



GLOBAL TASK FORCE ON

CHOLERA CONTROL

SUMMARY OF MEETING

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GTFCC UPDATE

Supporting countries operationalising #EndCholera Roadmap

- NCP framework
 - Technical recommendations on situational analysis, interventions by pillar, elimination process,
 - “Offer of Services”: job aids, tools, guidance
- Cholera investment case
 - How much does it cost?
 - Advocacy tool

SUPPORTING COUNTRIES WITH CHOLERA SITUATIONAL ANALYSES

Country experiences: Zimbabwe, India, Haiti, South Sudan (Nigeria, Zambia)

Different methodologies used: UNICEF, JHU

- VERY INFORMATIVE TO SET THE SCENE FOR THE GROUP WORK

Need for simple, standardised methodology that can easily be replicated by country actors

Forms the base of their National Control Plans

- Where the problem is (hotspot analysis)
- And what interventions are needed (contextual factors, capacities by pillar)

MONITORING THE IMPLEMENTATION OF THE CHOLERA ROADMAP

Country experiences: South Sudan, Bangladesh, Haiti, Zanzibar

Regional efforts: WHO AFRO, WHO EMRO

GTFCC partners: JHU

Challenges: different case definitions, different systems/databases, timing of analysis

Real time global cholera surveillance system: not there yet?

But is it really needed useful to countries?

Lower hanging fruit: mechanism /tools to monitor progress on the roadmap and facilitate annual reporting of set of basic indicators

MOLECULAR DIAGNOSTIC TESTING

What tools are available and what is their added value to countries?

Different techniques: broad theme of “bringing the lab” to the field

- Bangladesh, Malawi, India

Global efforts for tracking strains: understand how cholera “moves” to intercept it globally

- CDC, JHU, Sanger, Los Alamos

GROUP WORK

Responding to country needs to conduct surveillance (guidance, tools, SOPs)

Epi:

- Situational analysis: agreement on procedures and data needs
- Elimination: agreement on process and related certification
- Outbreak control teams: 2 objectives (Axis1 / Axis 2)

Lab:

- Job aids
 - **Validated:** AMR Testing; Culture; Domestic Transportation; Strain Conditioning for International Transportation
 - **Some more work still:** RDTs
- PCR: propose guidance for the current “state of the art” with plans to be updated with new developments
- EQA: Work in process, problems with regards to shipping strains
- RDT PQ: decision on lowering the minimum acceptable thresholds of sensitivity and specificity

PARTNER INITIATIVES TO SUPPORT COUNTRIES

Initiatives to improve surveillance in countries:

- Epicentre/LSHTM: Yemen (RDTs+Culture)
- JHU: Bangladesh (serology)
- PAHO: Haiti (Labo Moto)

Regional perspective

- Pasteur Dakar efforts in Western and Central Africa, open for collaboration

GTFCC Website: a resource for partners and countries

- Online cholera “Yellow Book” + App

IVI:

- Roadmap support in Malawi and Mozambique (especially with OCV and M&E)

CDC: “GTFCC Hat” support: Kenya, Tanzania, Zambia, Uganda; Global support (GTFCC WGs; laboratories); response (Mozambique, Malawi)

MERCI

