

OCV Mass Vaccination Campaign in Zimbabwe October - November 2018

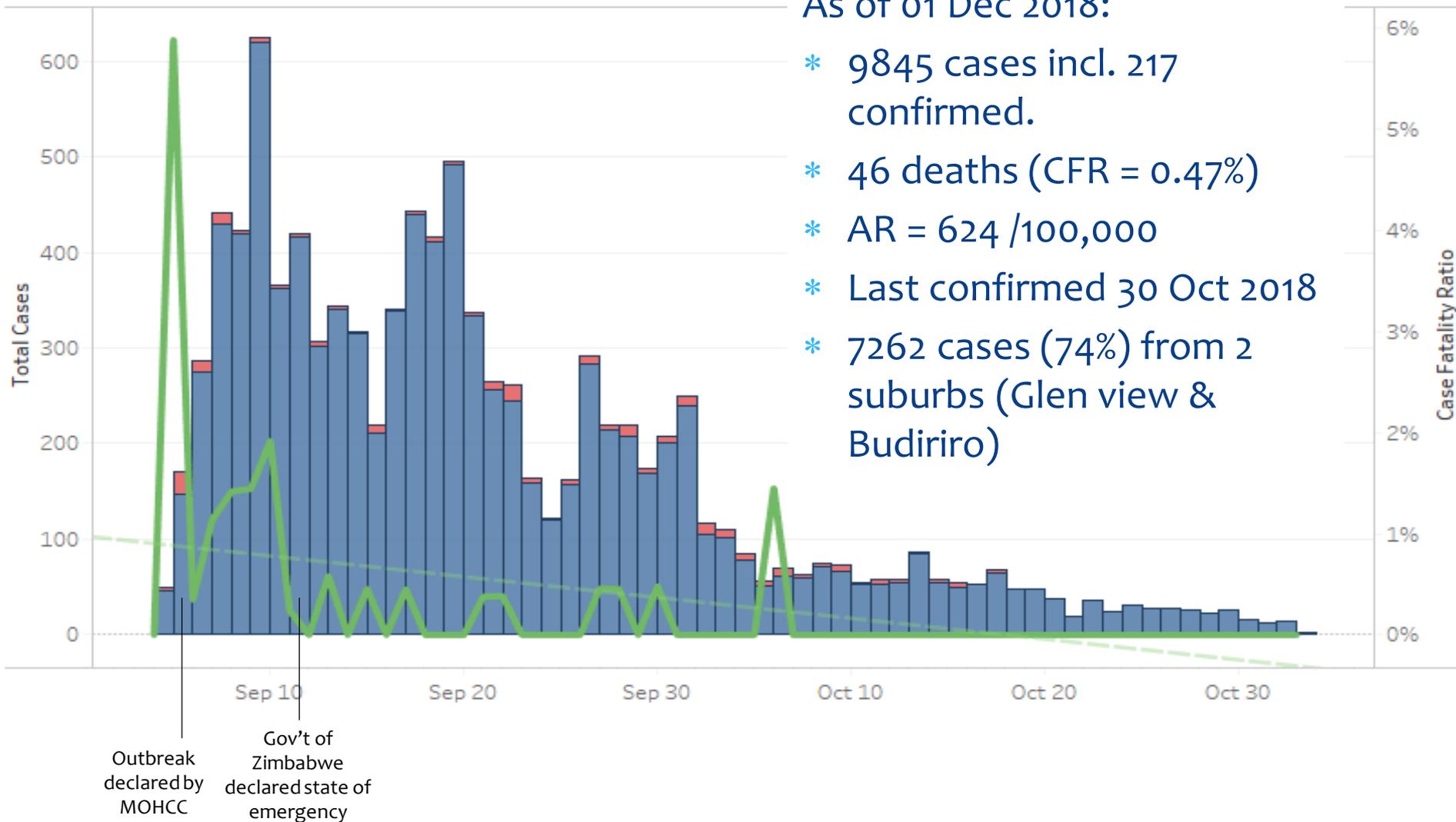
Marc Poncin, WHO consultant
05 December 2018

CHOLERA EPICURVE AND CFR

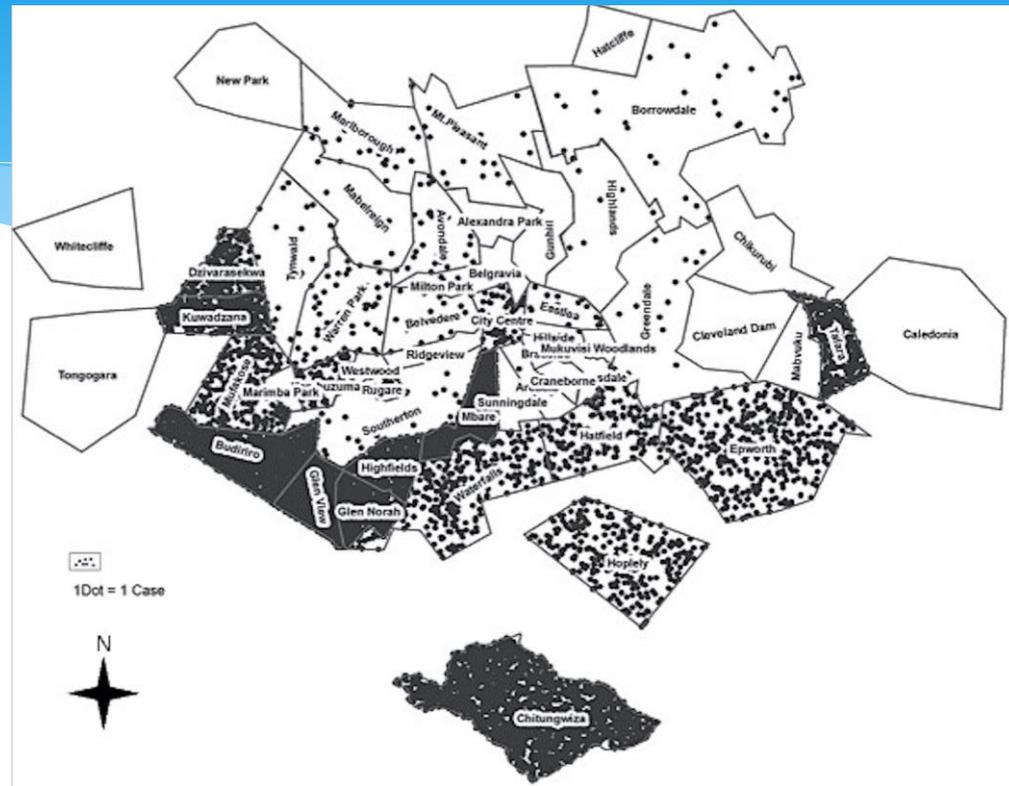
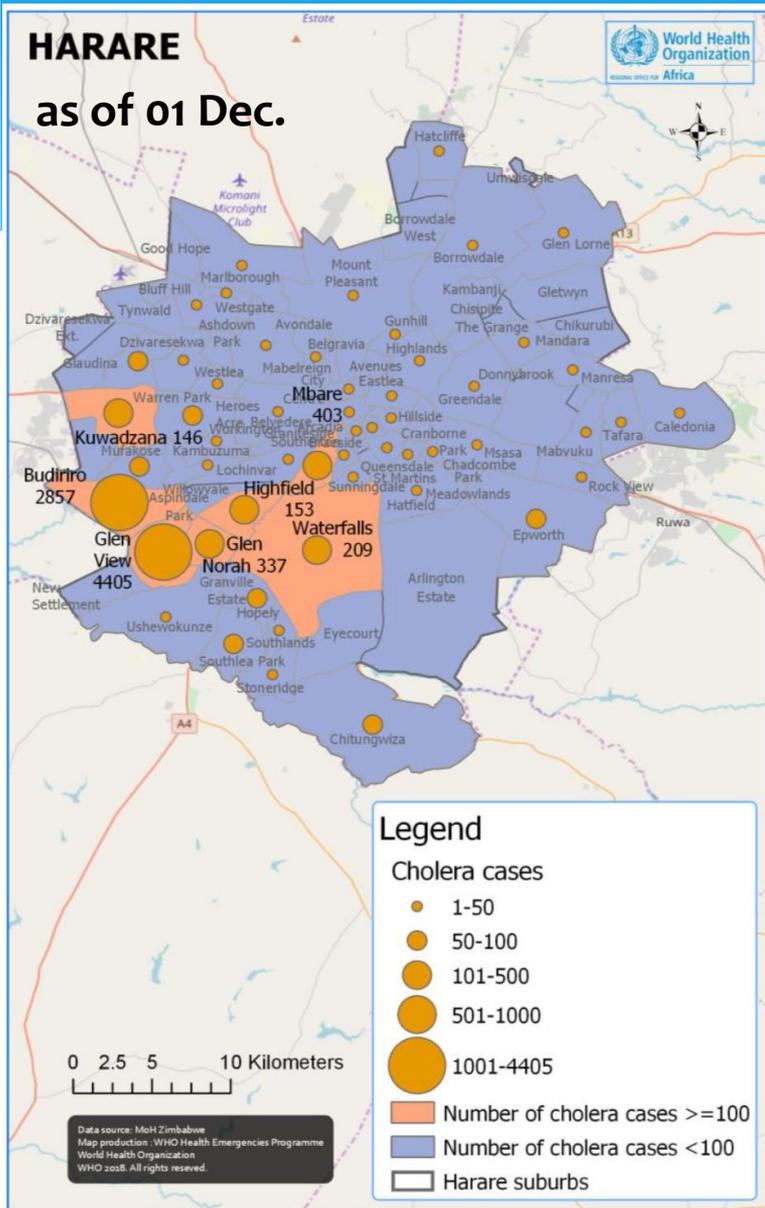
(Up to 12 NOVEMBER 2018)

As of 01 Dec 2018:

- * 9845 cases incl. 217 confirmed.
- * 46 deaths (CFR = 0.47%)
- * AR = 624 /100,000
- * Last confirmed 30 Oct 2018
- * 7262 cases (74%) from 2 suburbs (Glen view & Budiriro)



Harare : 2018 vs 2008-2009



2008-2009

Number of cases: 19,582

Number of deaths: 655

2018 (as of 01 Dec.)

Number of cases: 9,188

Number of deaths: 46

OCV CAMPAIGN OBJECTIVES

- * To reduce cholera transmission & mortality in high risk areas
- * To prevent a second wave of cholera during the rainy season
- * To protect people living in high-density suburbs of Harare against cholera for 3-5 years while giving time to implement sustainable solution to the deteriorated water and sanitation situation

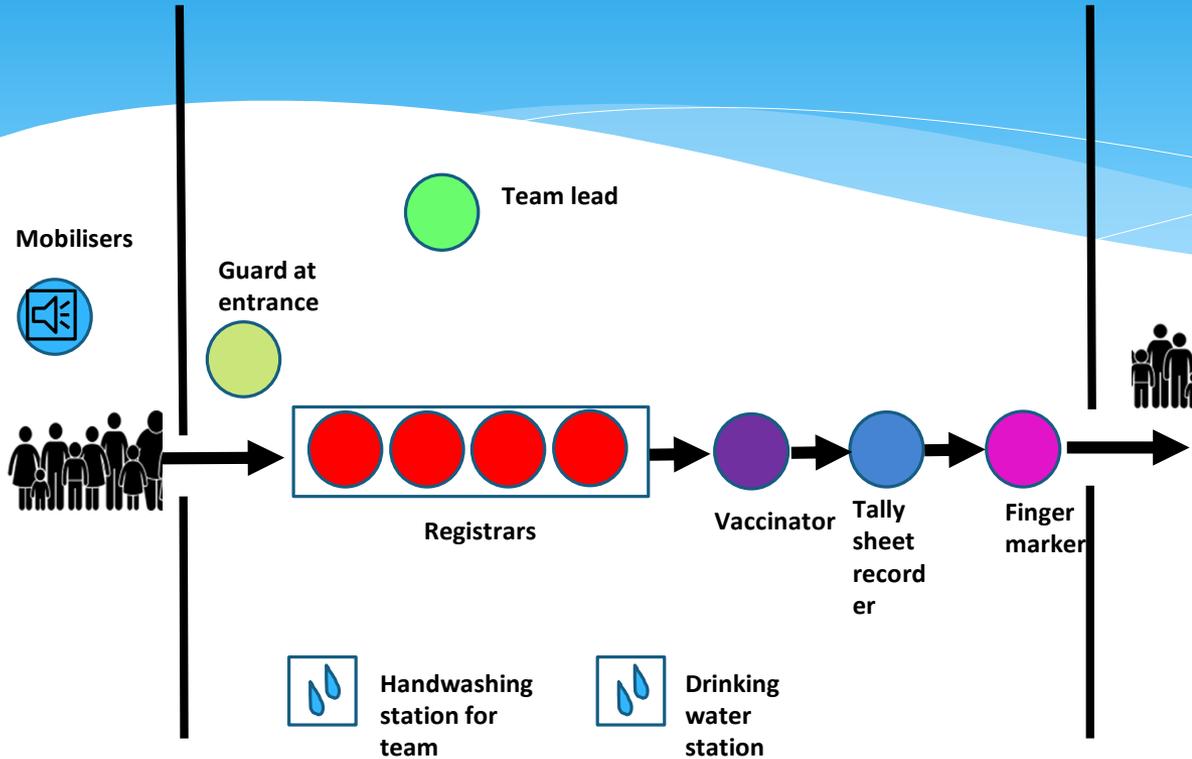
Leadership and implementation

- * Coordination: Epidemiology and Disease Control directorate (MOHCC) with WHO guidance
- * Implementation : department of Health of the City/district (Harare, Chitungwiza, Epworth) with support from the national EPI programme
- * WHO direct implementation with MSF, CDC, UNICEF support

Harare Vaccination Strategy

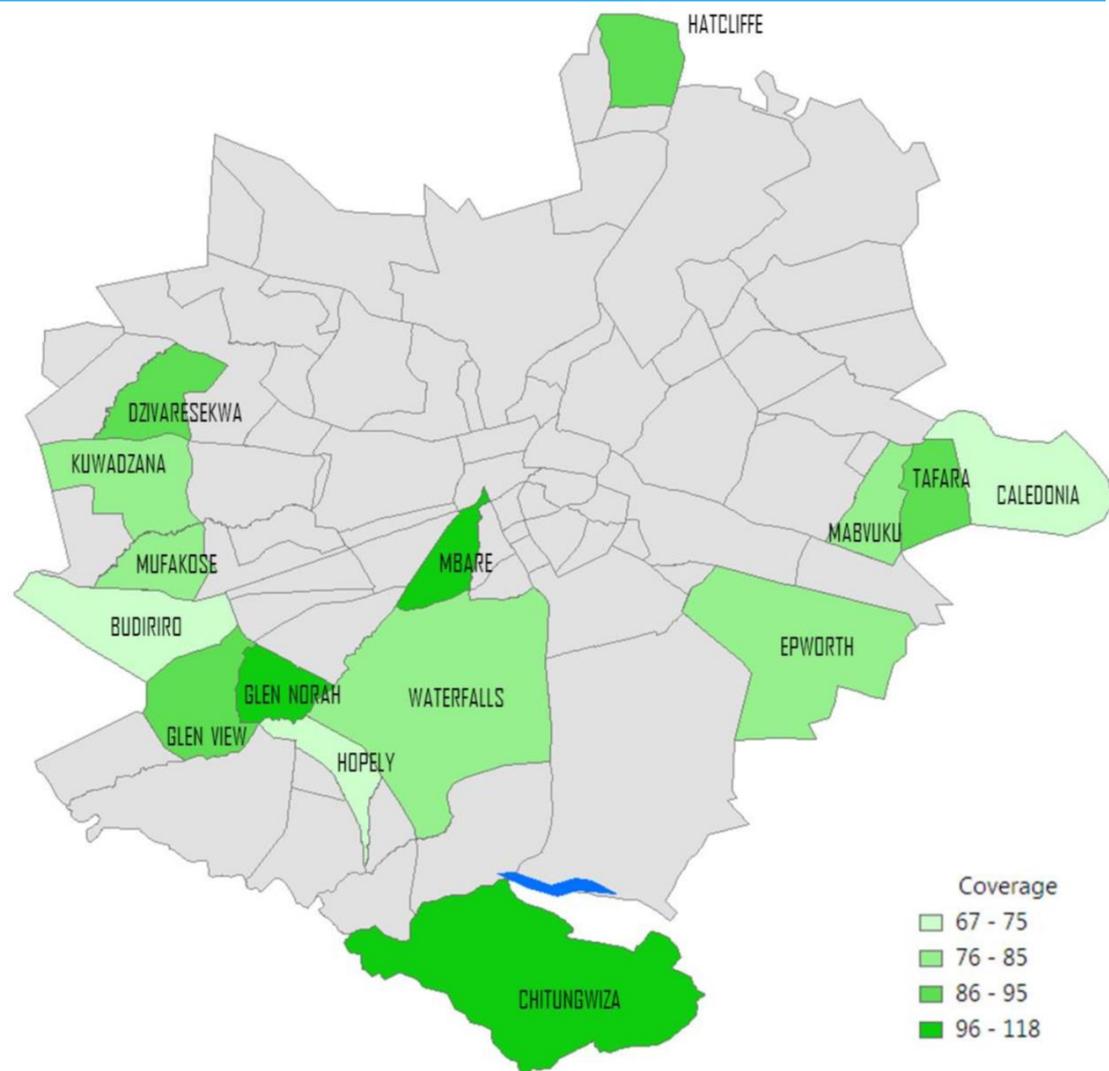
- * School vaccination
- * Static sites in open and central spots easy: Health facilities, trading centres
- * Mobile vaccination : door-to-door, market vendors, churches, Streets, ...
- * 7 to 9 days including week-ends
- * Community mobilisation:
 - * 5 days before in the targeted suburbs
 - * mass media messaging
 - * Targeted approach (communities)
- * Harare prisons added later
- * Front line workers (health & sanitation)
- * Ministerial Cabinet and Parliament

Vaccination flow (11 team members)

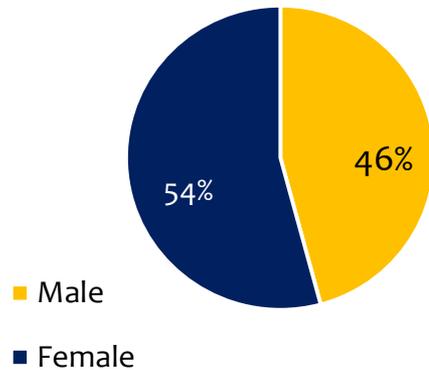


OCV targeted areas

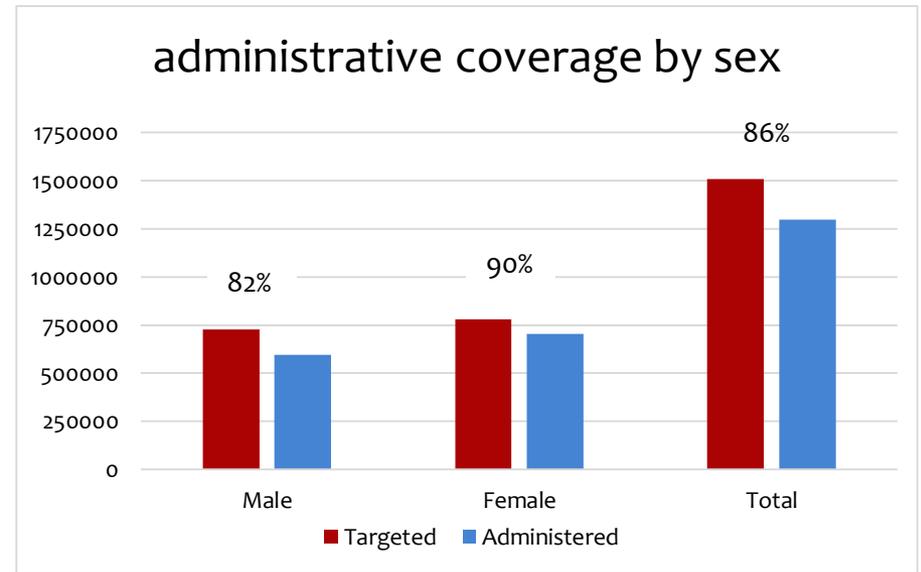
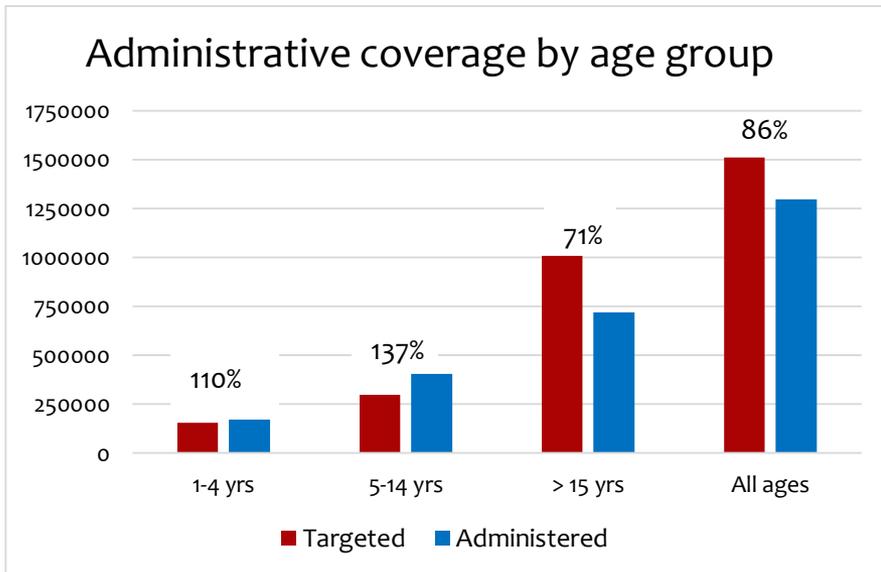
- Targeting 1,5 million people at risk of cholera in 13 suburbs of Harare, 3 suburbs in Chitungwiza and Epworth area in Seke district
- Approx. 1,298,000 doses administered from 03 to 31 Oct. 2018
- Dose 2 within 6 months
- 12 minor AEFI reported
- **High overall coverage : 86% Range (68-118%)**
- Wasted doses = 1057 (<0,1%)



Overall administrative coverage (1,298,000 doses administered)

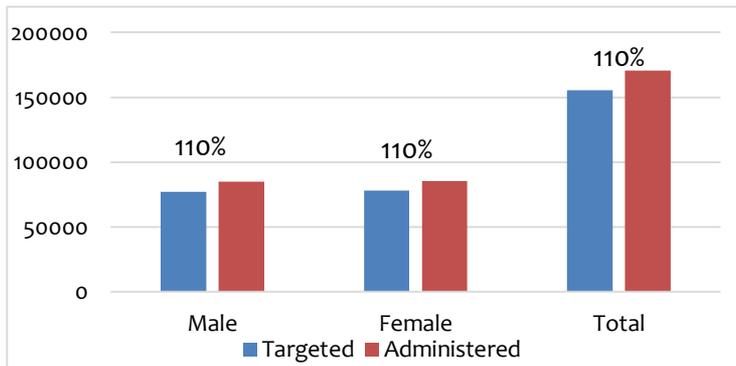


Coverage survey : 16 Nov - 07 Dec
MOHCC – WHO - CDC

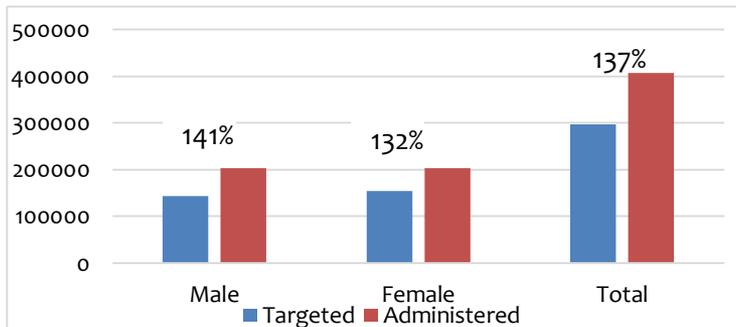


Admin coverage by age and sex

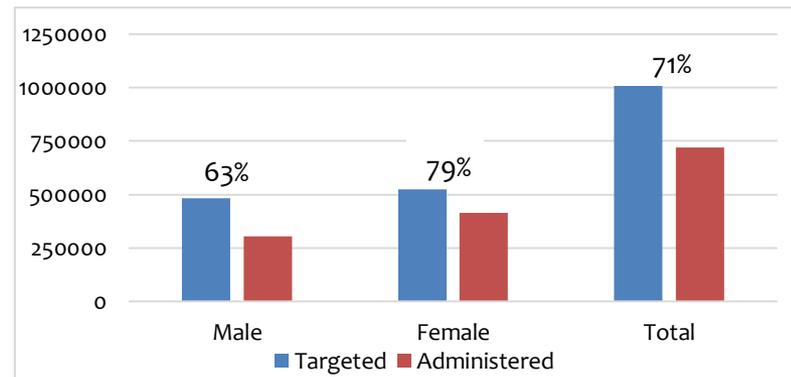
1-4 years



5-14 years



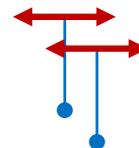
> 15 years



Other vaccinated groups

Location	Number
Harare hospitals	3 264
City of Harare (Waste management/Department of works)	1 077
Cabinet, Parliament, ...	954
Harare prisons (inmates, officers and dependants)	13 500

Type of doses	Quantity
Received	1 381 700
Used	1 296 060
Remaining	85 640
Difference (inventory vs tally)	+ 21 682



Prison Vaccination

28 health personnel vaccinated **13,500 people** during 6 days from 22 – 28 November 2018.

- 5,517 inmates - Coverage = 97%
- 1,323 officers - Coverage = 70%
- 5,442 dependents

Resources

- * 150 vaccination teams : 1750 members & 500 social mobilisers
- * 150 supervisors
- * 16 training sessions organised
 - * 260 community stakeholders & 200 teachers
 - * Vaccination role play
- * 400,000 flyers and 5000 posters
- * 25 supervision vehicles & 52 combis for teams
- * 6 trucks (vaccine delivery & waste)
- * 3000 liters of fuel
- * USD 1,658,000 = cost for 1,381,700 doses
- * USD 900,000 = cost for local delivery

Supported by GAVI

EVENTS TIMELINE

State of disaster declaration
12 SEP 2018

ICG agrees 500K doses as emergency
17 SEP

Waiver for importation
21 SEP

Request to ICG (2.8M d.)
25 SEP

ICG accepts request
28 SEP

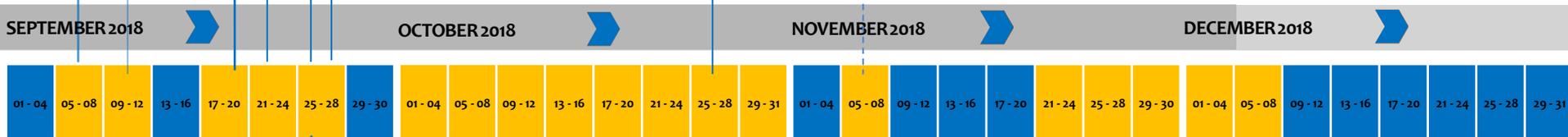
Budget to GAVI (1.4M d.)
22 /30 OCT

GAVI accepts budget
07 NOV

Vaccination started :

- 27 days after outbreak declaration
- 16 days after ICG approval
- 7 days after OCV arrival

Outbreak declaration
06 SEP



26 SEP
Arrival 500K doses

07-08 OCT
Arrival 882K doses

03 - 11 OCT
Vacci Harare
424K doses

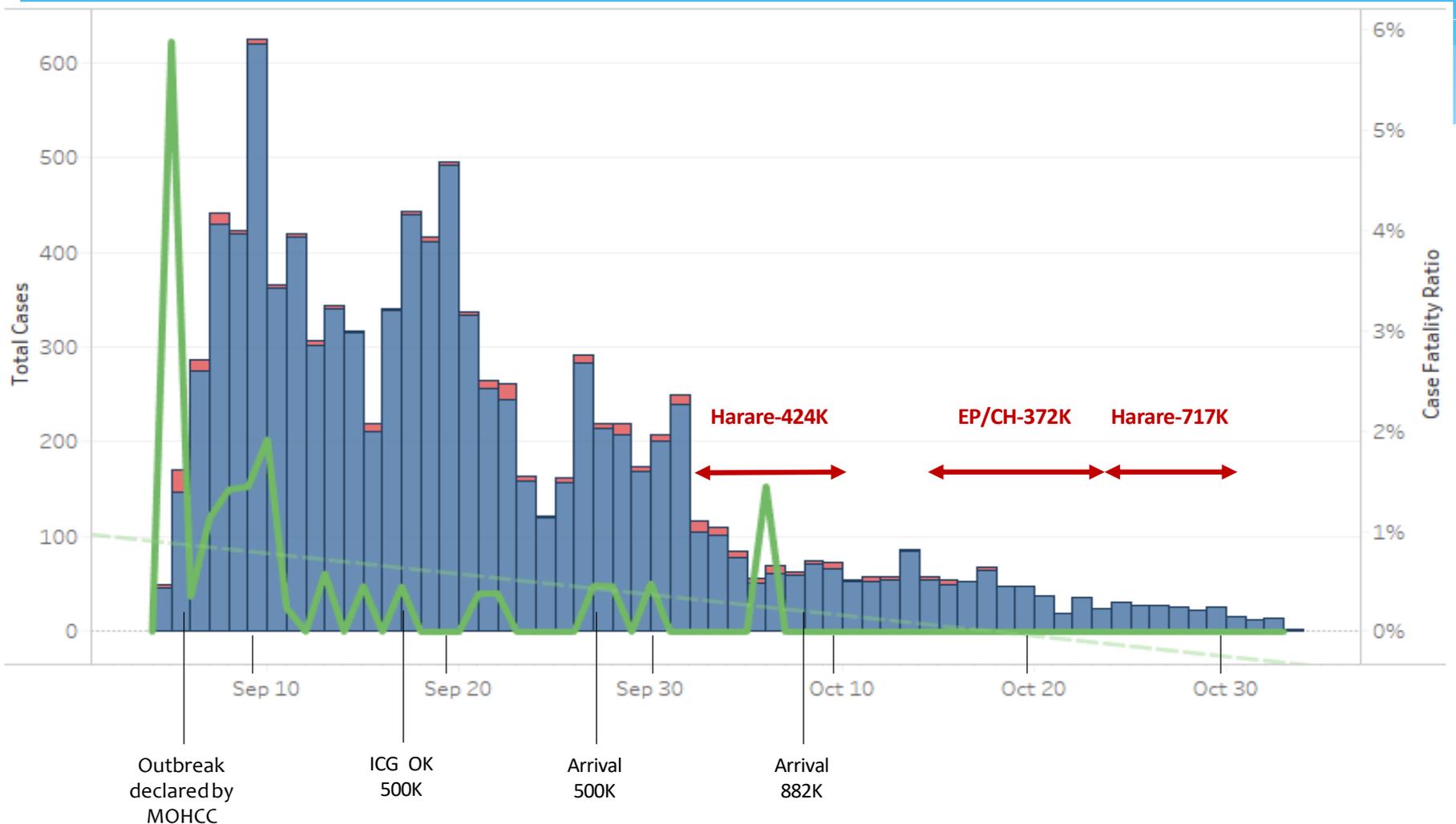
15 - 25 OCT
Vacci EP/CH
372K doses

25 - 31 OCT
Vacci Harare
717k doses

22 - 28 NOV
Prisons Vacci
13,500 doses

02 - 08 DEC
Coverage survey

Epicurve and OCV timeline



Lesson Learned / way forward

- * Successful large OCV reactive campaign quickly implemented (first time in country). “Relatively” easy to organise when strong MOH leadership
- * Need of external support for implementation (2 HR) as EPI availability challenging to implement time-consuming campaigns
- * Community mobilisation challenging in emergency response
 - * Too cautious at the start due to fear of being overwhelmed with people demand in outbreak affected areas
 - * Not enough time to efficiently target specific groups
- * Coverage survey part of the operational costs
- * OCV as a political « key to the door » : highest political management requested to be vaccinated

- * Assess school-based OCV strategy: #resources vs #vaccinated people
- * Repository of OCV tools to be made available

Thank you for your attention

