



GLOBAL TASK FORCE ON
CHOLERA CONTROL

OVERVIEW OF OCV USE IN THE LAST
YEAR AND PERSPECTIVES GOING
FORWARD

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USES OF THE OCV STOCKPILE

Emergency Use – Single requests to respond to a specific urgent

Outbreak response

- To prevent further spread / reduce extent of outbreaks
- We can stop the spread but we have to act on time

Humanitarian Crises

- In settings where the risk of cholera is estimated high, to prevent the risk of occurrence of an outbreak or, at least, reduce its impact
- Cholera is not there yet, but it might be there soon unless we anticipate it!

Non-Emergency Use – large scale requests integrated in the country

Cholera hotspots

- Certain areas of the world (“cholera hotspots”) see cholera epidemics on a regular basis
- In these areas we know with relative confidence where cholera is going to strike
- We can anticipate it with OCV, used in complement with all other control interventions as part of a Multisectoral Control Plan

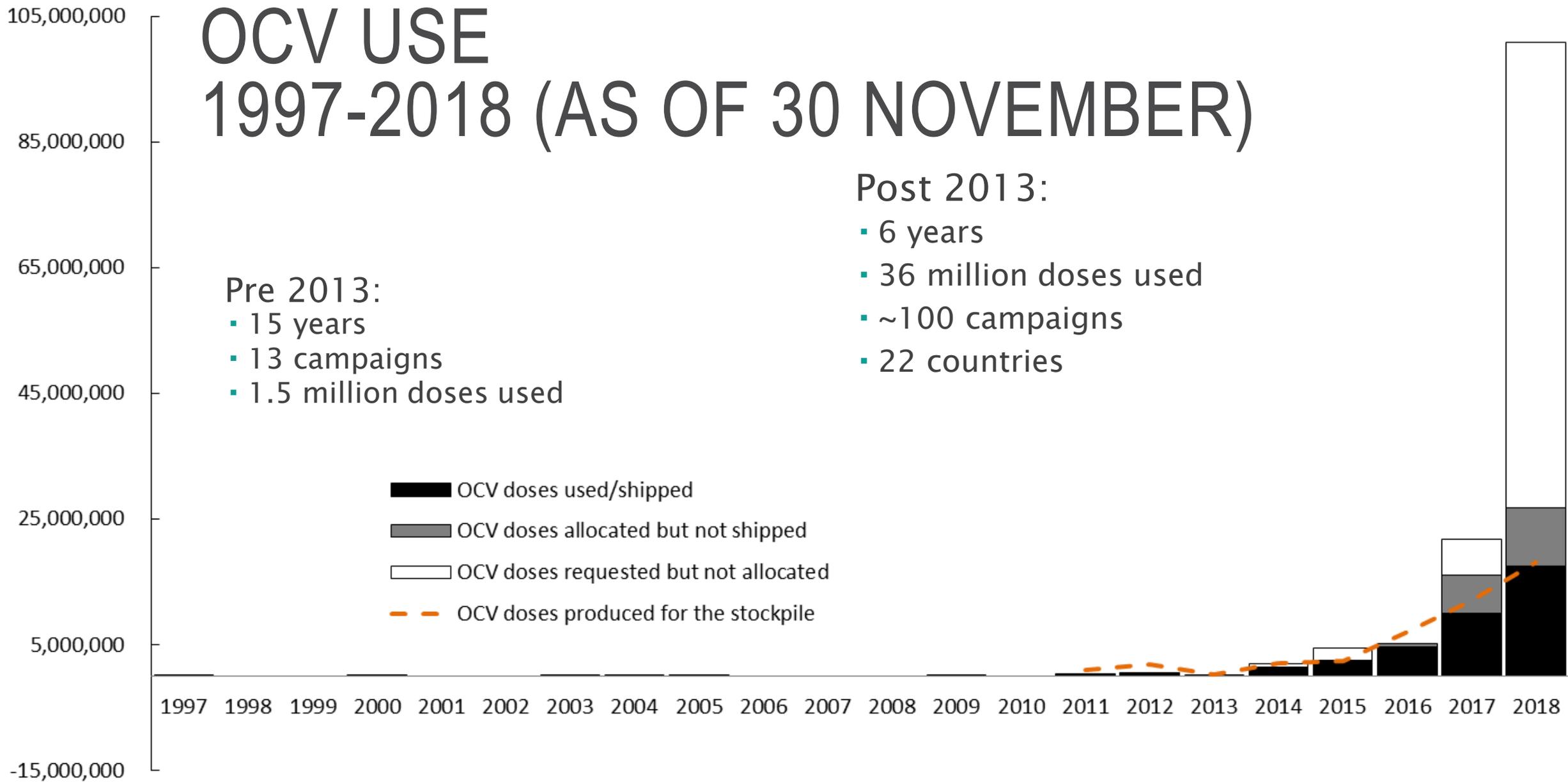
OCV USE 1997-2018 (AS OF 30 NOVEMBER)

Pre 2013:

- 15 years
- 13 campaigns
- 1.5 million doses used

Post 2013:

- 6 years
- 36 million doses used
- ~100 campaigns
- 22 countries



DETAILED BREAKDOWN OF DOSES REQUESTED, APPROVED, SHIPPED 2013-2018 (AS OF 30 NOVEMBER)

Also this year we are essentially doubling the amount shipped

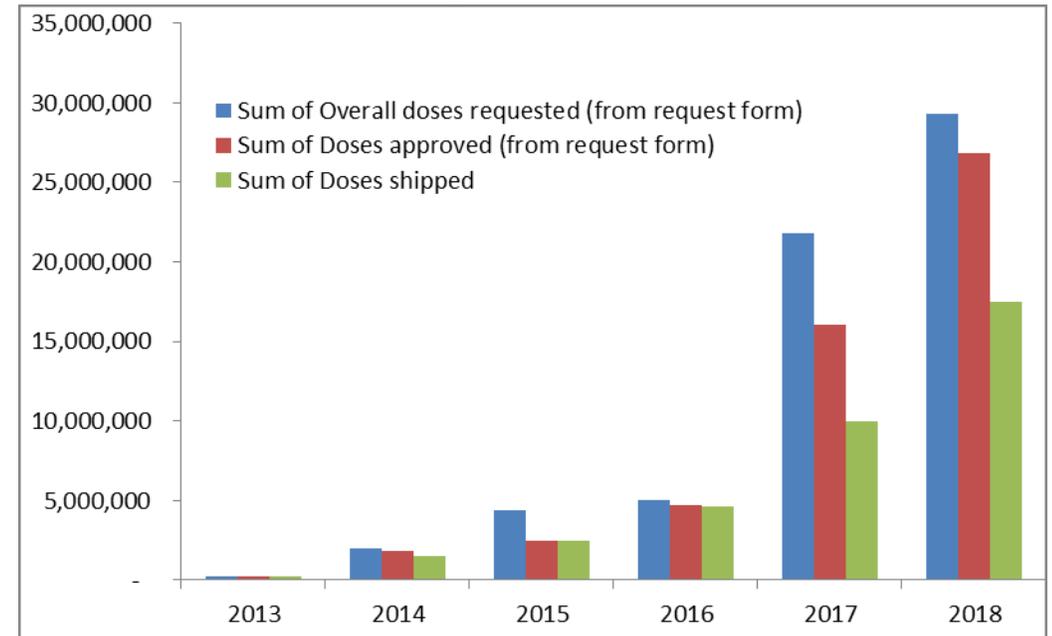
Already 17.5 million shipped in 2018 and one month left to go

Big spike in requests this year with multiyear requests from

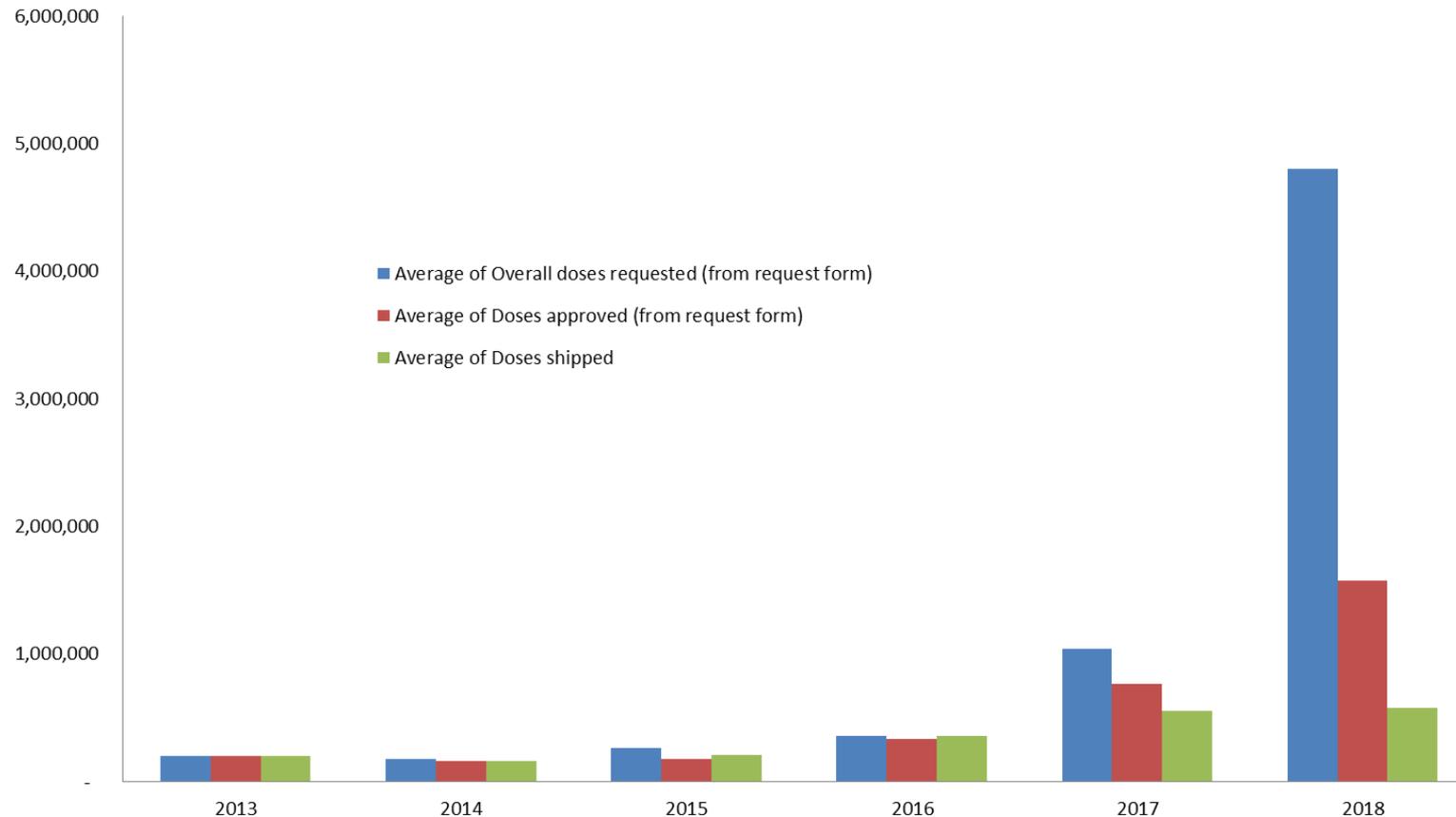
- DRC (12 million doses)
- Nigeria (56 million doses)
- Both but currently still being reviewed by GTFCC (partially approved)

Still more doses approved than shipped

- (supply is still constrained)



AVERAGE SIZE OF REQUESTS, APPROVALS, AND SHIPMENTS



The average size of requests is increasing

- In 2018 the average number of doses requested per request was 4.8 million

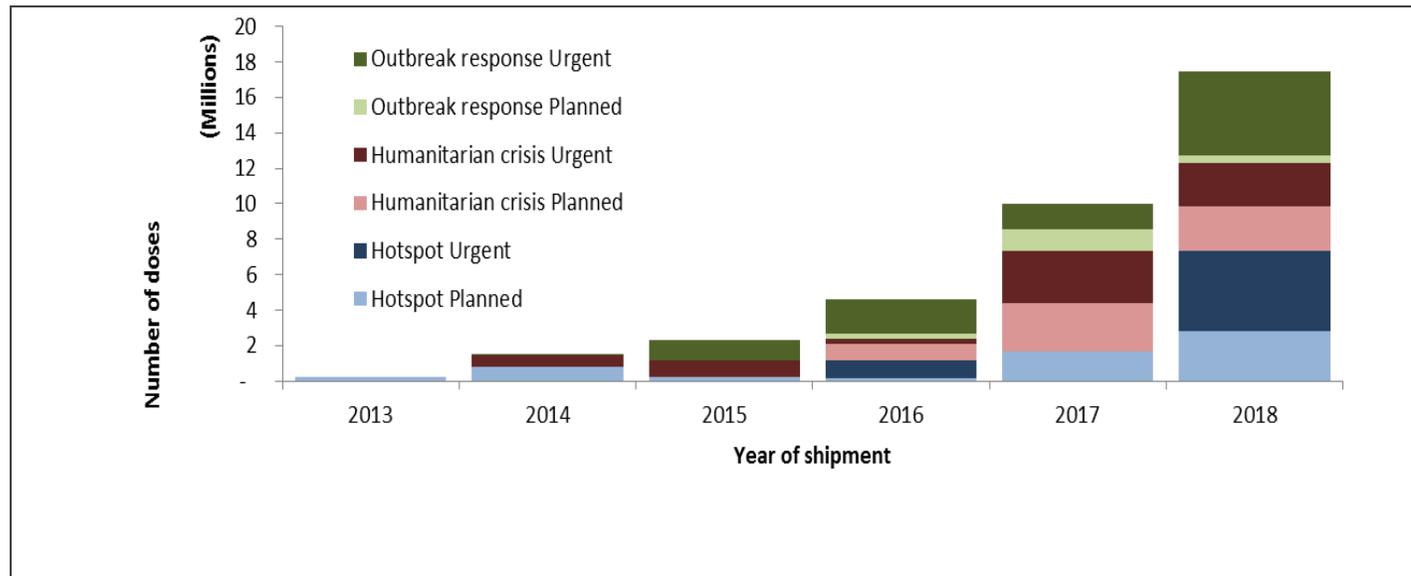
Consistently, also the amount that is approved is increasing

- In 2018 the average was 1.6 million approved per request

However, the average amount of doses shipped per request has remained unchanged

- 2017: 554,422
- 2018: 581,586

USE BY SETTING



In 2018, most of the use was for cholera hotspots, followed by humanitarian crisis, and outbreak response

However, most of the “hotspot use” was urgent rather than planned

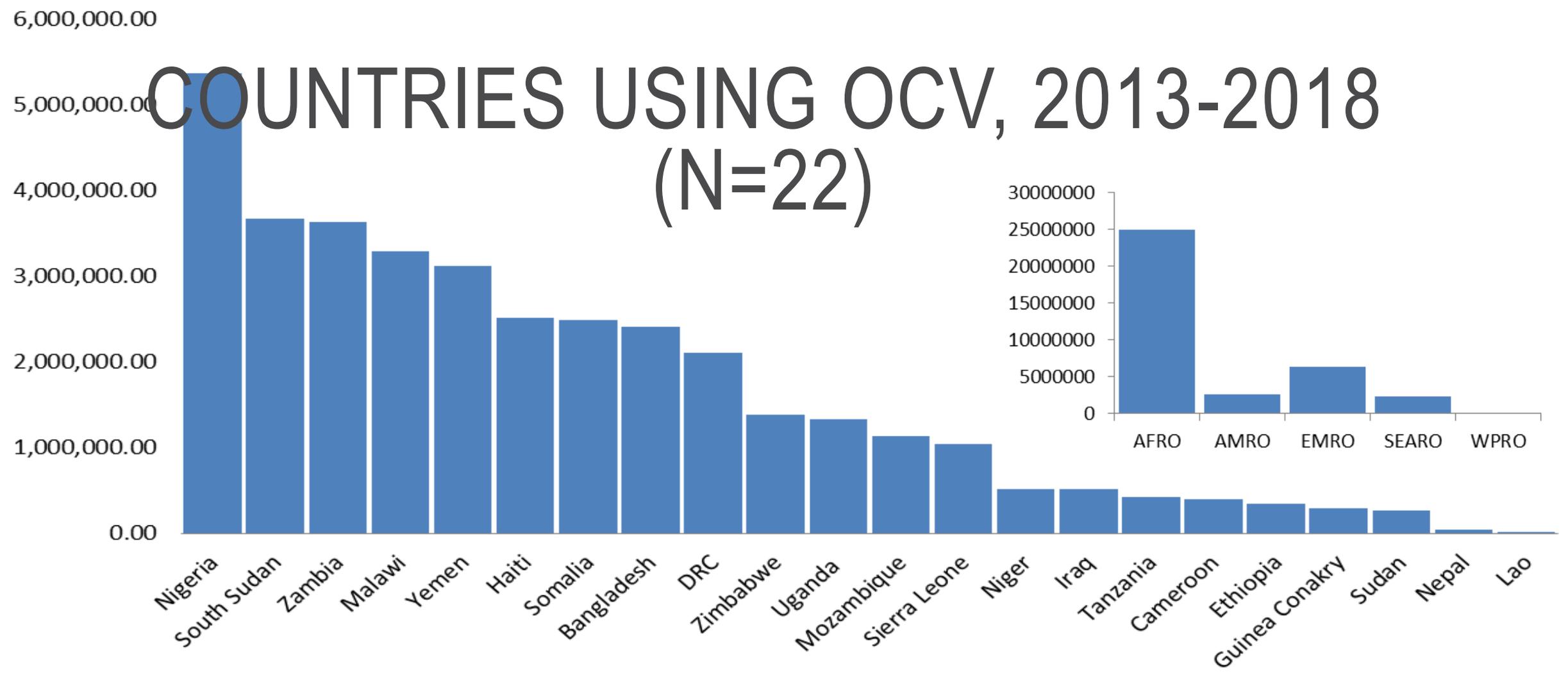
So emergency use is still the most dominant use of the stockpile

In fact, the only two countries receiving vaccines in 2018 for planned vaccination in “hotspots”) were:

Malawi: 652,000 doses

Uganda: 614,034 doses

COUNTRIES USING OCV, 2013-2018 (N=22)



In 2018, 11 countries used OCV

- 4 were “new countries”: Lao, Uganda, Yemen, Zimbabwe

OVERVIEW OF OCV USE SINCE THE LAST GTFCC OCV WG MEETING (OCTOBER 2017 – NOVEMBER 2018)

Countries

- 14: Bangladesh, Chad, DRC, Haiti, Lao, Niger, Nigeria, Somalia, South Sudan, Sudan, Uganda, Yemen, Zambia & Zimbabwe

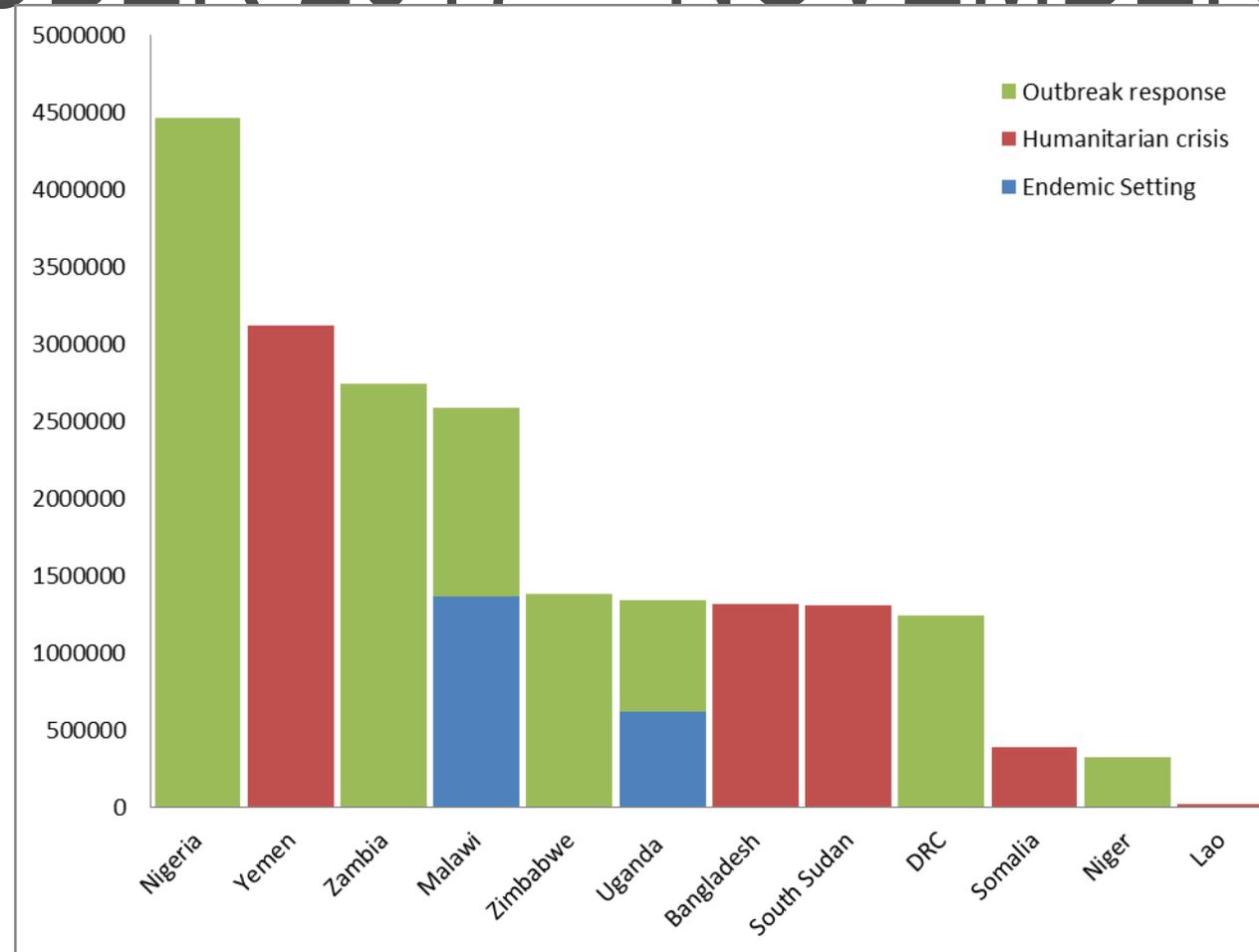
Requests

- 26 submitted
 - 11 GTFCC
 - 15 ICG
- 18 were approved

Shipments

- 34 shipments
- 20,179,220 doses shipped

OVERVIEW OF COUNTRY EXPERIENCES (OCTOBER 2017 – NOVEMBER 2018)



YEMEN

Approved ICG request cancelled by country in July 2017

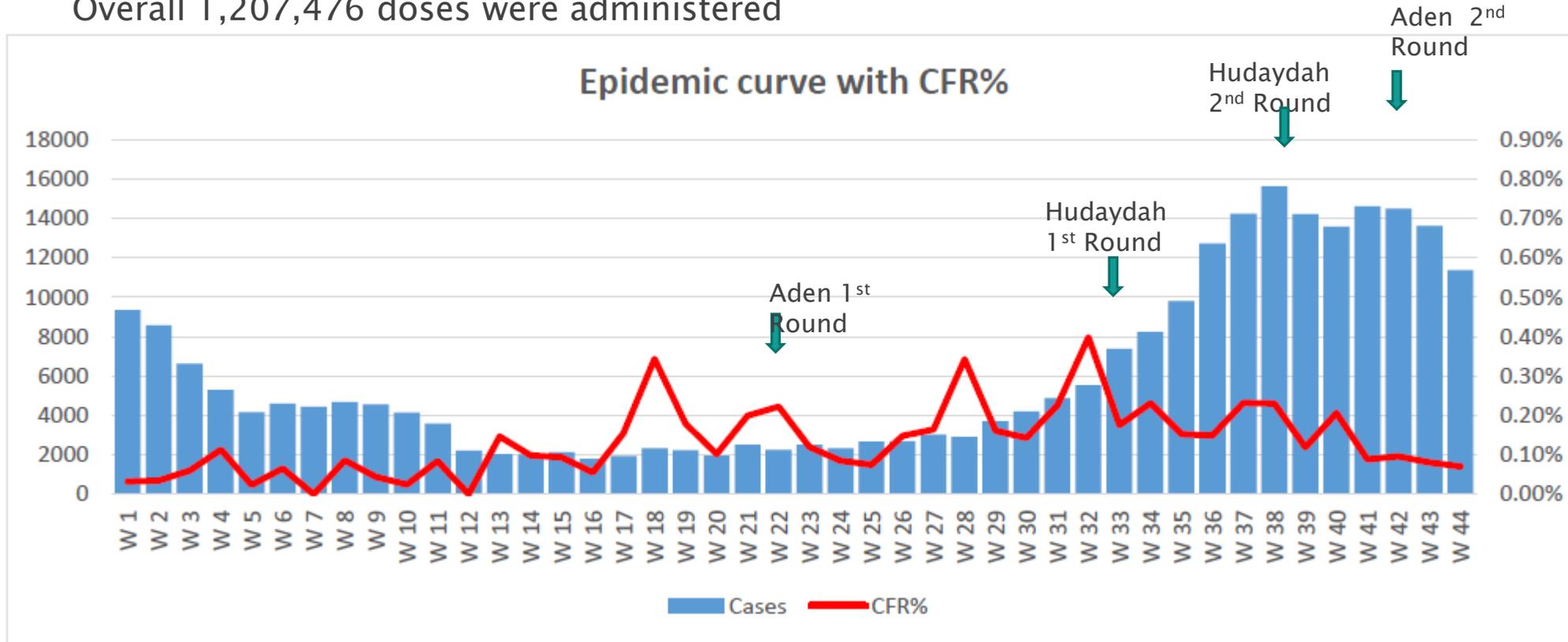
14-Feb-18: Submits multisite OCV request (GTFCC)

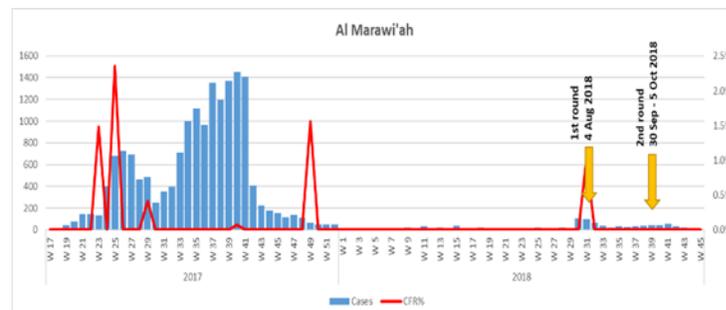
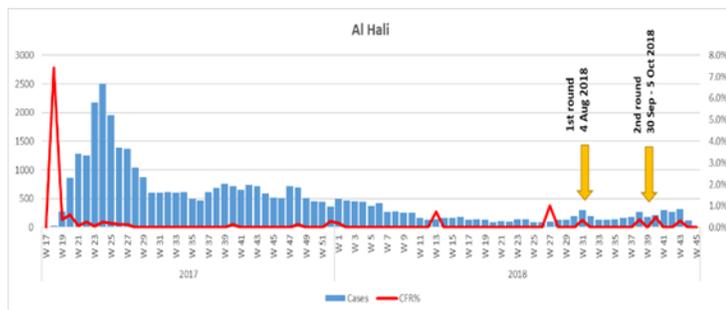
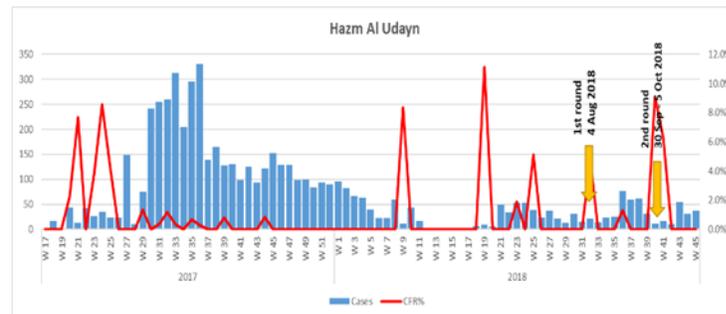
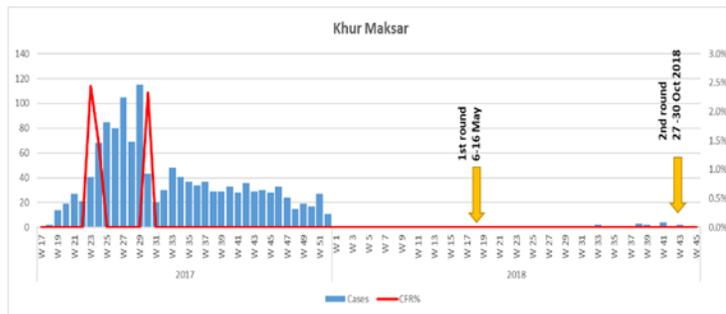
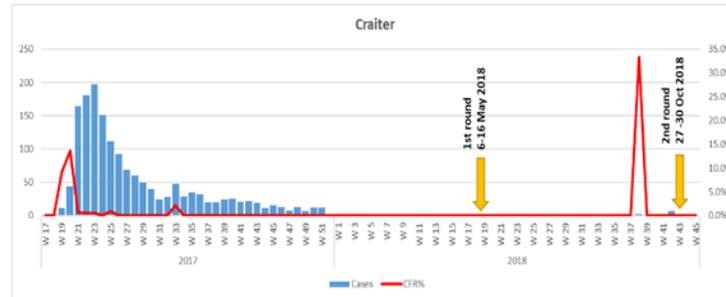
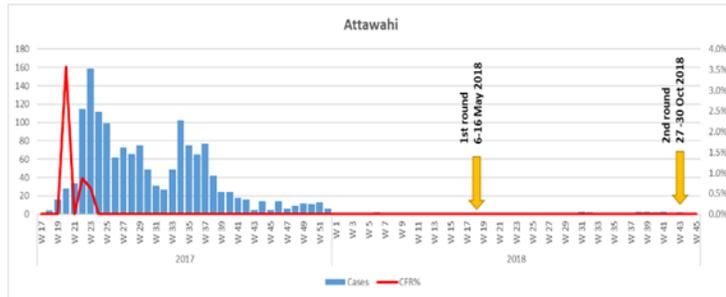
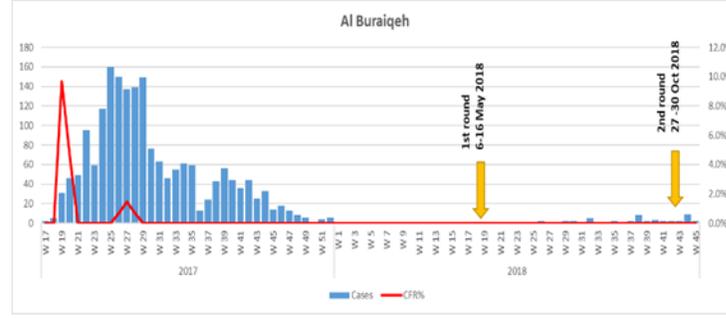
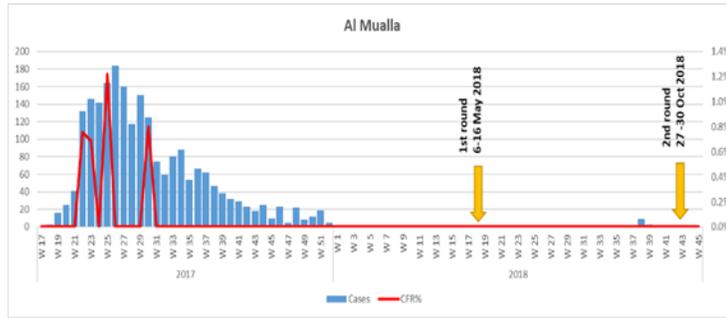
2,290,918 people; 4,581,836 doses

3.1 million doses shipped

Campaigns were slightly adjusted due to the evolving situation

Overall 1,207,476 doses were administered





SOMALIA

November 2017: Save the Children facilitated a GTFCC request for 386,640 doses to target 193,320 people in Hudur and Afmadow

October 2018: requested from GTFCC a total of 1.333.592 doses to vaccinate 666.797 people in 6 Hotspots:

- To date the country has not specified when the vaccination will start (no doses have been shipped yet)

NIGERIA

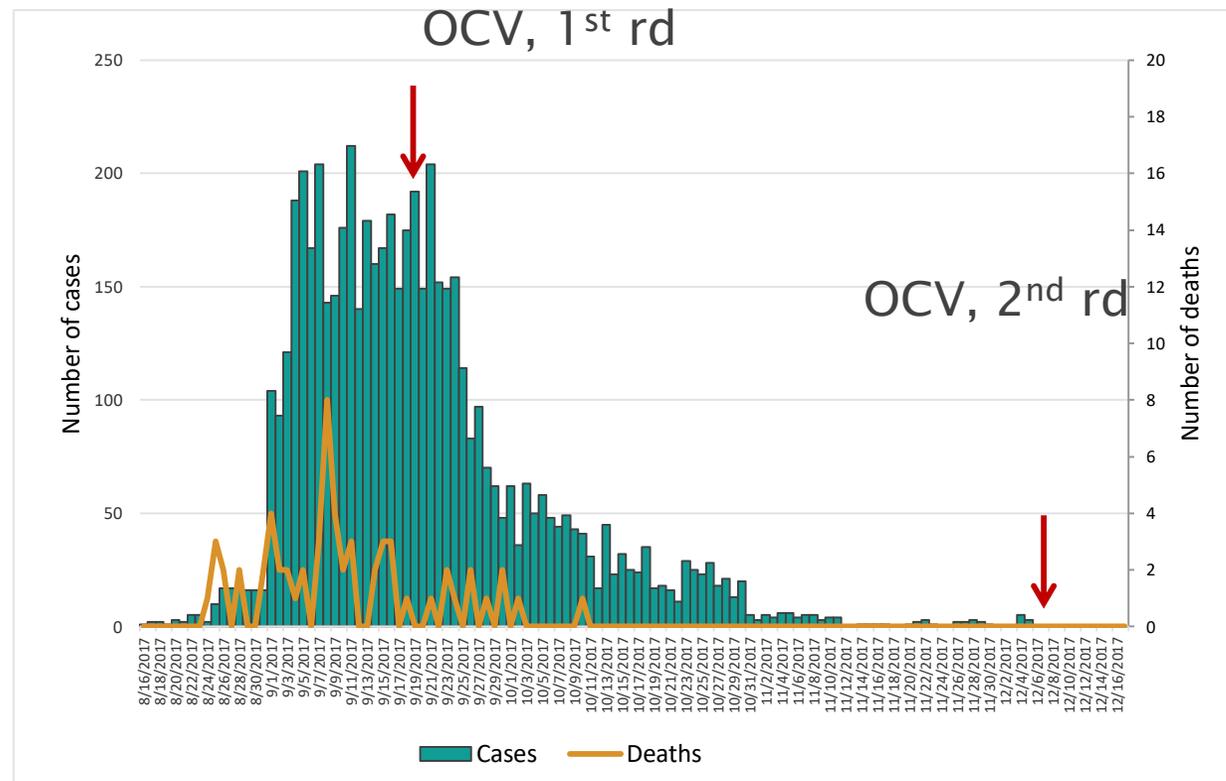
Country with several hotspots across many states

Biggest user of OCV so far (and in 2018)

6 ICG requests since October 2017 (5 Accepted – 1 Rejected)

- Borno State: Maiduguri (September 2017)
- Borno State: Bama, Kala Balge, Gwoza, Mobbar and Ngala (October 2018) – Rejected
- Bauchi State: Bauchi LGA (February 2018)
- Yobe State: Bade LGA (May 2018)
- Adamawa State: Mubi South and Mubi North (June 2018)

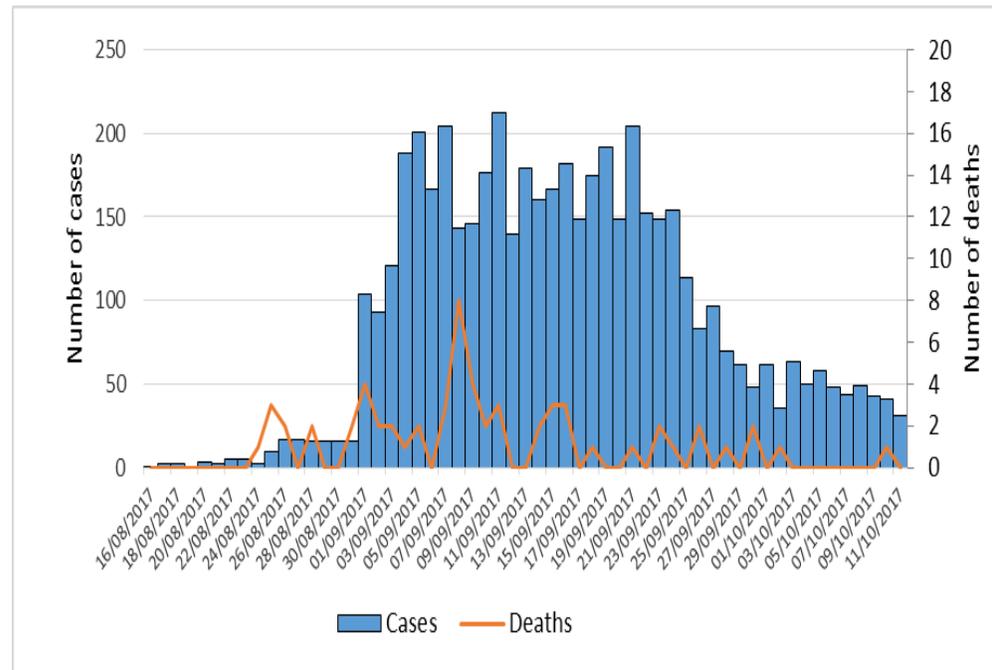
BORNO STATE: MAIDUGURI



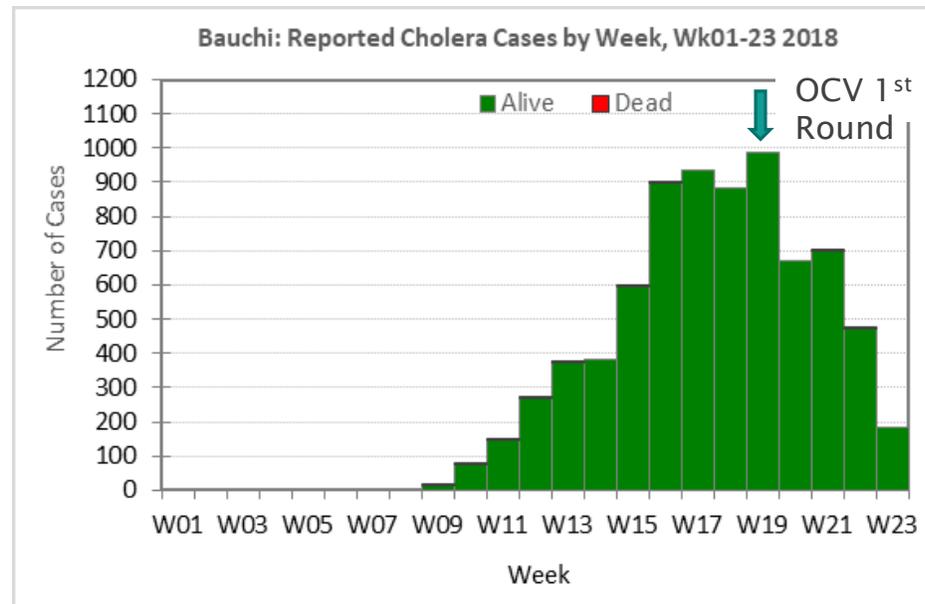
BORNO STATE: BAMA, KALA BALGE, GWOZA, MOBBAR AND NGALA

Request receipt date: 21-Oct-17

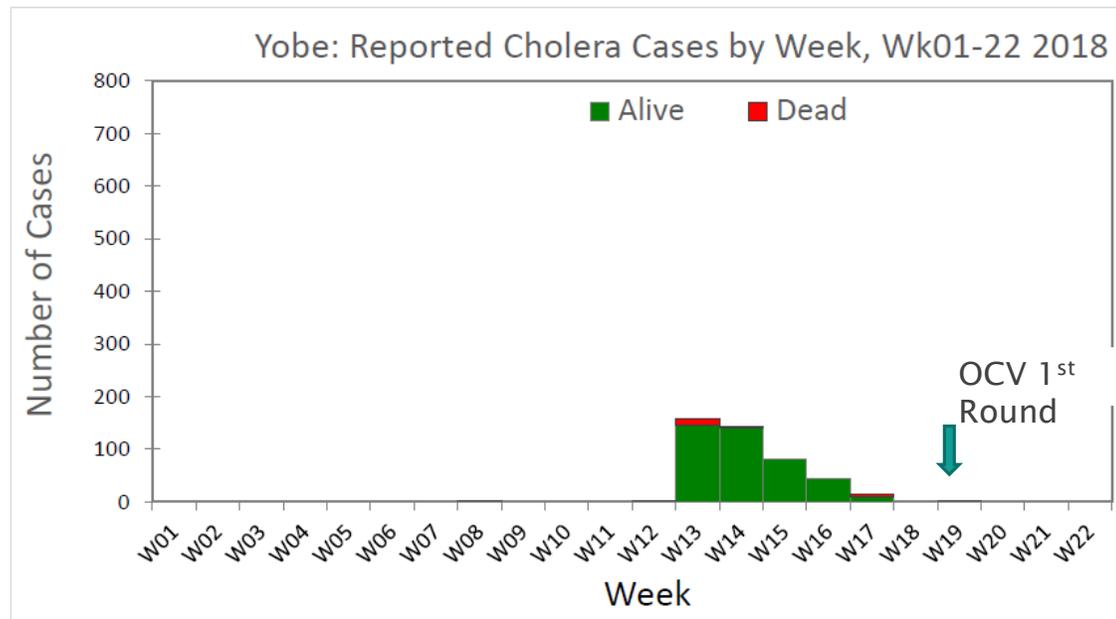
Not approved by the ICG on the grounds that the outbreak had already peaked



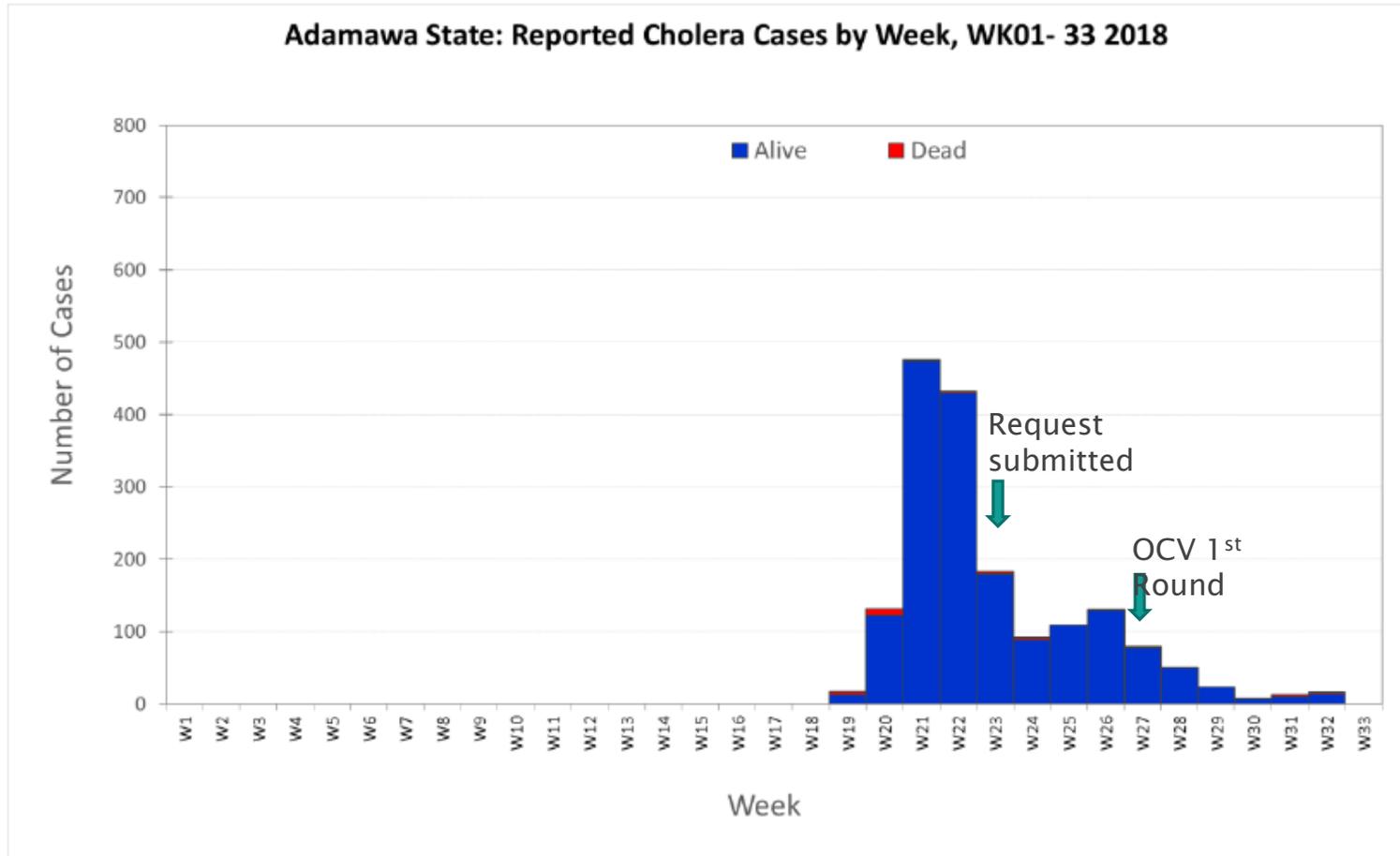
BAUCHI STATE



YOBE STATE: BADE LGA



ADAMAWA STATE: MUBI SOUTH AND MUBI NORTH



GTFCC REQUEST – NOVEMBER 2018

Urgent component:

- 10 LGAs in 6 states (Adamawa, Borno, Katsina, Kebbi, Yobe, Zamfara) with a first dose of OCV (2 rounds, doses needed: 5,369,736 doses)
- The OCV WG was asked to expedite the decision to consider the immediate release of 2,684,868 doses for the first round
- **APPROVED by OCV WG**
- Because of supply constraints we could only ship 50% of the doses for 1st round:
 - 5 LGAs in 3 states (Borno: Jere LGA, Ngala LGA, Maiduguri LGA; Yobe: Gulani LGA; Zamfara: Gumi LGA)
 - 1,367,390 doses

Hotspot component (less urgent):

- 95 LGAs in 15 States
- 25,239,943 people, 50,479,886 doses needed
- Plans up to 2022 as soon as the component is completed
- **STILL UNDER REVISION**

ZAMBIA

Submitted GTFCC request for hotspots 1 December 2017

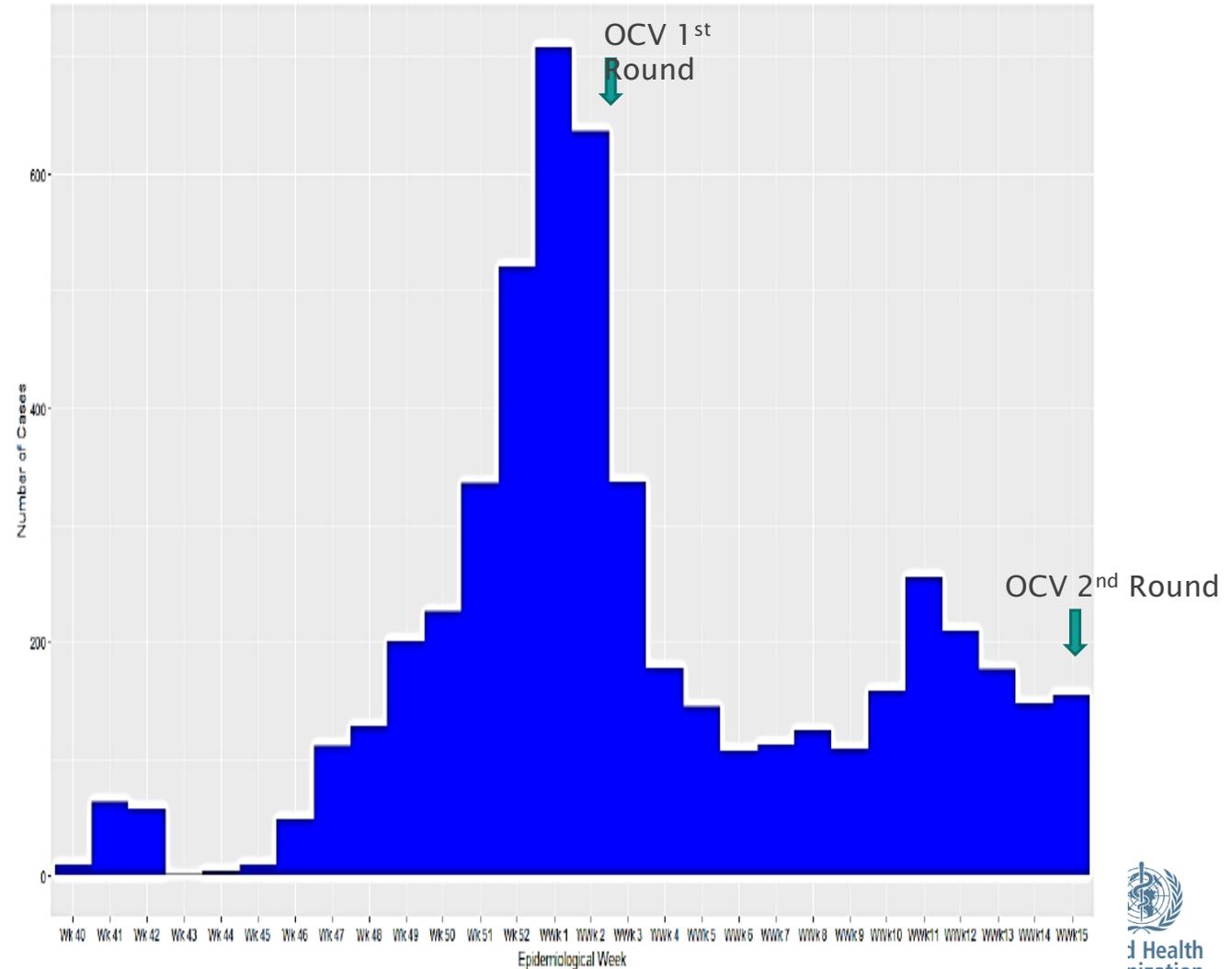
Anticipated location(s) selected for vaccination: 10 districts

Total target population of the location: 2,042,801

Total number of doses required to vaccinate the target location(s): 4,085,603

Started in Lusaka for outbreak response
▪ January–April 2018

Other 9 districts to be vaccinated in phased approach from now until end of 2019



ZIMBABWE

05-Sep-18: outbreak declared in Harare

17-Sep-18: decision to immediately ship 500,000 doses (before formal ICG request)

25-Sep-18: arrival in country

25-Sep-18: ICG request for a total of 1,381,769 doses (1st round)

3-Oct-18: vaccination starts

08-Oct-18: arrival in country of 881,679 doses

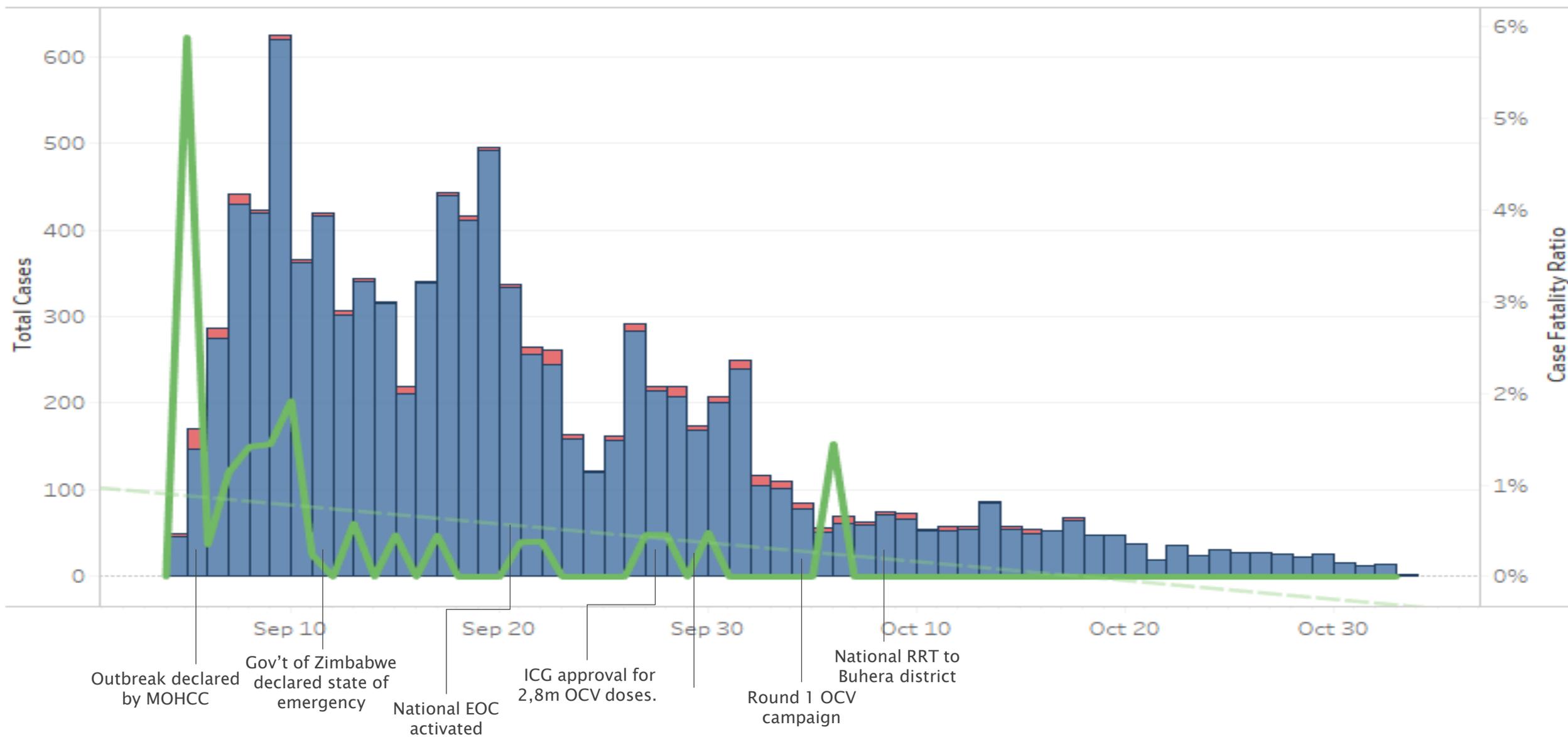
1st round:

- 1,297,890 doses administered, 94% coverage

2nd Round:

- Expected in February

Number of cholera cases and case fatality ratio by date of onset, and key response activities, Zimbabwe, 4 September – 02 November 2018



UGANDA

14-Feb-18: GTFCC Request to vaccinate 1,723,583 people with 3,447,166 doses in cholera hotspots in 11 districts (Nebbi, Pakwach, Buliisa, Hoima, Kasese, Zombo, Moyo, Namayingo, Ntoroko, Busia and Arua)

15-Feb-18: Outbreak is declared in Hoima

28-Mar-18: 360,650 doses delivered for use in Hoima (1st round)

02-May-18: 1st round starts in Hoima

- 357,176 doses administered, 97% coverage

29-May-18: 360,650 doses delivered for use in Hoima (2nd round)

26-Jun-18: 2nd round in Hoima

- 332,893 doses administered, 90% coverage

02-Jul-18: country requests of 1st dose for 4 Districts (Nebbi, Pakwach, Buliisa, Zombo)

9-Aug-18: 614,934 doses delivered

Despite the official launch of the campaign in September 2018, implementation is still pending because those are areas interested by ebola preparedness activities

MALAWI

March 2017: Nationwide GTFCC Request (12 districts)

Total population: 1,916,034 (1,616,099 unvaccinated and 1 year and above)

Total number of doses: 3,232,198

2,579,402 doses used so far

Remaining: Nsanje, Phalombe, Blantyre, Machinga, Zomba

SOUTH SUDAN

The country has been in protracted crisis since 2013

Cholera outbreaks reported regularly

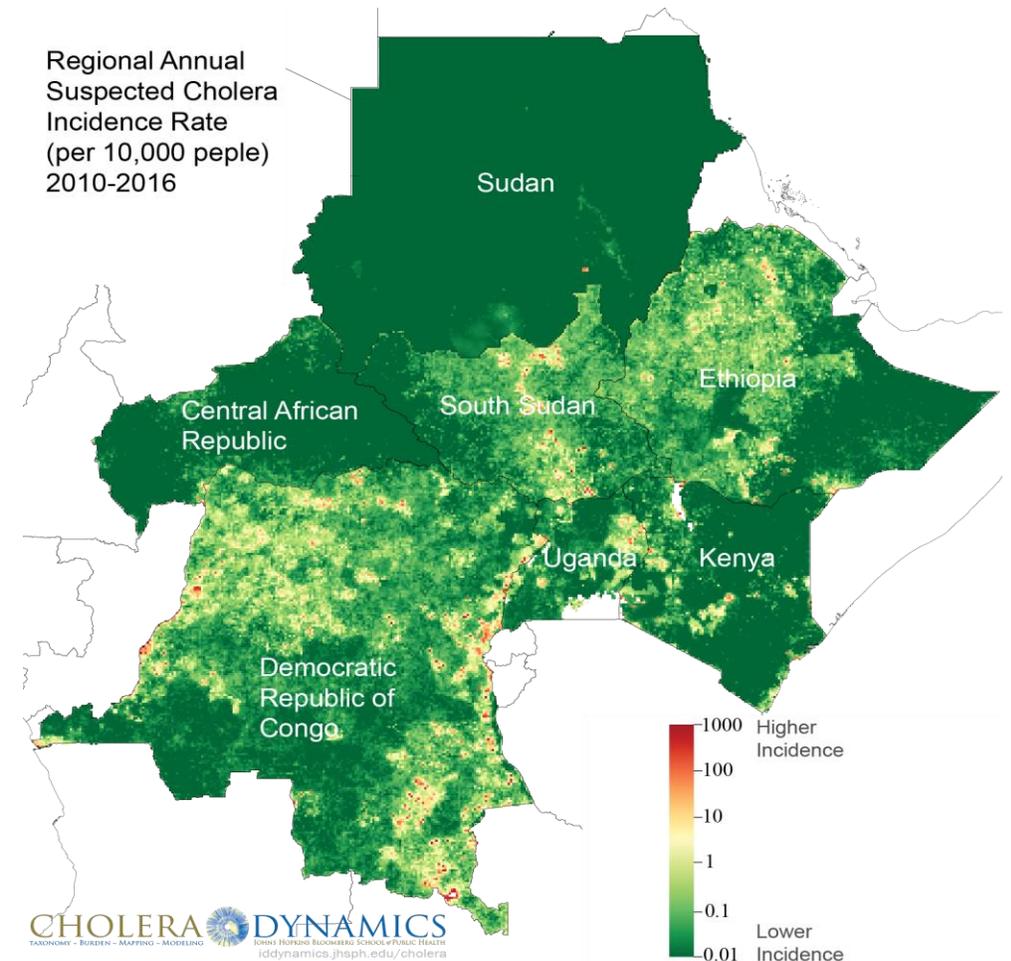
It's the first country in terms of OCV use

Submitted 12 emergency requests since 2014 for 1.5 million doses

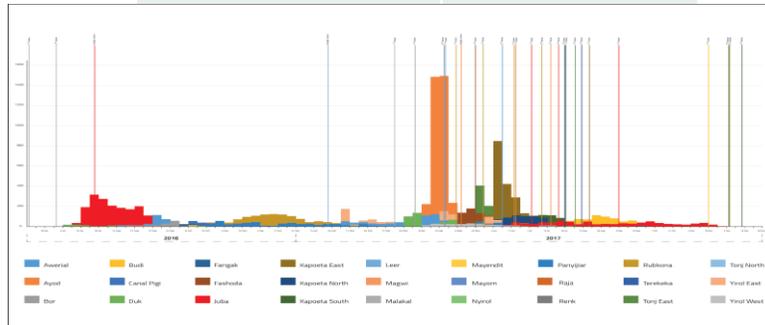
Changed approach in 2017, submitting a comprehensive hotspot vaccination request for multiple sites in March (2.1 million doses)

Conducted a planned phased approach

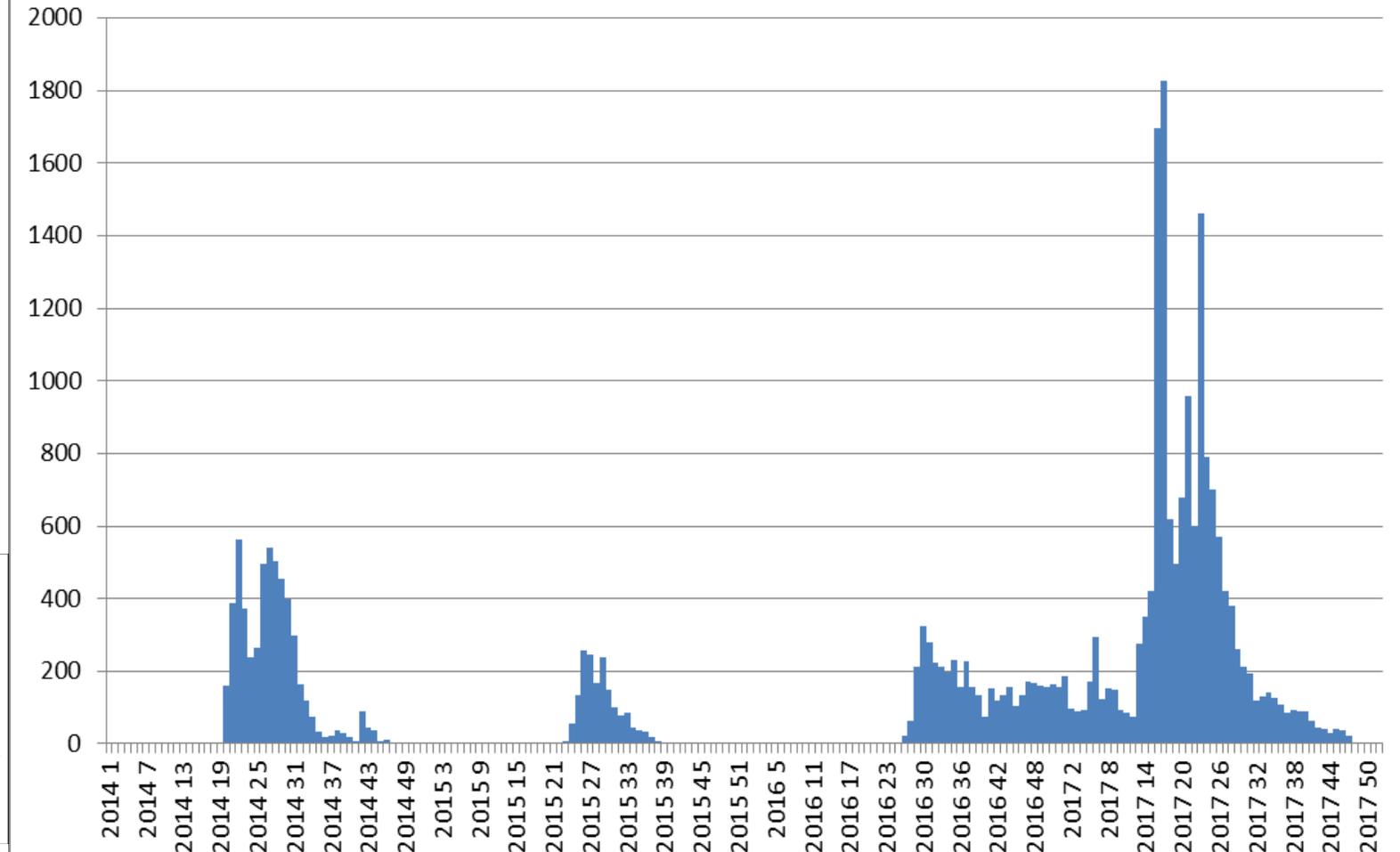
Declared the outbreak over in February



Request	Doses shipped
2014 ICG #01	188,020
2014 Loan #4	64,050
2014 Loan #5	50,050
2015 ICG #03	146,720
2015 ICG #05	67,130
2015 ICG #09	270,340
2015 ICG #10	66,780
2016 ICG #5	72,450
2017 GTFCC #4	2,100,134
2017 ICG #1	69,125
2017 ICG #2	474,985
2018 ICG #8	96,260



Suspected Cholera Cases, South Sudan, 2014-2017



DRC

Several experiences with Emergency use since 2013 (870,000 doses so far):

GTFCC Request (2018–2020)

Urgent component:

- The request includes a first urgent phase targeting 1,235,972 people aged 1 year or above in Kasai, Kasai Oriental and Sankuru – requiring a total of 2,471,944 doses.
- The OCV WG was asked to expedite the decision to consider the immediate release of OCV to cover the first dose of the urgent campaign
- **APPROVED by OCV WG**
- 1,235,972 doses were delivered on 28 November 18
- Campaign to start on 8 December 2018

Hotspot component (less urgent):

- 25 Zones de Santé
- 4,962,952 people with 9,925,905 doses
- Starting from February 2018, until April 2020
- **STILL UNDER REVISION**

NIGER

28–Aug–18

- Requested from the ICG 1,099,652 doses of OCV to conduct an emergency vaccination campaign in Madarounfa (Maradi Region).
- The target population was 549,826 (>1 year-old).
- Not approved by the ICG on the grounds that the proposed campaign arrived too late during the epidemic to make an impact.
- It was recommended to include the cholera vaccine in long-term cholera control plan that also includes water and sanitation activities.

28–Sep–18

- The country submitted another ICG request for 2,293,776 doses to target 1,146,888 individuals ICG request for outbreak response in Aguié (Maradi region), Bouza (Tahoua region) and Gaya (Dosso region).
- Eventually only Aguié was approved by ICG (158,665 people)
- 317,380 doses were delivered on 11–Oct–17
- **Is starting now**

BANGLADESH

25–Aug–17: Humanitarian emergency occurs (influx of Rohingya people from Myanmar)

2.2 Million doses used so far in three campaigns (October 2017, May 2018, November 2018)

No cholera outbreak declared so far in the camps

LAO

14–Aug–18: ICG request for 19,638 doses of OCV to conduct an emergency vaccination campaign following floods (23–Jul–18) targeting 12,300 (5,000 doses were donated by KOICA) by people in 6 locations in Sanamxai district (Attapeu province).

NOTABLE ABSENCES

Sudan

- 13-Jun-18 Sudan MOH Sudan is requesting from the GTFCC 7,371,983 doses (including 10% wastage) over a period of 2 years (2018-2019) to target 3,350,901 in 17 localities from 9 states.
- Before approving the request the GTFCC OCV WG made some comments and recommendations for improvement to the country on 04-Jul-18
- As of today no satisfactory reply was received to the issues raised by the WG, most notably to provide further details on cholera epidemiology (instead of acute watery diarrhoea) since this will be a condition for ensuring that the cholera vaccine has any impact

Haiti

- On 25-Jun-18 Haiti MoH submitted a GTFCC request for 3,600,312 doses of OCV to target 1,800,000 people in 13 communes in 3 Departments: Centre (Boucan Carre, Cerca La Source, Hinche, Laschobas, Maissade, Thomonde), Artibonite (Gonaives, Gros Morne, Petite Riviere de l'Artibonite, Saint Marc, Saint Michel de l'Attalaye, Verrettes) & Ouest (Cabaret).
- Before approving the request the OCV WG made some comments and recommendations for improvement to the country on 27-Jul-18
- Revised request submitted yesterday

DISCUSSION

Also in 2018 as in previous years the stockpile continues the virtuous cycle of increased supply, increased demand, increased use, increased supply...

Countries are confident in requesting OCV

Challenges:

- Still more demand than supply (debit of ~ 10 million doses to “approved countries”)
- Timing is a limiting factor for reactive use (Often vaccination campaigns come too late in the outbreak progression)
- Multi-strategic approach

▪ Integration with WaSH

▪ Reinforced surveillance to guide interventions and measure impact

WAY FORWARD

OCV has been “the key to the door” for cholera control

Now the door is open in most of the cholera affected countries

OCV may be a victim of it’s own success if the focus remains on vaccination exclusively

Unless we plan mid- to long-term WaSH interventions cholera is going to reappear as soon as immunity wanes

Cholera Elimination is achieved with multisectoral plans, in line with the Roadmap to 2030

How to move from “OCV requests” to ones for “cholera elimination”?

How can we ensure that countries access the vaccine they need but also use it strategically as part of their plans?

Ensuring adequate OCV supply will be capital, but it is not enough

Need to redefine the mechanisms and processes for assessing requests and supporting countries in long term implementation and monitoring and evaluation

THE TIME IS NOW



ENDING CHOLERA
A GLOBAL ROADMAP TO 2030

**THANK YOU
VERY MUCH!**