



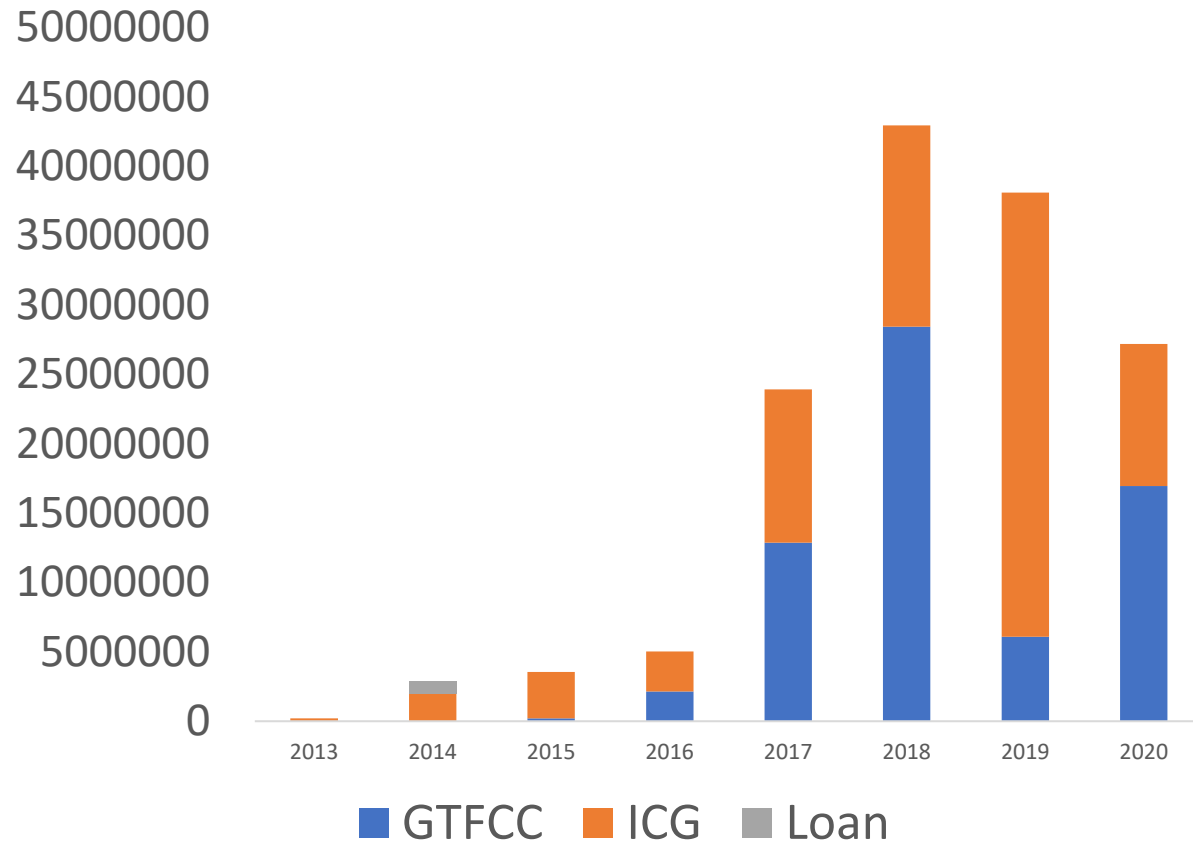
GLOBAL TASK FORCE ON
CHOLERA CONTROL

Use of cholera vaccine 2013-2020,
GTFCC- OCV webinar-19th November 2020
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PRESENTATION OUTLINE

- Overview of OCV since creation of stockpile (2013)
- Vaccination in 2020
- Challenges
- Conclusion/next steps

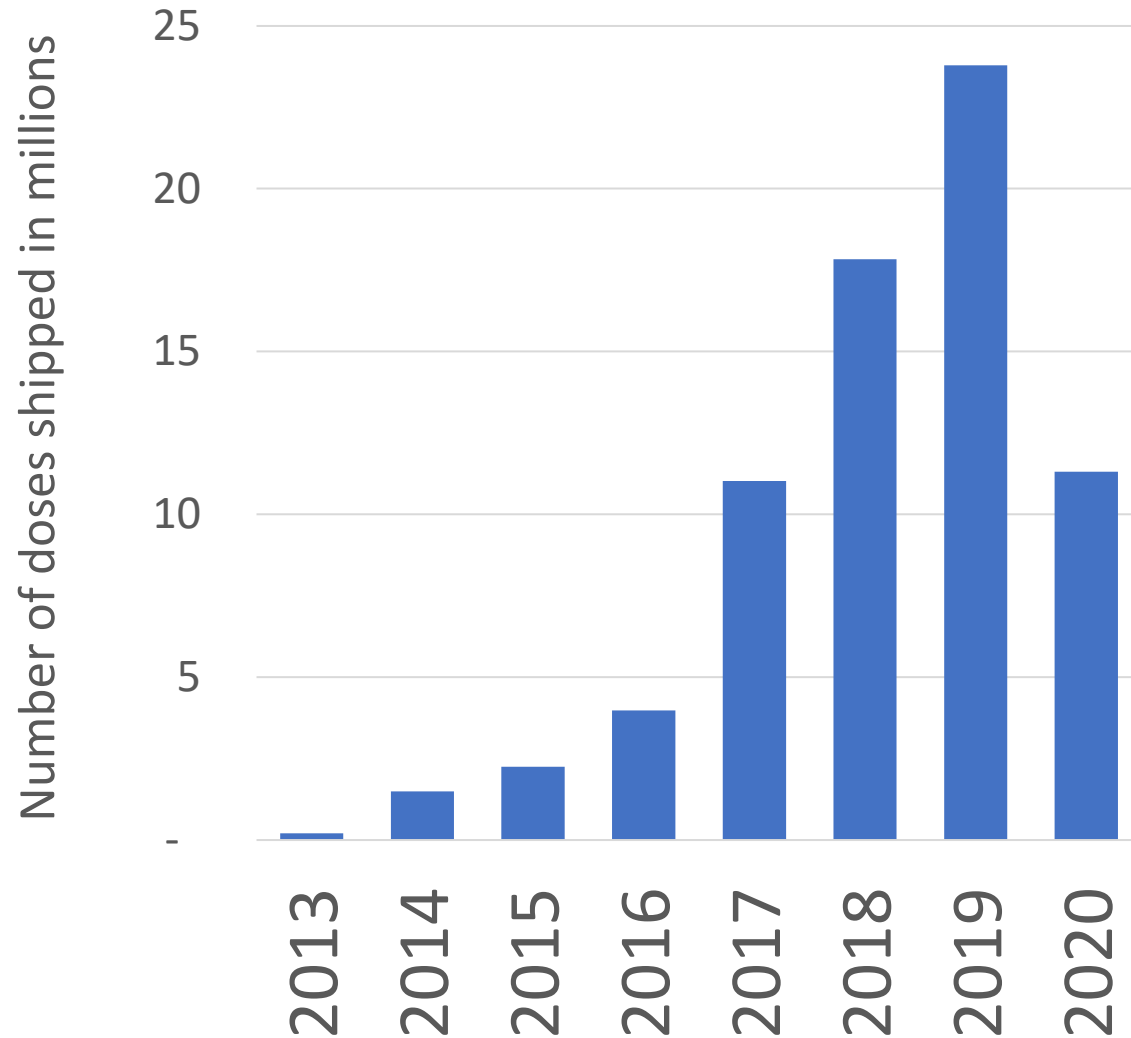
OCV DOSES REQUESTED BY MECHANISM PER YEAR



- **IGC** → Response to outbreaks
- **GTFCC** → Preventive campaign

- **Sharp reduction in GFTCC requests in 2019**
- **In 2020, requested (27.1) /approved (19.7)**
- **2020: 16,9 M for GTCCC**
- **2020: 37 % doses requested via IGC**

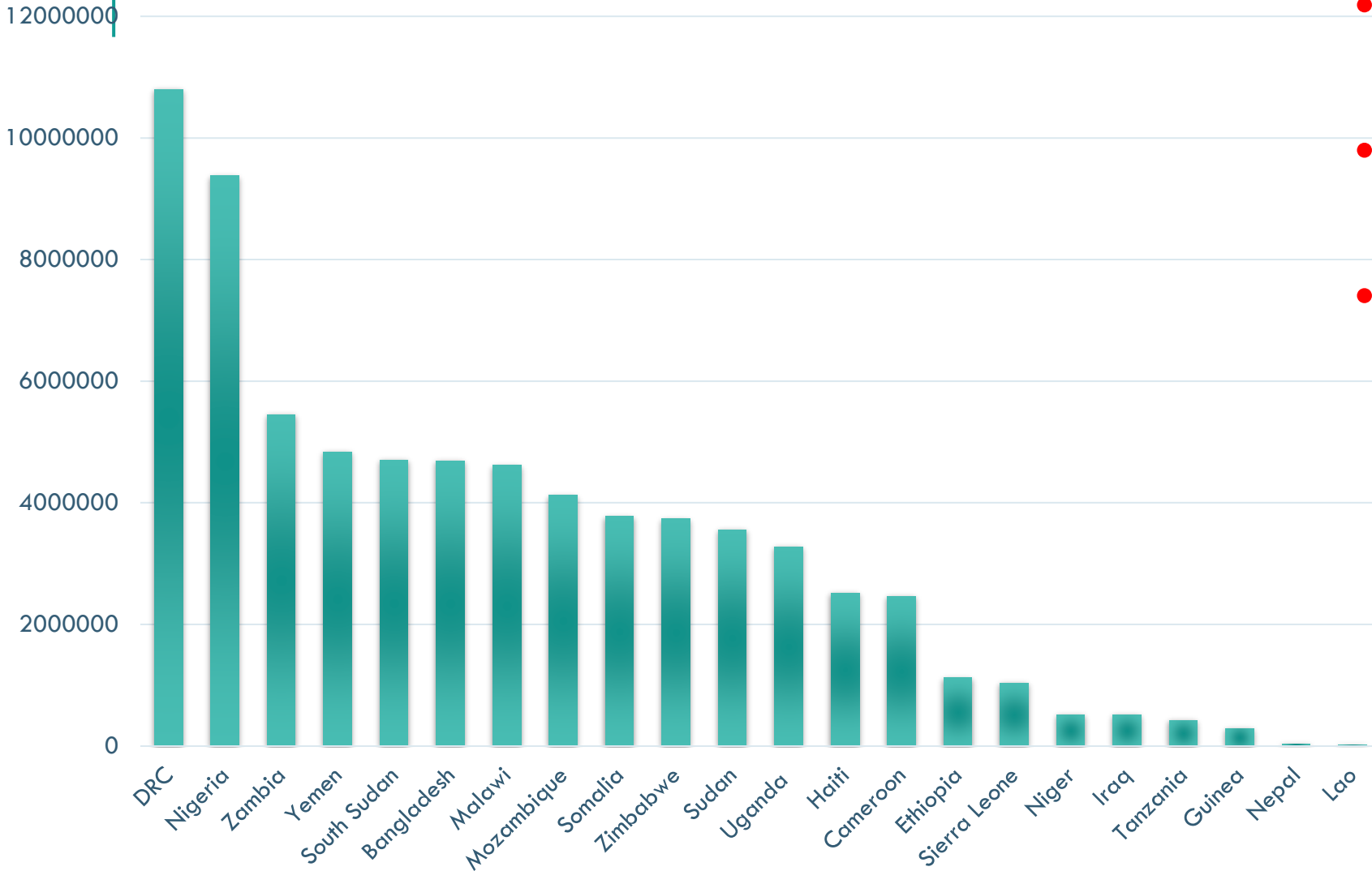
TOTAL OCV DOSES PROVIDED PER YEAR



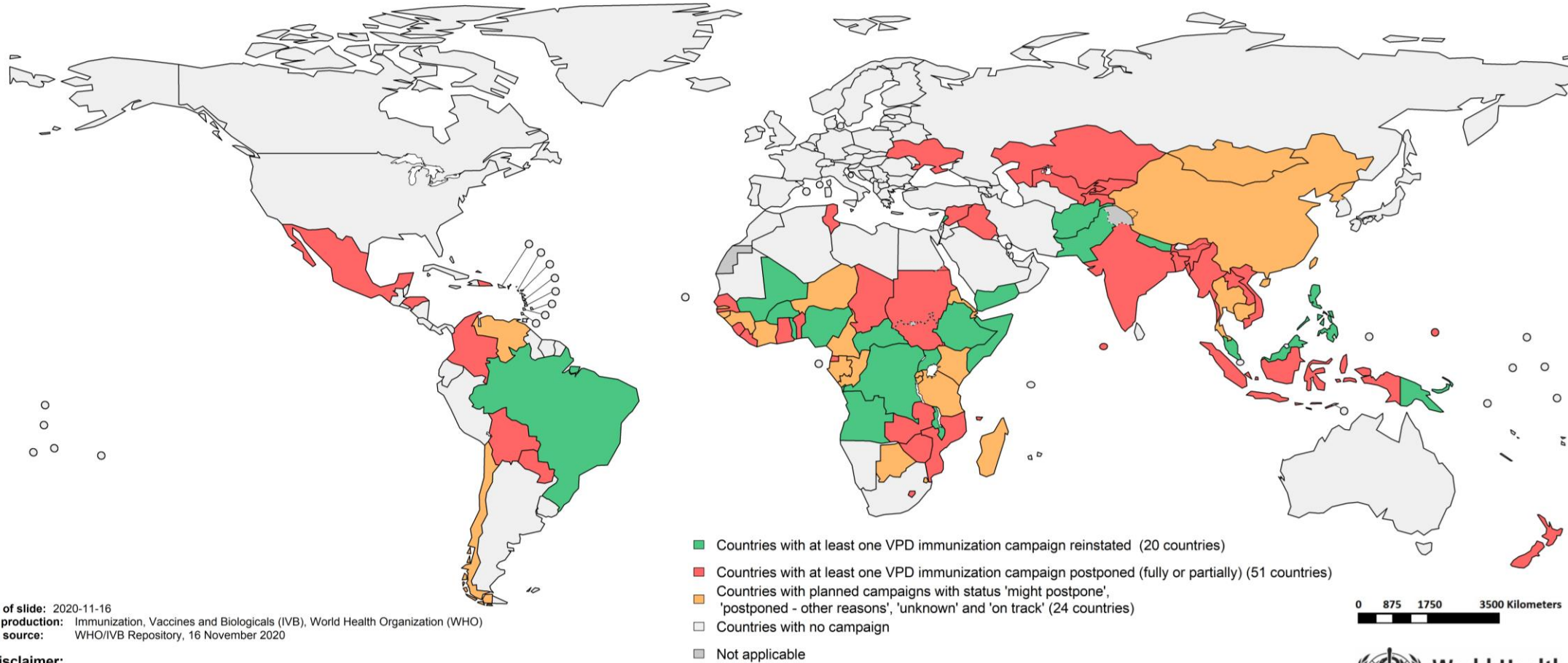
- **2013-2020 >71.8 Mds shipped**
- **2019: 23,7 Mds**
- **2020 > 11.3 Mds**

OCV DOSES SHIPPED BY COUNTRIES

- 22 countries
- 82% in Africa
- **DRC** >15% of the shipped doses



VPD campaigns postponed due to COVID-19: 51 countries with at least one VPD campaign postponed, 16 November 2020



Date of slide: 2020-11-16

Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)

Data source: WHO/IVB Repository, 16 November 2020

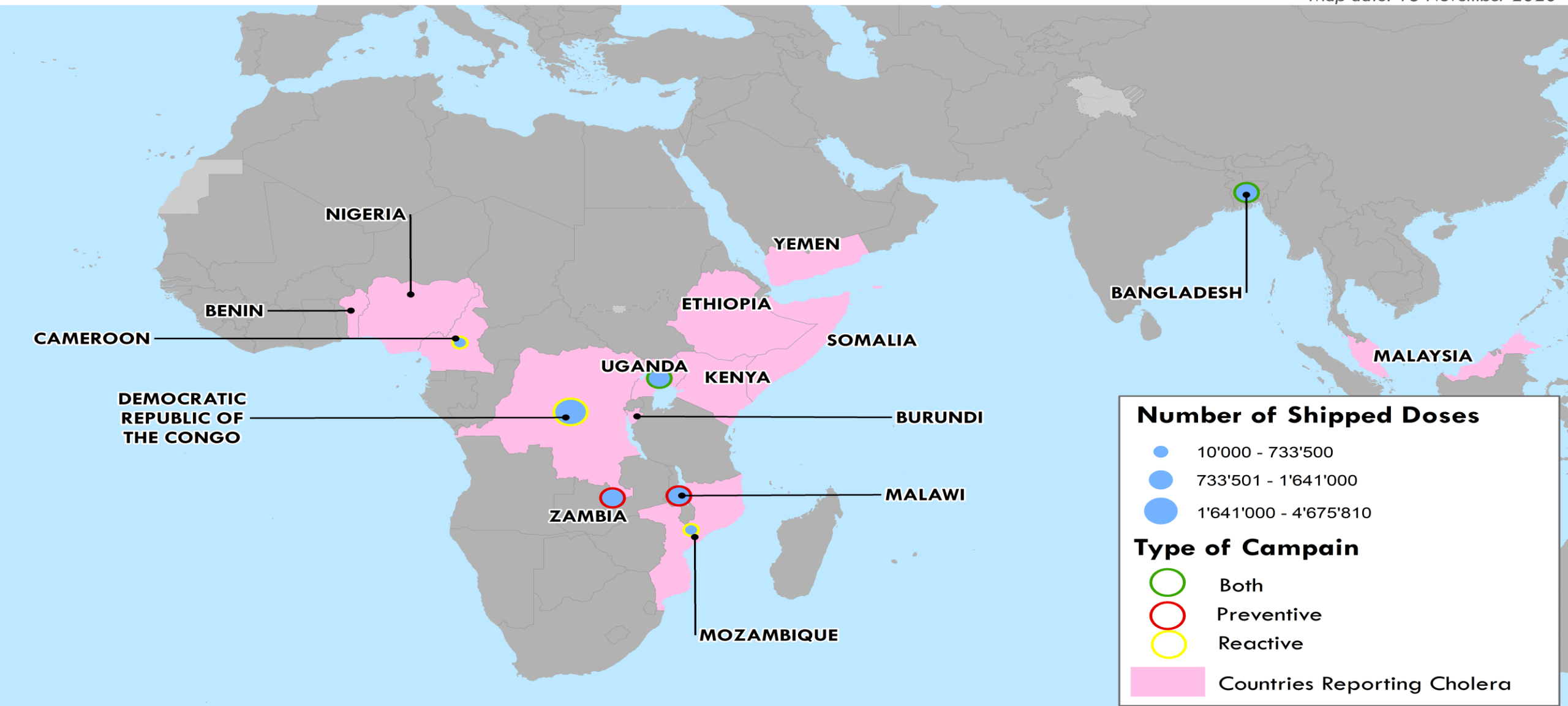
Disclaimer:

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area nor of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. World Health Organization, WHO, 2020. All rights reserved

Countries Reporting Cholera Cases in 2020

Vaccine Shipped

Map date: 16 November 2020



Number of Shipped Doses

- 10'000 - 733'500
- 733'501 - 1'641'000
- 1'641'000 - 4'675'810

Type of Campaign

- Both
- Preventive
- Reactive

Countries Reporting Cholera

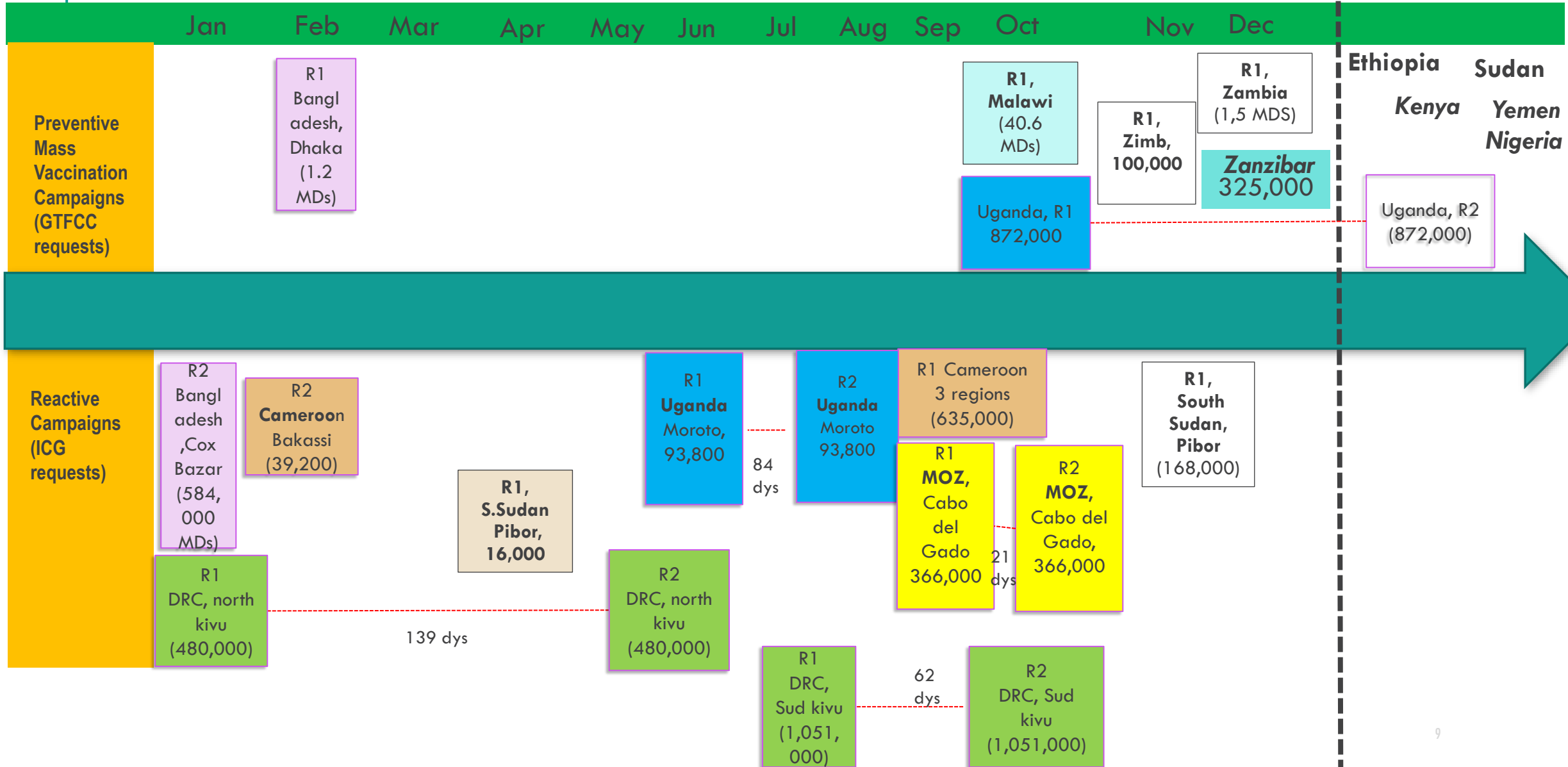
REQUESTS AND RELATED IMPLEMENTED CAMPAIGNS IN 2020

Country	Mechanism	Status	Date	Context	Target population	Doses requested	Doses approved	Doses shipped	Vaccine	Round 1	Round 2	Admin Coverage R1 (%)
Uganda	GTFCC	Approved		hotspot	872,000	703,439	703,439	1,037,185	Euvichol+	715,004		81.9
DRC	ICG	rejected	Feb-20	Outbreak	1,031,138	2,062,276	0	NA	NA	NA	NA	NA
Yemen	GTFCC	Approved	Mar-20	hotspots	2,416,022	5,000,000	4,832,198					
Mozambique	ICG	Approved	Mar-20	Outbreak	366,750	976,816	733,424	733,500	Euvichol+	333,172	351,067	90
DRC	GTFCC	Approved	Jun-20	hotspots	3,926,280	5,474,144	5,474,144	2,718,300	Euvichol+			
DRC	ICG	Approved	May-20	Outbreak	1,051,788	2,103,576	2,103,576	2,103,576	Euvichol+	978,626	1,058,352	93
Zambia	GTFCC	Approved	Jul-20	Hotspots	2,917,857	5,774,598	5,774,598	1,576,200	Schancol			
Uganda	ICG	Approved	Aug-20	outbreak	93,848	157,697	157,697	157,697	Euvichol+	66,466	65,219	68.7
Zanzibar	GTFCC	Approved	Oct-20	hotspots	316,290	655,820	655,820					
Ethiopia	ICG	pending	Nov-20	Outbreak	2,469,401	4,938,802						
Total					10,784,752	27,143,729	19,731,457					

VACCINATION CAMPAIGNS, 2020-2021

2020

2021



HOTSPOTS CONTEXT:

Bangladesh



Uganda

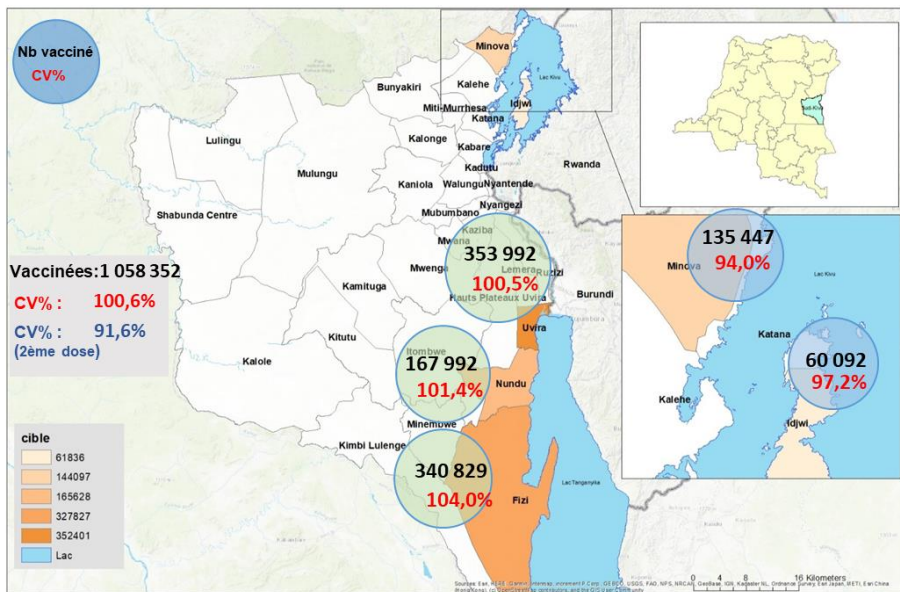


Malawi



OUTBREAK CONTEXT: FLOODS

DRC



Cameroon



Mozambique



CHALLENGES

•Requests:

- Lack of information, lack of human resources for requests
- Wrong mechanism

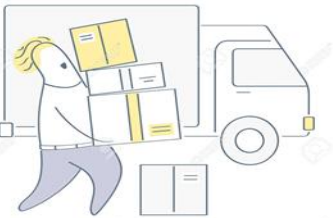
•Shipments:

- Shortage of air transport

•Implementation of campaigns:

- Implementation for emergency request: mean 73 days ((4-178))
- Staff purposed to Covid
- Monitoring and evaluation

Submit an online request to our support team.



Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19

Interim guidance
22 May 2020



Background

Mass vaccination campaigns to prevent or respond to outbreaks of vaccine-preventable diseases and high impact diseases (VPD/HID) are effective strategies to reduce deaths and disease. Yet many countries have had to postpone such vaccination campaigns due to the physical distancing measures implemented to reduce COVID-19 transmission.

For countries affected by both VPD/HID and COVID-19 outbreaks, determining the best course of action may be challenging. Weighing the benefits of a safe and effective intervention that reduces mortality and morbidity against the risks of increasing transmission of a new disease that may burden essential health services can be complex. The starting point for such considerations is a risk-benefit analysis that reviews in detail the epidemiological evidence and weighs the short- and medium-term public health consequences of implementing or postponing mass vaccination campaigns, weighed against a potential increase in COVID-19 transmission.¹

In the context of the COVID-19 pandemic, this document:

- I. outlines a **common framework** for decision-making for the conduct of preventive and outbreak response campaigns;
- II. offers principles to consider when deliberating the implementation of **mass vaccination campaigns for prevention of increased risk of VPD/HID among susceptible populations**; and
- III. details the risks and benefits of conducting vaccination campaigns to respond to VPD/HID outbreaks.

This document is complemented by an annex (Annex 1) that provides guidance on how to safely organize a mass vaccination campaign, and is supplemented by a range of technical materials on prevention, response and control measures for COVID-19, including the [Guidance principles for immunization activities during the COVID-19 pandemic: Interim guidance](#),² the [Frequently Asked Questions: Immunization in the context of COVID-19 pandemic](#),³ and the [Public vaccination programme continuity: implementation in the context of the COVID-19 pandemic](#).⁴ This interim guidance should also be used in conjunction with existing disease-specific WHO prevention and control guidelines.

Audience

This interim guidance is to be used by national health authorities (and subnational where appropriate), together with immunization programme partners.

Common framework for decision-making

While the urgency and public health imperative for conducting a preventive mass immunization campaign or an outbreak-response vaccination campaign may differ, the decision-making method is similar. The framework outlined here is generally applicable to both scenarios and proposes that the comparative assessment of the relative risks and benefits is evaluated on a case-by-case basis, taking a step-wise approach.

Figure 1 shows a decision-making flowchart that illustrates the five steps:

- Step 1:** Assess the potential impact of the VPD/HID outbreak using key epidemiological criteria (see detail, Table 1).
- Step 2:** Assess the potential benefits of a mass vaccination campaign and the country capacity to implement it safely and effectively (see detail, Table 2).
- Step 3:** Consider the potential risk of increased COVID-19 transmission associated with the mass vaccination campaign.

CONCLUSION

- ✓ Despite covid-19, important demands/ difficult implementation
- ✓ Reactive campaigns maintained and positive impact on cholera transmission
- ✓ Implementation of more preventive campaigns: integration of OCV use in NCPs
- ✓ Collaboration with CSP: requests, implementation, and M & E for campaigns
- ✓ WASH WG: OCV-WASH integration/linkages
- ✓ Build adequate monitoring, evaluation and ongoing research plans (research agenda priorities)

Thank you

Together we can
#endcholera



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