



GLOBAL TASK FORCE ON
CHOLERA CONTROL

OVERVIEW OF GTFCC ACHIEVEMENTS IN 2018

- LORENZO PEZZOLI, GTFCC SECRETARIAT

4th Meeting of the GTFCC WaSH
Working Group

12-13 February 2019

PARTNERSHIP: GTFCC AND WORKING GROUP MEETINGS

WASH: 27–28 February 2018, [here](#)

Surveillance (Laboratory + Epidemiology): 16–18 April 2018, [here](#)

5th meeting of the GTFCC: 13–14 June 2018, [here](#)

GTFCC research agenda scoping meeting: 23-34 July 2018, London

Case Management: 5–6 November 2018, [here](#)

OCV: 5-6 December 2018, [here](#)

OVERALL GTFCC ACHIEVEMENTS (MULTI-SECTORAL)

First Draft of “Cholera Elimination Framework” (guidance to countries on how to develop a National Cholera Plan) sent for revision.

- Will be accompanied by “Offer of Service” document detailing where GTFCC can support countries in the Roadmap
- Multisectoral “Review process” of NCPs also being developed

Cholera Investment Case finalised

- Including development of tools for countries to budget their NCP

Support for research from Wellcome/Dfid

- Call for proposals

Revised “Yellow Book” completed

- Electronic version (smartphone app) in preparation



Largest cholera vaccine drive in history to target spike in outbreaks

Two million people in five African countries to be protected against cholera

The **Global Task Force on Cholera Control (GTCC)** brings together all multi-sector technical partners from around the world to support countries in their fight against cholera, offering an effective and well-coordinated platform whose secretariat is hosted by the World Health Organization (WHO). Launching the strategy titled Ending Cholera: A Global Roadmap to 2030, the GTCC partners aim to reduce global cholera deaths by 90%. With the commitment of cholera-affected countries, technical partners, and donors, as many as 20 countries could eliminate disease transmission by 2030.

The **Global Roadmap** is based on three strategic axes:

Early detection and quick response to contain outbreaks at an early stage;

A multi-sectoral approach to prevent cholera in hotspots in endemic countries (including improved water, sanitation, and hygiene (WASH) and through use of oral cholera vaccines (OCV));

An effective mechanism of coordination for technical support, resource mobilization, and partnership at local and global levels – with the GTCC providing a strong framework to support countries in intensifying efforts to control cholera.

TABLE OF CONTENTS



Objectives

Target Audience

When can the Document be Used?

Structure of the Document



Section 1. Outbreak Detection and Investigation

Contents

Risk Assessment

Definition: Acute watery diarrhoea, unspiced cholera cases, cholera alert

Use of rapid diagnostic tests

Investigation of outbreaks: risk, needs assessments, and initial response

Appendix 1: Definitions

Appendix 2: Field investigation and initial response checklist

Appendix 3: District level forecast, supply of cholera

Early Detection Of Cases

- Organized data sources or surveillance systems that include a variety of data sources including health care facilities, hospitals, laboratories, community health workers, and other sources that capture surveillance data on diarrhoeal illness, including surveillance systems for the media and community-based sources of information. At least one should be regularly assessed and further investigated to determine whether reports of suspected cases are being missed.
- Advances in surveillance information, when targeted, can be used to support surveillance in a previously uninfected area. A cholera alert should be triggered, and surveillance systems should be established in such areas as soon as possible.
- Centers that detect cholera cases should be able to be strengthened in such areas with technical support and equipment available before the expected next waves of disease in hotspots occur as early as possible.

Definitions

Acute Watery Diarrhoea (AWD)

Water watery diarrhoea (cholera) is defined as loose stool or watery stool that is white or yellow with a 24-hour period.

Suspected Cholera Case

- Persons where a cholera outbreak has not yet been declared, any person aged 2 years or older presenting with acute watery diarrhoea that is not caused by another acute watery diarrhoea illness.
- In persons with cholera outbreaks that have been declared, any person presenting with acute watery diarrhoea.

Note: This document is meant to provide a 2-year period of surveillance for cholera control. It is not intended to be used for surveillance of cholera outbreaks in endemic areas. It is intended to be used for surveillance of cholera outbreaks in endemic areas.

Cholera Alert

A cholera alert is defined as a public health emergency declared by the detection of a cholera alert.

It is defined as a cholera alert when there is a cholera outbreak in a hot spot or in a hot spot area.

The alert is defined as a cholera alert when there is a cholera outbreak in a hot spot or in a hot spot area.

It is defined as a cholera alert when there is a cholera outbreak in a hot spot or in a hot spot area.

It is defined as a cholera alert when there is a cholera outbreak in a hot spot or in a hot spot area.

Note: This document is meant to provide a 2-year period of surveillance for cholera control. It is not intended to be used for surveillance of cholera outbreaks in endemic areas. It is intended to be used for surveillance of cholera outbreaks in endemic areas.

For definitions, see Appendix 1: Definitions.

Use of Cholera Rapid Diagnostic Tests (RDTs)

- RDTs are not used as a sole method of surveillance for cholera control. They are used as a complementary tool to surveillance systems.
- RDTs are used as a rapid diagnostic tool to support surveillance systems and to support surveillance systems.
- RDTs are used as a rapid diagnostic tool to support surveillance systems and to support surveillance systems.
- RDTs are used as a rapid diagnostic tool to support surveillance systems and to support surveillance systems.
- RDTs are used as a rapid diagnostic tool to support surveillance systems and to support surveillance systems.
- RDTs are used as a rapid diagnostic tool to support surveillance systems and to support surveillance systems.

For definitions, see Appendix 1: Definitions.

Investigation of the Alert, Risk, Needs Assessments, and Initial Response

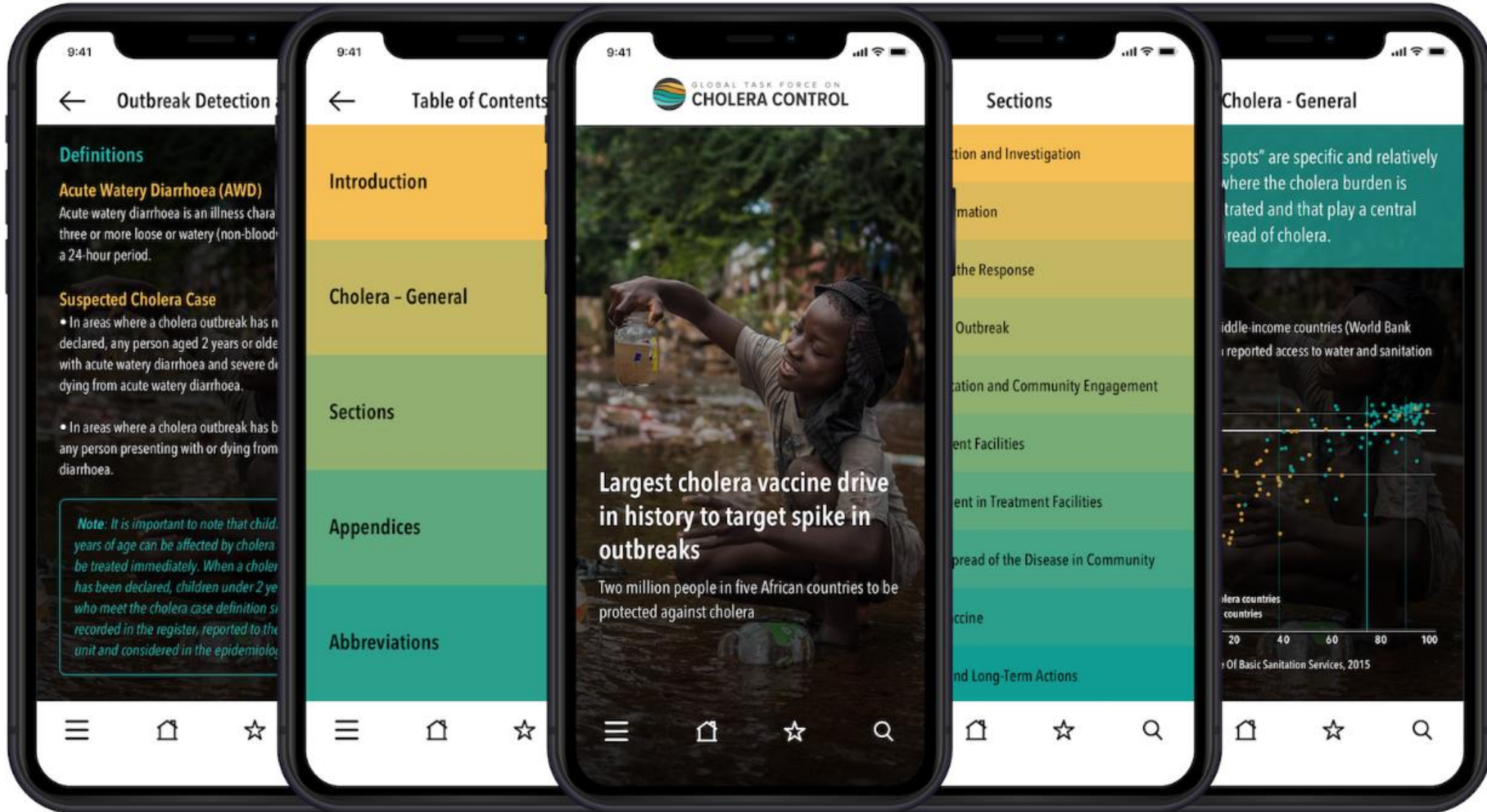
- Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas. This includes:
 - Identify the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.
 - Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.
 - Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.
 - Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.
- Advances in surveillance information, when targeted, can be used to support surveillance in a previously uninfected area. A cholera alert should be triggered, and surveillance systems should be established in such areas as soon as possible.
- Centers that detect cholera cases should be able to be strengthened in such areas with technical support and equipment available before the expected next waves of disease in hotspots occur as early as possible.
- Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.

Risk Assessment

- Assess the risk of spread, stages, the potential severity of the outbreak.
 - Identify the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.
 - Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.
 - Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.
 - Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.
- Advances in surveillance information, when targeted, can be used to support surveillance in a previously uninfected area. A cholera alert should be triggered, and surveillance systems should be established in such areas as soon as possible.
- Centers that detect cholera cases should be able to be strengthened in such areas with technical support and equipment available before the expected next waves of disease in hotspots occur as early as possible.
- Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.

Needs Assessment

- Identify the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.
- Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.
- Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.
- Investigate the alert, risk, needs assessments, and initial response to cholera outbreaks in hot spots or in hot spot areas.



WASH WORKING GROUP

Development of WASH "package" to support the WASH pillar of the NCP Framework (Axis 1 and Axis 2)

- Including "WASH and OCV package"

Technical Guidance - Finalization of WASH cholera technical notes on IPC in CTCs (in collaboration with Case Management WG)

Supported inputs into the Environmental Surveillance Note and Yellow Book.

Review of Cholera Control Plans and "GTFCC OCV requests" to ensure connection with WASH in hotspots (in collaboration with OCV WG)

Research priorities: fill key evidence gaps analysis of WASH related cholera research priorities

- 6 areas identified based on GTFCC research agenda

Support to HR roster for WASH expertise

- missions to Zimbabwe, Zambia, DRC...

SURVEILLANCE EPIDEMIOLOGY WORKING GROUP

Current priority work on refining the methodology for hotspot identification

- Collaboration with WASH WG on defining “WASH indicators” to be considered)

Case data recording and reporting tools (yellow book)

Repositories

- Global surveillance data
- Whole Genome Sequencing data (with Lab)

Research agenda:

- modeling, use of sero-surveys to estimate burden, epi interpretation of Whole Genome Sequencing data...

SURVEILLANCE LABORATORY WORKING GROUP

Technical support to WHO PQ on TSS (Technical specifications series) for manufacturer RDT development and testing

Adapted approaches to peripheral confirmation capacity: culture/PCR, hardware/reagents and consumables supply chain (package)

- Lab quality assurance
- Integration of RDT use in hotspots: supply chain, job aid
- Technical note on environmental surveillance (with Epi and WASH)
- Introducing sustainable molecular lab diagnostics, including PCR for confirmation and WGS at national level

CASE MANAGEMENT WG

Technical note on the use of antibiotics finalized and published

Technical note on cholera and SAM – in finalization

Collaboration with the WASH WG on the WASH in CTC note

Adapted current technical note on organization of care to be more reflective of in country reality

Priorities:

- Treatment of children with SAM
- Treatment of pregnant women

OCV WORKING GROUP

Gavi has renewed support to OCV until 2025

Continuous oversight on OCV use in countries and supply management

OCV Demand Forecast -VIS –Gavi: recommendations from OCV WG

- Letter to GAVI leadership on ensuring strategic use of OCV within overall NCP
- Defining criteria for the assessment of requests and overall NCPs

Integration OCV and WASH: guidance note on what WASH measures should be implemented with OCV campaigns (including M&E)

Research and M&E: 1 dose, dosing interval, impact, cost

CTC for Shanchol–Follow up with field testing studies

COUNTRY AND PARTNER ENGAGEMENT

Since the launch of the Roadmap in October 2017

- May 2018: WHA resolution on cholera prevention and control co-sponsored by Zambia and Haiti

Engagement on the roadmap and NCP development:

- DRC, Haiti, Kenya, Malawi, Nigeria, Zambia, Zanzibar, Zimbabwe ...

Multisectoral country support

- Increased linkages with the “platforms”
 - WCARO, ESARO, MENA
- GTFCC partners directly involved under “GTFCC hat” (e.g. CDC in Kenya and Tanzania, WaterAid in Zambia...)
 - However still predominantly facilitated by GTFCC secretariat (WHO cholera team) via consultancy contracts

THE TIME IS NOW



THANK YOU VERY MUCH!



ENDING CHOLERA
A GLOBAL ROADMAP TO 2030

Together, we can #EndCholera