

CDC 2021 OCV activity update

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On behalf of CDC

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Vaccination pillar activities, 2021

Division of Global Health Protection

- OCV & WASH baseline coverage survey, Zanzibar

Global Immunization Division

- Technical assistance for cholera hotspot review, DRC
- Training to improve OCV campaign effectiveness & timeliness
- Describing impact of pandemic on OCV campaign implementation
- Supporting IFRC with OCV social mobilization program across Africa

Zanzibar OCV Coverage Survey & WASH Baseline

- Initial attempt to integrate OCV and WASH in a post-coverage vaccination survey
- Collaboration between MOH, CDC and WHO
- Survey Objectives
 - Estimate Oral Cholera Vaccine (OCV) coverage
 - Create baseline WASH coverage estimates for 3 districts



Sample Size Calculation

Precision	+/- 7 %
Expected Coverage	50%
95% CI	0.05
ICC	0.15
Average number of HHs to find child 1-4 years	1.2
Response Rate	80%
Target number of households	<u>1,196</u>
Number of Clusters	40
Cluster Size	30

- OCV coverage survey required 40 clusters of 30 households to fulfill sample size calculations
- We oversampled in 3 districts by adding 27 clusters to have enough power to provide WASH estimates at the district level
 - 3 districts all on Unguja

Data Collection

- Data collection tool expanded to include additional WASH and community engagement questions
- Testing for Free Residual Chlorine at household level
- Did not include community WASH assessment
- Training and data collection- November 13th – December 1st
- Very low non-response rate (14 households)
- Approximately 1,900 households visited in 8 districts in Zanzibar (2 Pemba, 6 Unguja)
- OCV and WASH coverage results pending



Technical assistance for cholera hotspot review, DRC

- Part of CDC's multi-center approach to control cholera
- Providing support to PNECHOL-MD to update their cholera hotspots
 - Identify cholera hotspots using the GTFCC method and space-time analysis
 - Identify and review other data sources (line lists, laboratory data, provincial surveillance data (includes RDT results) that could inform the hotspot review
 - Conduct a descriptive analysis of “old” hotspots and reported cases

Improve OCV campaign effectiveness and timeliness

Problem

- Increased number of delayed and lower quality reactive OCV requests have led to less impactful campaigns and inefficient use of limited OCV doses

Partners

- WHO (WHE, IVB, AFRO), CSP, MMGH consulting, CDC
- CDC Foundation, Gavi, CDC

Response

- Develop and implement training curricula for OCV requests and campaign implementation
- 2 5-day in-person trainings planned for Q1-2, 2022, including theoretical and practical components

Training for OCV requests and campaigns

- Designed for individuals who are likely to lead or be part of decision making regarding the inclusion of OCV in cholera control activities or who may coordinate an OCV campaign
- To be combined in-person and virtual

Designed to increase capacity to:

- Conduct a risk assessment to inform OCV inclusion in prevention and control activities in emergency contexts
- Develop request for emergency campaigns and planned campaigns
- Participate in the preparation and implementation of OCV campaigns
- Define strategies for M&E of OCV campaigns
- Introduce the inclusion of OCV in NCPs

Looking to 2022

- Implement ongoing 2021 activities, including OCV training workshops, finish manuscript on OCV campaigns
- Continue to support DRC OCV activities & IFRC
- Support activities on prioritization of cholera hotspots for OCV use, e.g. piloting tool
- Monitor and evaluate OCV campaigns, including WASH and OCV integration, vaccine safety, coverage, cost, effectiveness and impact
- Aim to expand country-specific support for OCV as part of the CDC multi-center initiative

Thank you!

