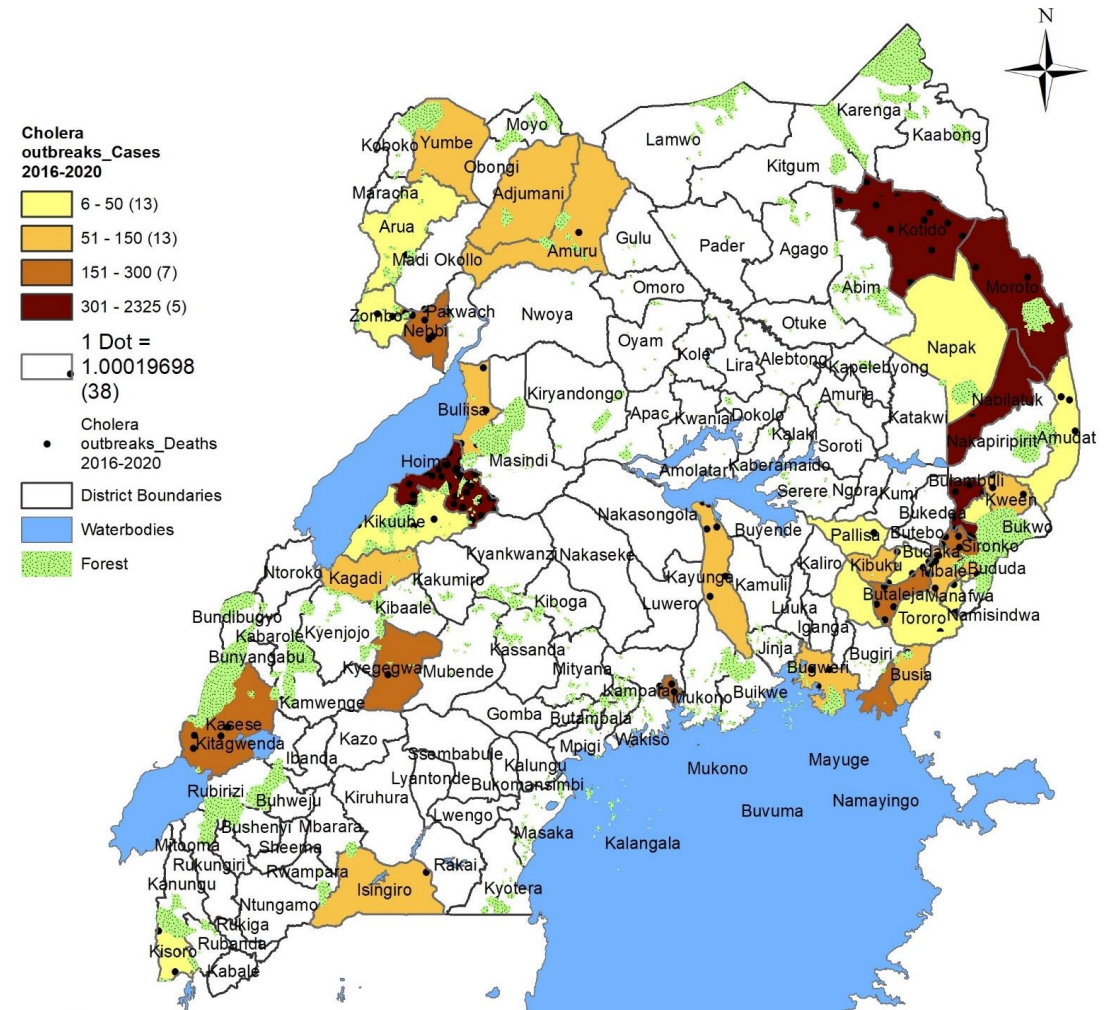
Cholera outbreaks 2016 -2020

Generally, the number of outbreaks and affected districts have declined.

Over the five year period, 7,039 cases and 146 deaths, CFR of 2% were recorded.

Drivers of the outbreaks are as on slide 2, namely; El Nino rains, refugee influx, cross-border movements and inadequate access to WASH.

Fig 2. Cholera cases and deaths, 2016 -2020



OCV USE IN UGANDA

- Uganda was the first country in Africa to use OCV using Dukoral (5).
- In last three years, over 3M doses used in 13 districts to prevent cholera for both reactive and preventive vaccination.
- Priority given to cholera hotspot districts that have vulnerable communities
- Priority districts were determined through hotspot analysis and formalized in national workshop in January 2018

Table 1. District that benefited from OCV campaigns, 2018 - 2020

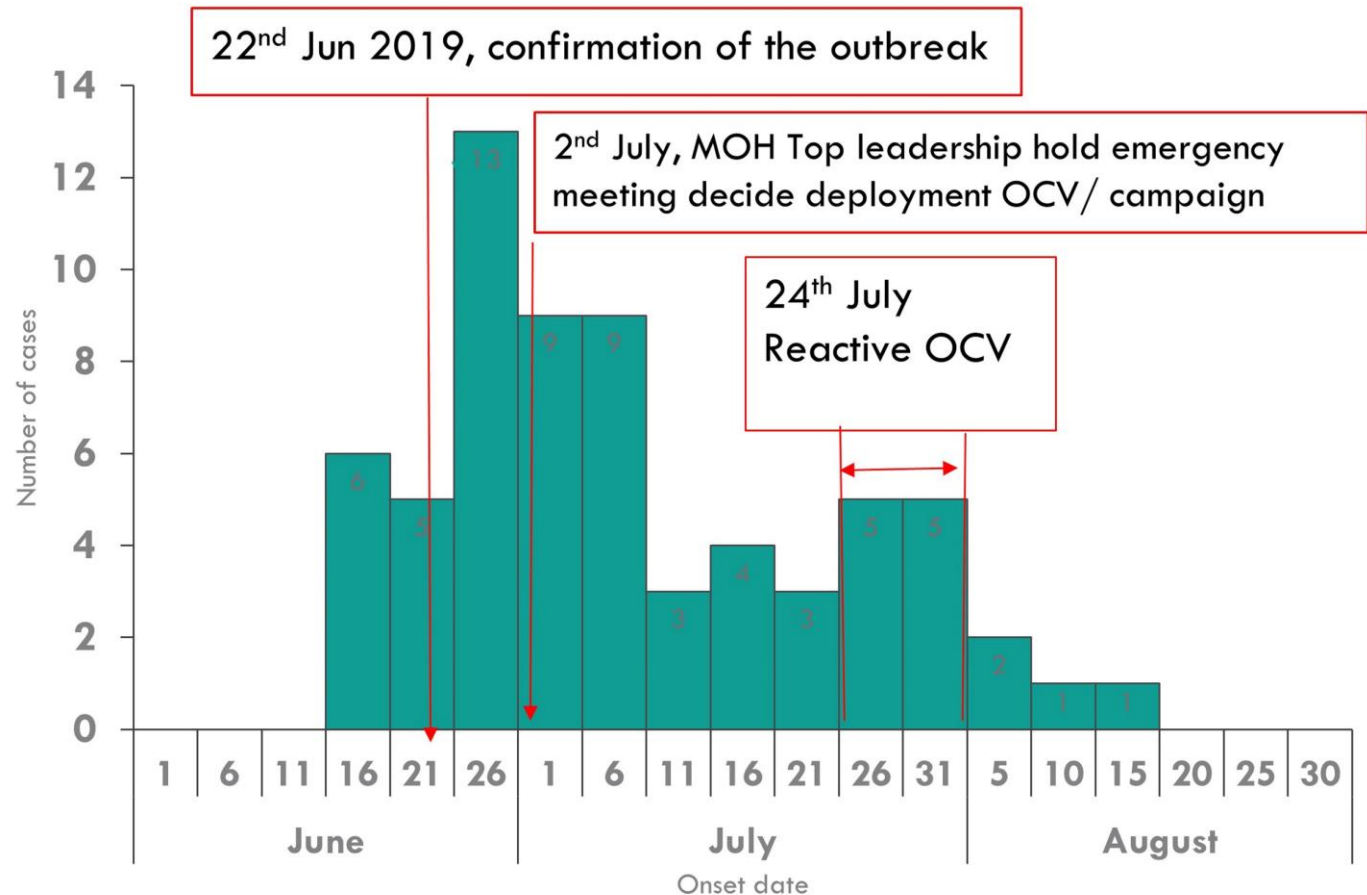
Map 4 of Uganda showing OCV campaigns

Year	District covered	OCV Doses deployed	Coverage
2018	Phase I		
	Hpima (Reactive campaign)	721,242	80%/91%
2019	Phase II		
	Bududa (Reactive campaign)	106,000	113%/88%
	Nebbi	358,804	113%/62%
	Pakwach	351,270	107%/91%
	Zombo	255,552	84%/140%
	Bullisa	264,042	53%/ 83%
2020	Phase III		
	Busia	71,743	85%
	Namayingo	158,976	
	Ntoroko	71,136	
	Kasese	396,000	
	Madi Okollo	196,293	
	Obongi	209,012	
Moroto (Reactive campaign)	170,302	67%	

REACTIVE OCV CAMPAIGNS

- Three reactive campaigns were conducted in Hoima, 2018; Bududa, 2019 and Moroto, 2020
- Of the three Bududa campaign had the most impact on the outbreak.
- The OCV used during Bududa campaign was available within Uganda. At the end of the outbreak which followed massive land slides 67 cases and 1 deaths were recorded.
- Administrative OCV coverage for both rounds were above 95%

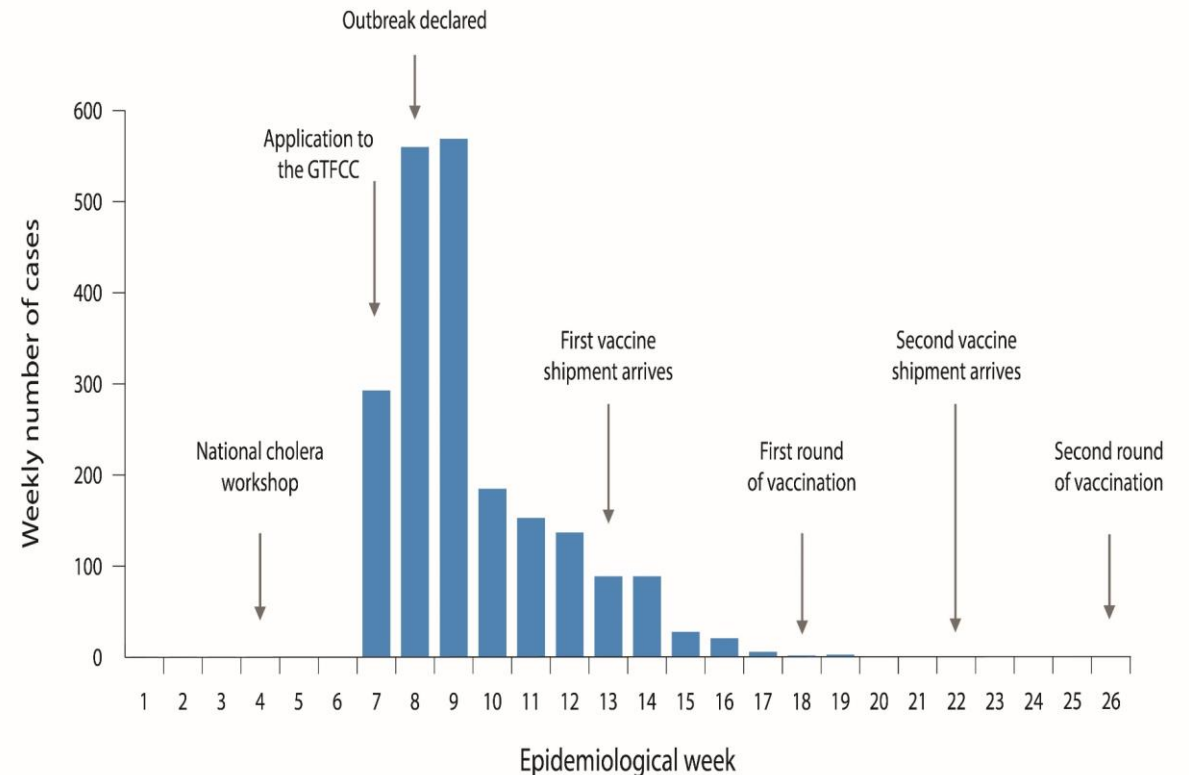
Fig 3. Bududa cholera outbreak trend, 2019



REACTIVE OCV CAMPAIGNS CONT..

- Other two reactive campaigns were in Hoima and Moroto districts.
- Hoima campaign followed influx of DRC refugee
- By the end of the outbreak 2122 cases and 44 deaths reported
- Coverage was high 80 and 91% for the first and second round
- No major AEFI recorded
- The coverage was established by an independent team - Makerere and John Hopkins Universities.

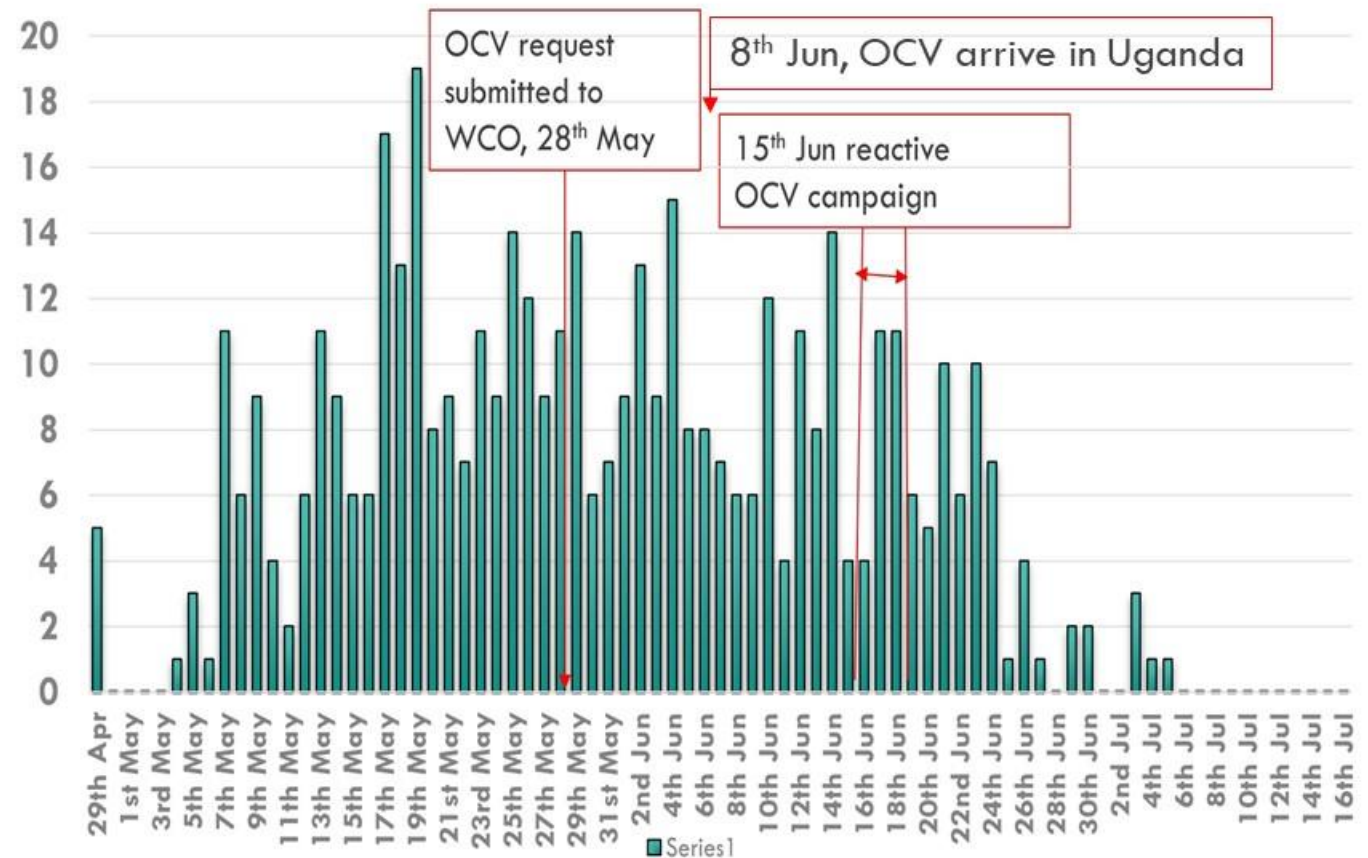
Fig 4. Hoima cholera outbreak trend, 2018



REACTIVE OCV CAMPAIGNS CONT..

- Moroto OCV campaign occurred amidst COVID 19 outbreak
- Just like the Hoima OCV campaign this too had limited effect on the current outbreak
- By the end of the campaign a total of 460 cases with 2 deaths were recorded
- OCV coverage were 70 and 67% for the 1st and 2nd doses respectively
- No major AEFI recorded.

Fig 5. Moroto cholera outbreak trend, 2020



PREVENTIVE OCV CAMPAIGNS IN UGANDA

- These followed stakeholder meeting that was held in 2018 to scale up the implementation of the activities in the NCP
- The meeting agreed on three phased introduction of OCV covering 11 cholera hotspot districts.
- All 11 hotspot districts have been covered with one or two doses of OCV
- The last phase of districts will receive the second dose in February 2021
- Vaccine coverages have been high
- **No cholera outbreaks reported in vaccinated areas after the campaigns**
- The campaigns are allowing the country to progress toward meeting the WHO targets for cholera elimination

ADDRESSING COVID 19 DURING THE CAMPAIGNS

- Unlike in 2018-2019 OCV campaigns that were before COVID 19 pandemic, those in 2020 observe COVID 19 guidelines
- The MOH and stakeholders delayed planned campaigns in order prepare guidelines and logistics as recommended by WHO and National COVID 19 Task Force
- So far, the preparations and the campaigns have proceeded very well with no observed effect on COVID 19 infections/ measures.

WASH COMPONENTS

- In all reactive campaigns use of OCV was complementary to WASH interventions namely; provision of safe water, promotion of sanitation and hygiene.
- In order to ensure that WASH is strengthened the WASH experts are part of national and districts planning and supervisory teams
- One of the key activity that has been carried out during preventive vaccination has been WASH assessment and promotion. Data collected is used by the district planners to mobilise additional resources and scale up WASH services

IMPACT OF COVID

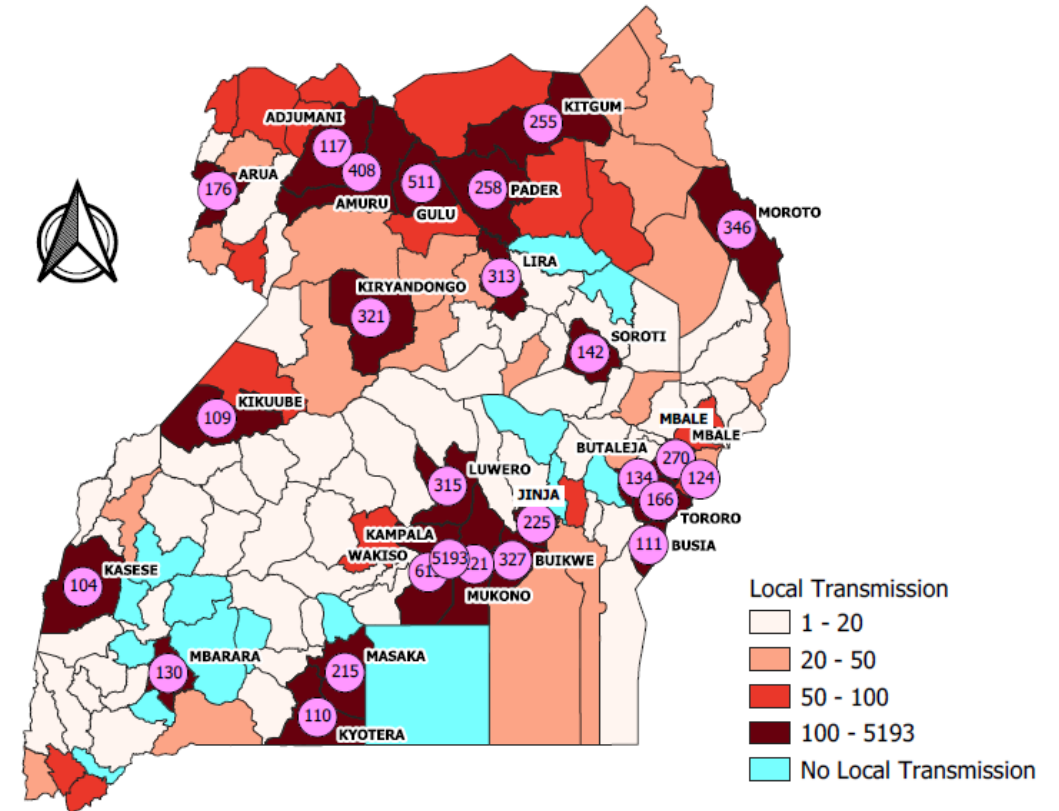
Several districts have reported COVID cases.

COVID 19 has had both positive and negative impacts on cholera

The positive impacts

- Promotion of personal and domestic hygiene through hand washing with soap which is key in cholera prevention & control
- Reduction of cross-border movements which is one of the factors responsible for cholera spread

Fig 6. Map of Uganda showing COVID 19 as of 10th Nov 2020 (Source, HMIS)



IMPACT OF COVID

Negative impact

- Delayed implementation of the campaign waiting for WHO/ COVID 19 Task force guidance
- Inadequate resources given to cholera prevention as the focus was put on COVID 19 pandemic preparedness and control

Acceptability

- There were no major issues with acceptability since no concerns were raised in the earlier campaigns. In fact, there was increased demand for OCV campaign in cholera hotspot districts for fear of double epidemics of cholera and COVID 19

CHALLENGES AND WAY FORWARD

- New cholera outbreaks starts with the influx of refugees. There is a need for a protocol to target arriving refugees
- Cross-border outbreaks remain important. Such outbreaks need to be prevented through targeted interventions along the common borders (6)
- The NCP will expire in 2022. Review/ update of the NCP with the intent to scale up the interventions should be supported
- M&E surveys provided feedback on how to make OCV campaigns more efficient. More survey need to be conducted to guide future activities

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Thank you

Together we can
#endcholera



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