



GLOBAL TASK FORCE ON

# CHOLERA CONTROL

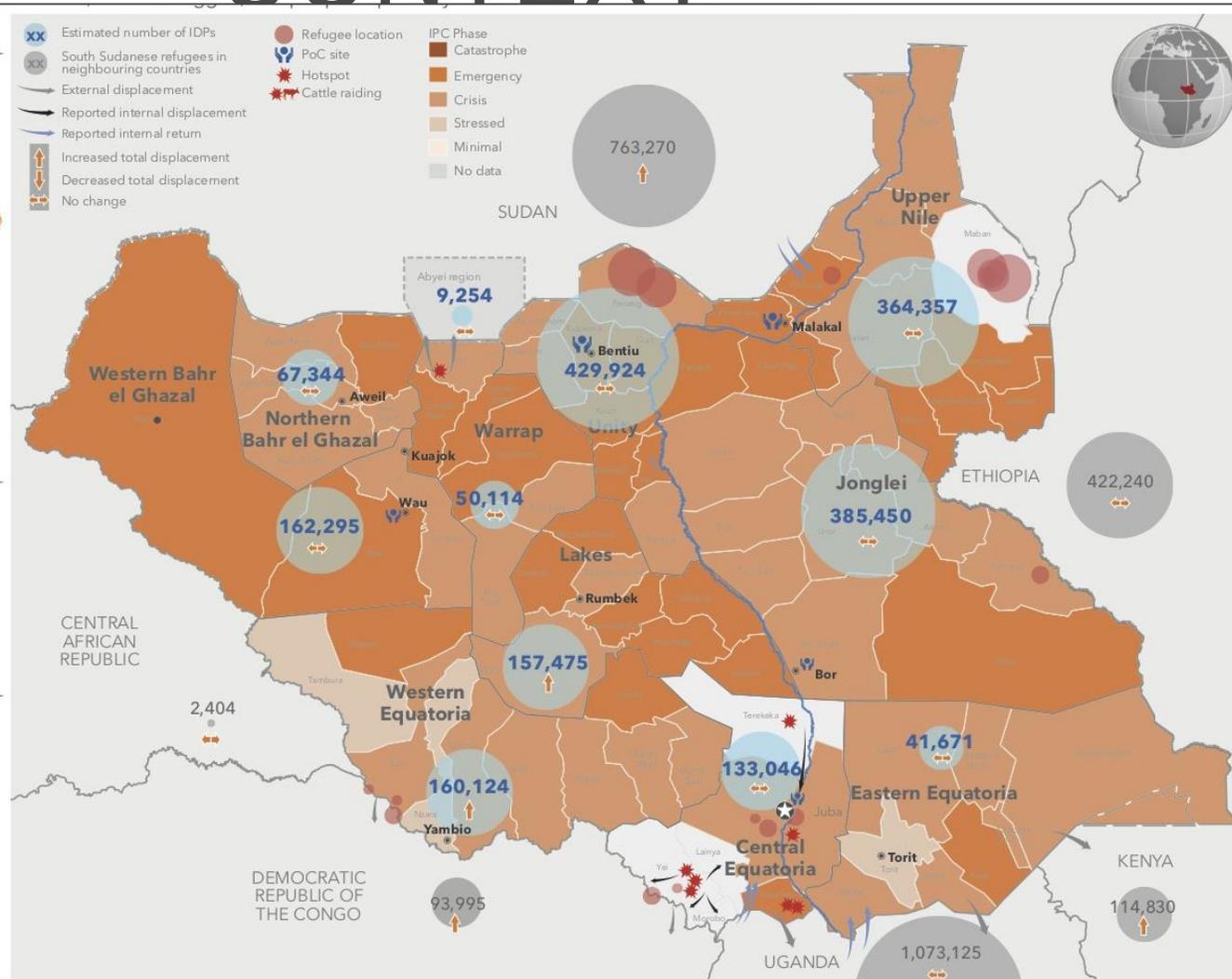
## UPDATES ON CHOLERA CONTROL AND ORAL CHOLERA VACCINE USE IN SOUTH SUDAN

5<sup>th</sup> Meeting of the GTFCC  
Working Group on Oral  
Cholera Vaccine (5<sup>th</sup> to 6<sup>th</sup>  
December 2018)

# OUTLINE

1. Humanitarian context and situation
2. Cholera control priorities
3. Status on cholera control priorities
4. Use of oral cholera vaccines in 2018
5. Priorities for 2019

# HUMANITARIAN SITUATION AND CONTEXT



1. Grade 3 protracted crisis since 2013
2. Severe food insecurity – 6.1 million (59% of population) – 1.7 million on brink of famine
3. 1.96 million IDPs & 2.47million refugees to neighboring countries
4. Access to improved sanitation facilities – <10%
5. Access to safe water (improved water sources) ~ 60%
6. Weak health system – physical access <50%

# CHOLERA SOUTH SUDAN

- South Sudan endemic for cholera
- Since the 2013 crisis onset – cholera outbreaks – 2014 – 2017
- Between 2014–2018 a total of 28,676 cases & 644 deaths reported
- No new confirmed cholera cases since 18 December 2017
- No confirmed cases in 2018

Year	Cases	Deaths	CFR (%)
2004	0	0	0
2005	0	0	0
2006	19,277	588	2.9
2007	22,412	411	1.8
2008	27,017	154	0.57
2009	48,035	60	0.13
2010	0	0	0
2011	0	0	0
2012	0	0	0
2013	0	0	0
2014	6,421	167	2.6
2015	1,818	41	2.2
2016	4,349	83	1.9
2017	16,088	353	2.2
2018	0	0	0
<b>Total</b>	<b>145,417</b>	<b>1,857</b>	<b>1</b>



# CHOLERA SOUTH SUDAN

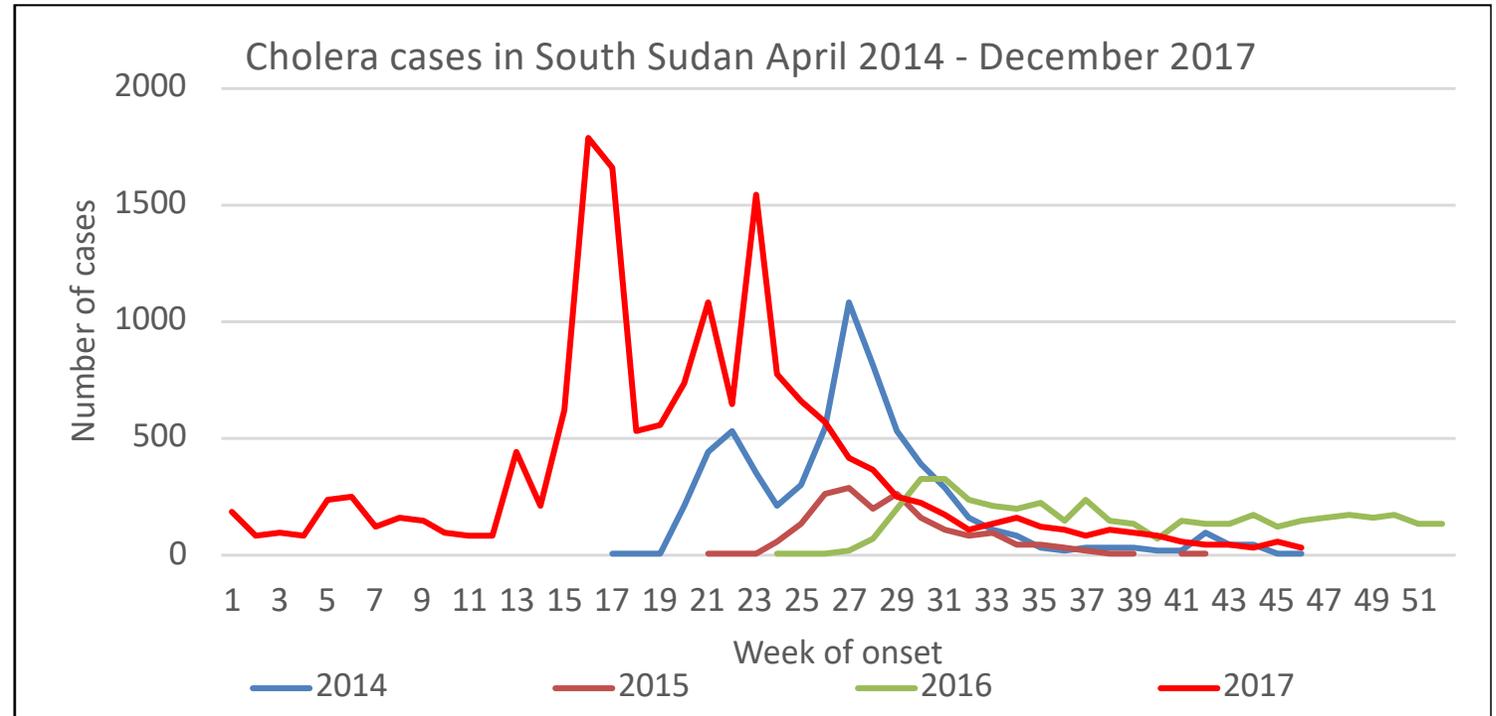
- South Sudan is endemic for cholera and has experienced cholera outbreaks every year since April 2014
- Since 2014, at least 28,590 cholera cases including at least 622 deaths have been reported from cholera transmission hotspots in South Sudan
- South Sudan has not registered any new confirmed case of cholera since 18 December 2017
- At least 35 samples from suspect cholera cases have tested negative for cholera at the National Public Health Laboratory in 2018
- At present, the outbreaks have been brought under control using an integrated intervention toolkit that entails surveillance, patient care, WASH, communication & OCV

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# OBJECTIVES AND TIMELINES

## General objective

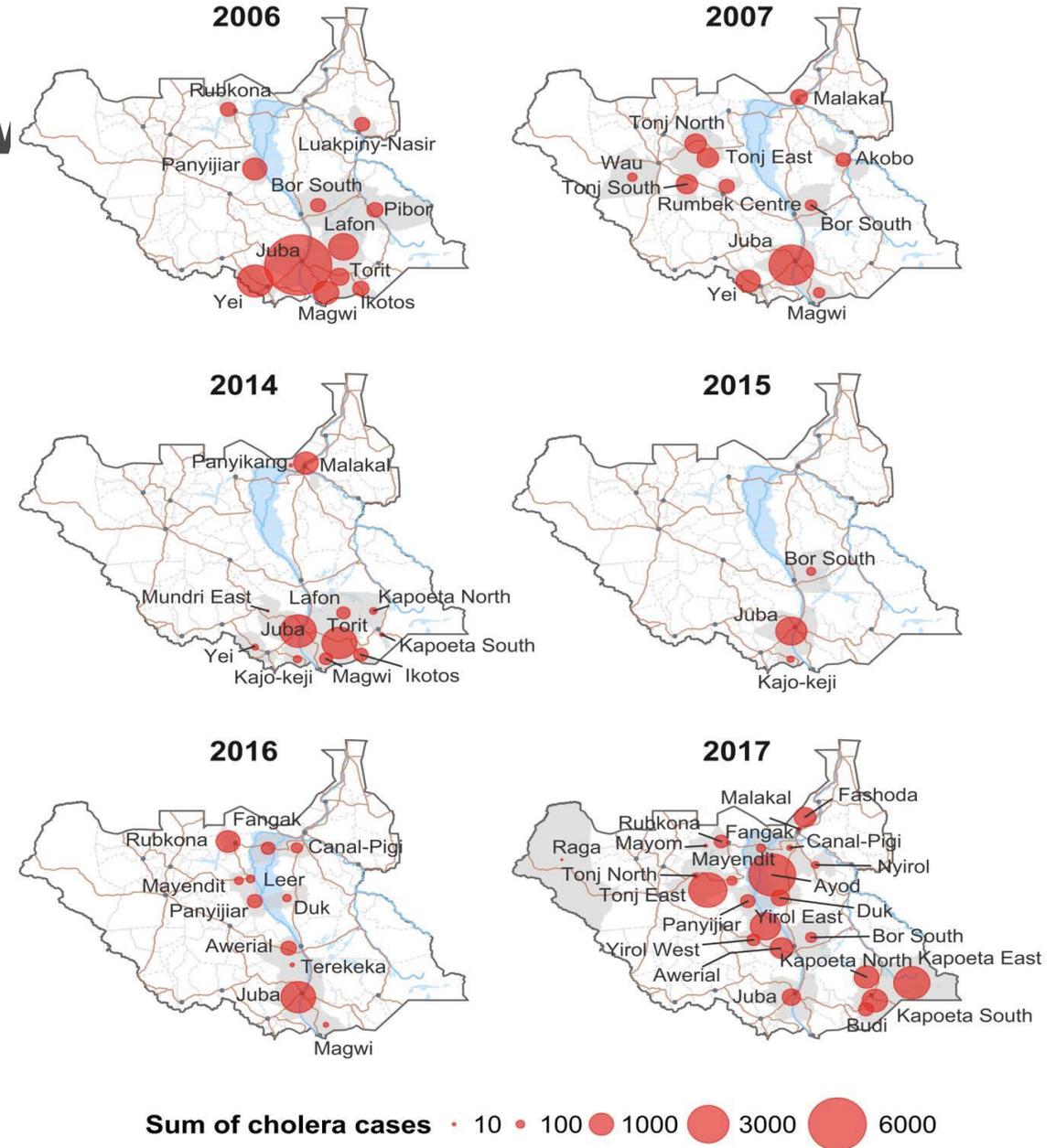
Attain a 90% reduction of mortality and morbidity due to cholera in South Sudan



# OBJECTIVES AND TIM

## Specific objectives

- Strengthen the overall coordination
- Enhance national capacities for early case detection and rapid response
- Prevent recurrent of cholera outbreaks by targeting multisectoral interventions in cholera transmission hotspots



# Cholera control - Capacities and gaps (using key indicators)

## Axis 1: Early detection and quick response to contain outbreaks at an early stage

	<i>Current country capacities</i>		<i>Support required from GTFCC</i>
Decentralized culture capacity for early detection in all hotspots (incl. PCR capacity)	Cultures capacities limited to the national level. No capacities for antibiotic susceptibility testing. No capacities for PCR testing		Strengthen national level capacities for - culture, sensitivity, & PCR testing
Preposition of RDT and transport media in all hotspots	Cholera investigation kits prepositioned in all 10 state hubs		Updating SCD in areas where OCV is used
Resources/contingency stocks for outbreak response	There is no national inventory or resources mapping consolidated at national		St. tools for cholera HR/logistics inventory
Multisectoral health - WASH RRTs	Separate health and WASH RRTs at national level		Engage GHC/GWC to dev joint SoPs
Early warning / Surveillance system	IDSR/EWARN in place with event and indicator based surveillance		Event community surveillance in hotspots

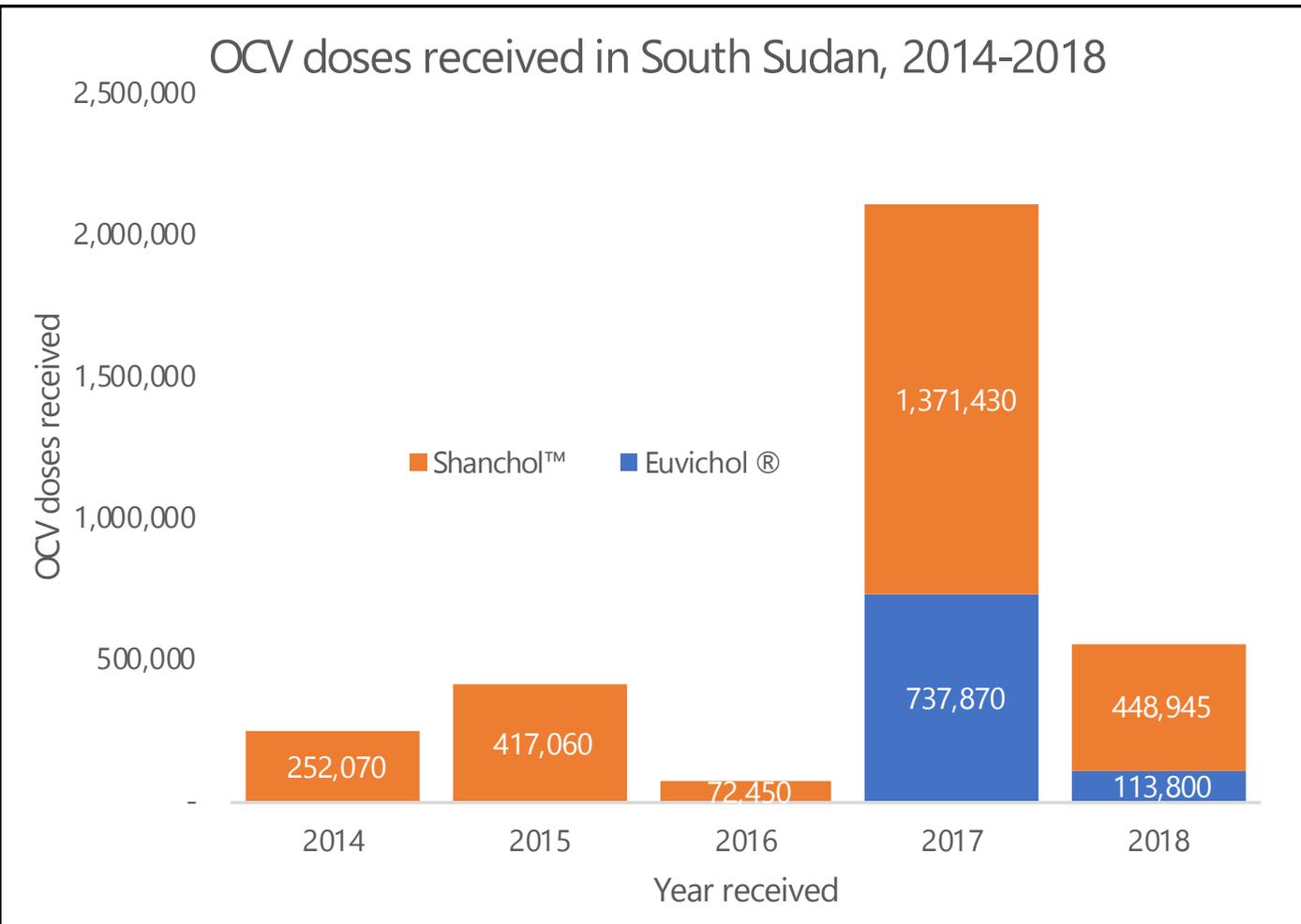
## Axis 2: A multisectoral approach to prevent cholera in hotspots

Identification of cholera hotspots	Hotspot mapping done with support from GTFCC & Unicef		St. tools to review & update hotspots
National Cholera Control Plan aligned to GTFCC roadmap	Consultant engaged to finalise the plan		Finalize & validate the NCCP; M&E implementation framework
Financing mechanism and availability of funds	Gov't budget (pledge); largely humanitarian; OCV-GAVI		Advocacy strategy to engage Gov't & donors for cholera prioritization/funding
OCV use in hotspots	Vaccination plan submitted to GTFCC & being implemented		Full integration of WASH
Long-term WASH and Health System Strengthening	Not much progress due to current humanitarian context		Guidance on scope & extent of

## Axis 3: An effective mechanism of coordination for technical support, resource mobilisation and partnership at national level

Existence of a cholera focal point, in charge of implementing the NCCP and appointed by a high authority	Currently no cholera focal point		ToRs for cholera focal point & national cholera committee (model suited for conflict countries)
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# OCV doses received in South Sudan 2014–2018



1. 3.4 million OCV doses received in South Sudan since 2014

2. 2.1 million doses received in 2017 – the highest received in a single year

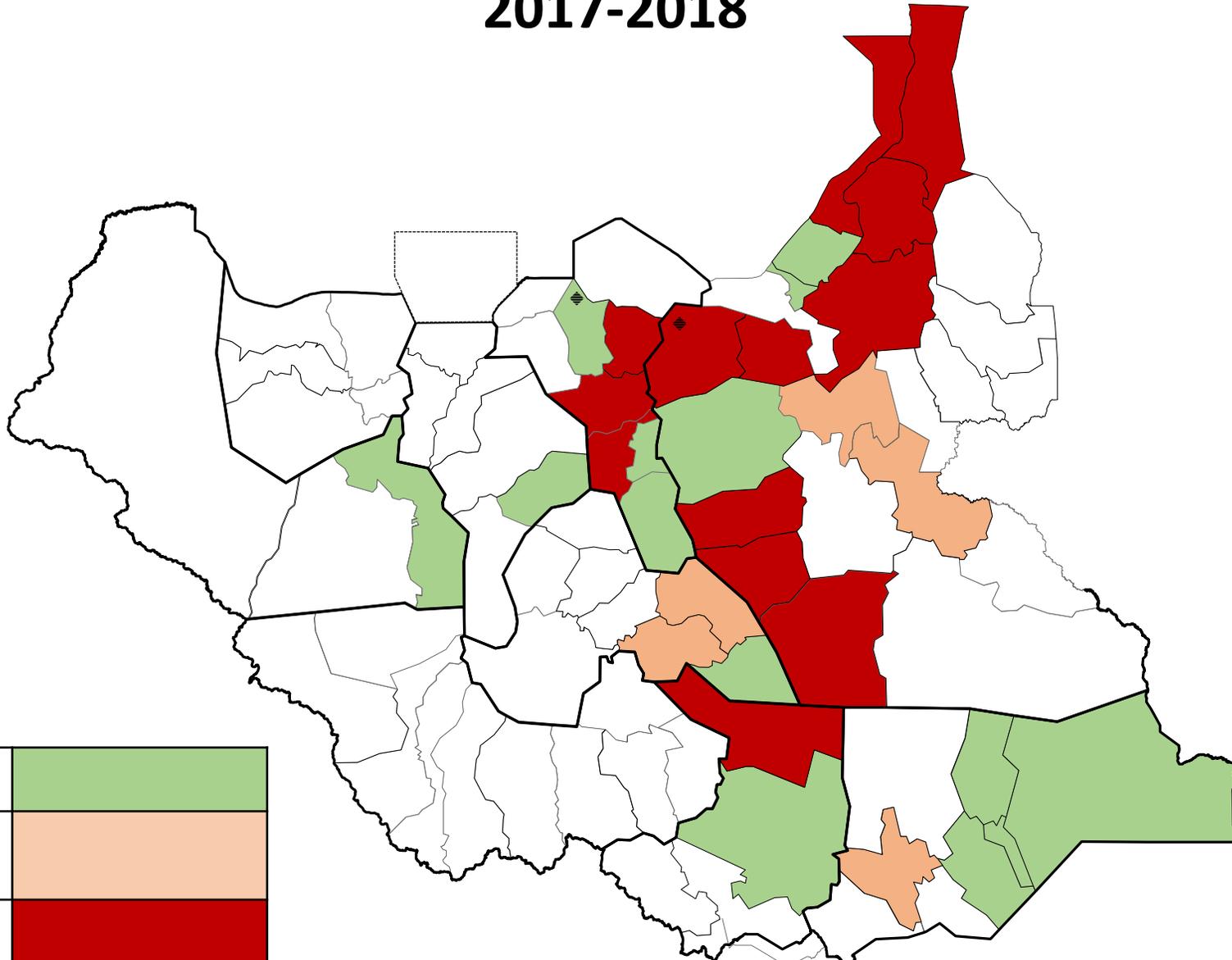
3. 562,745 doses received in 2018

Year	Euvichol®	Shanchol™	Total doses
2014		252,070	252,070
2015		417,060	417,060
2016		72,450	72,450
2017	737,870	1,371,430	2,109,300
2018	113,800	448,945	562,745
<b>Total doses</b>	<b>851,670</b>	<b>2,561,955</b>	<b>3,413,625</b>

# OCV DEPLOYMENTS 2012-2016

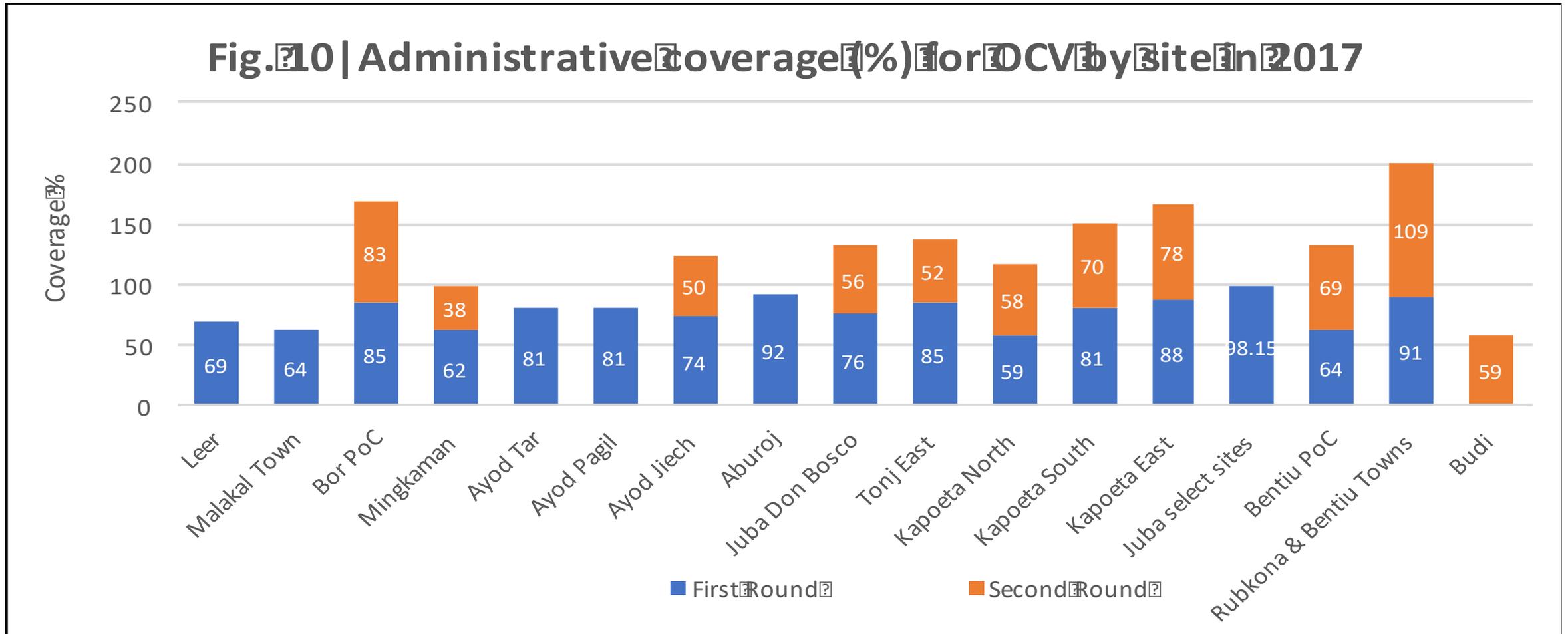
Year	Location	Reactive /Preventative	Doses Used
2012	Maban refugees and host communities	Preventative	258,832
2014	UN House PoC	Preventative	14,315
2014	Mingkaman Camp	Preventative	110,997
2014	Bentiu PoC	Preventative	66,529
2014	Malakal PoC	Preventative	31,396
2014	Bor PoC	Preventative	5,362
2015	UN House PoC	Preventative	50,670
2015	Bentiu PoC	Preventative	140,971
2015	Malakal PoC	Preventative	80,079
2016	Wau Shiluk	Preventative	14,964
2016	Melut	Preventative	16,970
2017	Leer County	Preventative (1-dose)	30,772
2015	Juba Town (mass campaign)	Reactive (1-dose)	142,638
2015	Juba Town (post mass campaign)	Reactive (1-dose)	22,128

# ORAL CHOLERA VACCINATIONS IN THE HOTSPOT AREAS IN SOUTH SUDAN 2017-2018



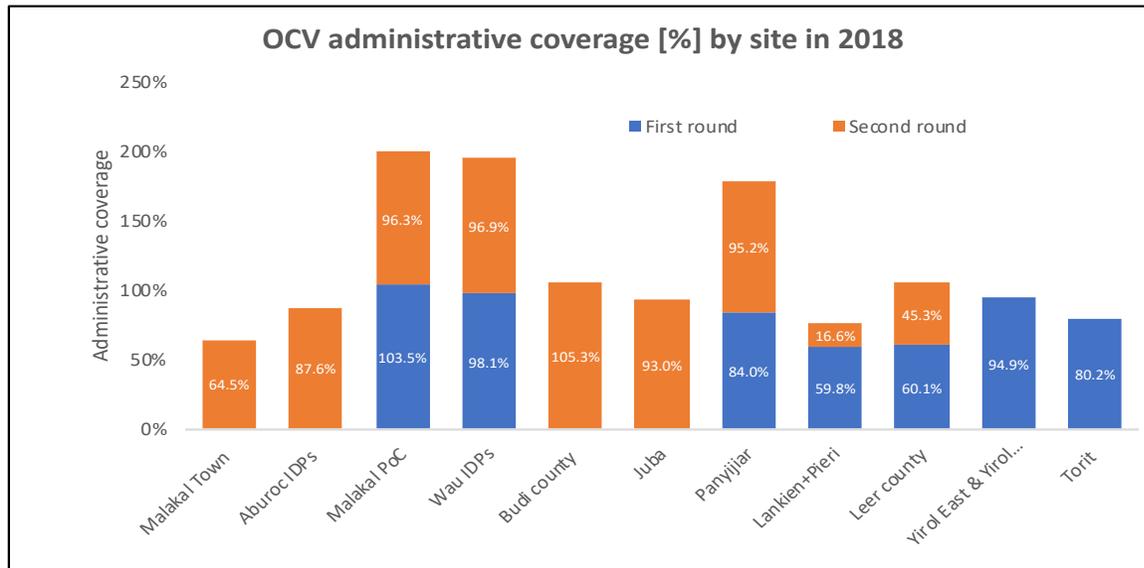
Two rounds	
First round (pending second)	
Hotspot – OCV pending	

# OCV COVERAGE BY SITE IN 2017



In 2017, a total of 879,239 doses were deployed during the first round and 254,340 doses utilized in second round campaigns in 16 cholera-affected and high-risk populations countrywide

## Oral cholera vaccine campaigns administrative coverage - 2018



2018 OCV campaigns		First round		Second round	
Site	Target	Coverage	Coverage	Coverage	Coverage %
1 Malakal Town	19,200			12,393	64.5%
2 Aburoc IDPs	9,683			8,484	87.6%
3 Malakal PoC	23,447	24,277	103.5%	22,588	96.3%
4 Wau IDPs	37,048	36,337	98.1%	35,887	96.9%
5 Budi county	89,377			94,128	105.3%
6 Juba	216,852			201,737	93.0%
7 Panyijiar	75,000	63,000	84.0%	71,378	95.2%
8 Lankien+Pieri	38,000	22,712	59.8%	6,294	16.6%
9 Leer county	48,125	28,930	60.1%	21,819	45.3%
10 Yirol East & Yirol West	165,081	156,682	94.9%		
11 Torit	158,297	126,895	80.2%		
<b>Total</b>	<b>544,998</b>	<b>458,833</b>	<b>84.2%</b>	<b>474,708</b>	<b>85.3%</b>

## The following OCV campaigns have been completed in 2018:

1. Malakal Town (2<sup>nd</sup> round)
2. Aburoc IDPs (2<sup>nd</sup> round)
3. Budi county (2<sup>nd</sup> round)
4. Malakal PoC (1<sup>st</sup> & 2<sup>nd</sup> round)
5. Wau PoC+IDPs (1<sup>st</sup> & 2<sup>nd</sup> round)
6. Juba (2<sup>nd</sup> round)
7. Panyijiar (1<sup>st</sup> & 2<sup>nd</sup> round)
8. Leer county (1<sup>st</sup> & 2<sup>nd</sup> round)
9. Lankien (1<sup>st</sup> round)
10. Pieri (1<sup>st</sup> & 2<sup>nd</sup> round)
11. Yirol East & Yirol West (1<sup>st</sup> round)
12. Torit county (1<sup>st</sup> round)

# OCV IMPLEMENTATION IN SOUTH SUDAN

## Strengths

Coordination through the cholera taskforce, OCV TWG, & health cluster

Partners with capacity for OCV campaigns

Uptake good with optimal social mobilization – no bad rumors about vaccine

Donor support for the OCV procurement & deployment – HPF, RRF, GAVI

## Challenges

Population estimates

Access constraints – security, rainy season

Weak cold chain infrastructure

Delayed & sub-optimal social mobilization

Delays – partner identification, vaccines for second round

Backhauling of balances after campaigns

Inadequate integration of WASH in the campaigns

# NEXT STEPS – 2019

Site	Implementing partner	Target population	OCV doses needed	OCV doses with operational commitment
Terekeka		150,000	291,900	291,900
Kajo keji		110,000	214,060	214,060
Torit	SCI	180,169	175,304	175,304
Fangak	TOCAA	120,000	233,520	233,520
Pigi	TOCAA	110,000	214,060	214,060
Nimule Town		96,100	187,011	187,011
Bor South		164,900	320,895	320,895
Yei	IRC	110,000	214,060	214,060
Mayendit		80,000	155,680	155,680
Twic East		110,000	214,060	214,060
Renk		140,000	272,440	272,440
Duk		98,500	191,681	191,681
Lankien	MSF	58,500	56,921	56,921
Yirol	Livewell, IOM	170,189	165,594	165,594
Total doses needed with operational commitment				2,907,186
Buffer stockpile for emergency use				0
Overall OCV request				2,907,186

- Follow up with the GTFCC on 2019 OCV request
- Identify operational partners to support implementation of campaigns for proposed sites
- Develop microplans for identified sites
- Assess the need to apply for donor funding to support deployments
- Review, update, validate, & launch the National Cholera Control Plan

# AKNOWLEDGEMENTS

Ministry of Health

GTFCC

UNOCHA – South Sudan

WHO

UNICEF

Health Cluster partners

Health Pool Fund

USAID/IOM Rapid Response Fund

GAVI

Thank you