## GLOBAL TASK FORCE ON CHOLERA CONTROL UPDATE (JUNE 2018 -

## UPDATE (JUNE 2018 - CURRENT) ORAL CHOLERA VACCINE (OCV) WORKING GROUP

### Kashmira Date

OCV Working Group, GTFCC



GTFCC Annual Meeting, 3 June 2019

# OCV RELATED RECOMMENDATIONS AND PROPOSED WORKPLAN (GTFCC ANNUAL MEETING 2018)

- Country support: agreement that OCV requests should be part of a cholera control plan, need for a revised process including OCV
- Technical guidance to support development of cholera control plans, including OCV use
- "OCV-WASH Integration/Linkages": technical note on what WASH measures should be implemented with OCV campaigns
- Research agenda: Wellcome Trust-DFID support
- ✓ GAVI 2019 support and vaccine investment strategy

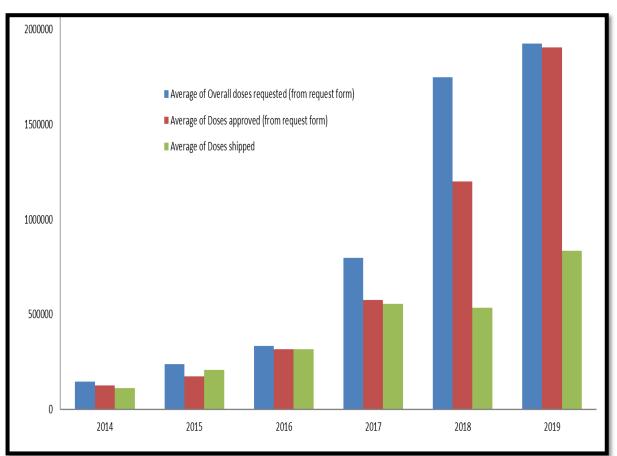


# **OVERVIEW OF OCV USE** 2014 – 2019 (AS OF MAY 2019)

Year	Doses shipped	Doses requested
2013	204,500	204,500
2014	1,486,215	1,962,485
2015	2,502,775	4,419,127
2016	4,645,345	5,021,672
2017	9,979,595	21,800,653
2018	17,447,580	100,781,390
Total	36,266,010	134,189,827

2019 (As of 31 May)

14,486,070 doses have been requested 10,099,639 have been shipped





# MAJOR DEVELOPMENTS/UPDATES (JULY 2018 – MAY 2019)

- Framework for the development of National Cholera Plans (NCPs), including OCVs and related M & E
- Draft technical guidance note on integration of WASH and community engagement activities with OCV campaigns (collaboration with the WASH WG)
- Prioritization of a research agenda (July 2018) and call for proposals (Oct – Nov 2018) by Wellcome Trust-DFID
- Defining GAVI 2019-2020 support and vaccine investment strategy
- ✓ OCV WG meeting (Dec 2018): key updates and recommendations



## GTFCC RESEARCH AGENDA MEETING (WELLCOME/DFID), JULY 2018

PRE-IMPLEMENTATION	IMPLEMENTATION	POST IMPLEMENTATION / M&E
Burden of disease and identification of hotspots:	Optimization of interventions at the community level:	Effectiveness:
• Description of existing hotspots to inform the definition of hotspots:	Rapid Diagnostic Tests	Outcomes and process for continuous improvement
Quantification: laboratory confirmation, sero-surveys	Use of antibiotic (targeted prophylaxis)	Improve targeting and use of interventions in country
<ul> <li>Characterization: changing incidence and timing, WASH conditions,</li> </ul>	<ul> <li>WASH package (short medium and long term)</li> </ul>	
transmission (in and out)	• Delivery strategies for OCV including new cholera vaccines, use in	Change in attitude:
<ul> <li>Accessible laboratory confirmation methods in hotspots</li> </ul>	"controlled temperature chain" (CTC)	Political will
• Develop and pilot an assessment tool – hotspot vs at risk (using a tier	Behavior change	Lessons learnt to be documented
approach), including lab capacity		
<ul> <li>Improve estimates of mortality and where it occurs</li> </ul>	Operational research on cholera vaccine:	
	<ul> <li>co-administration with other vaccines, vaccine duration of protection,</li> </ul>	
Transmission dynamics:	simplification of delivery	
Macro level analysis: laboratory data, Whole Genome Sequencing,		
epidemiological data	Synergies of interventions: OCV and WASH	
• Community/household level: environmental reservoir vs human to human		
transmission, Social science	Cholera And Severe Acute Malnutrition (SAM)	
Disease modelling for outbreak short term prediction		
CROSS-CUTTING		
Social sciences		
• Country engagement: policy drivers, determinants and barriers		
• Documenting success stories through case studies – to be linked to advoce	acy efforts	
Impact:		
•		

- Level of WASH coverage needed to stop transmission,
- Role of disease estimate modelling to support countries in defining control plans
- Impact of outbreak response (including OCV reactive campaigns) and endemic cholera control activities

#### Cost effectiveness/value for money



# **GAVI VACCINE INVESTMENT STRATEGY**

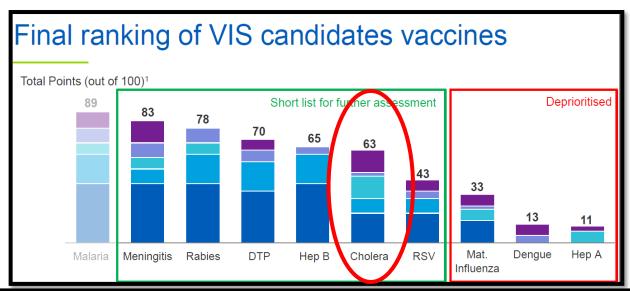
### Continue to support OCV through preventive immunization (hotspots) - Gavi Executive Board Final Decision in June 2019

Bridge funding for continued use of the OCV stockpile for endemic settings in 2020, and approved 2019–2020 funding for activities related to the cholera learning agenda

### **Additional considerations**

- Continued support will be contingent on sufficient replenishment of Gavi's funds
- Support will be given to GTFCC-validated national cholera plans (NCPs)
- Reviews by Gavi's Independent Review Committees
- Co-financing

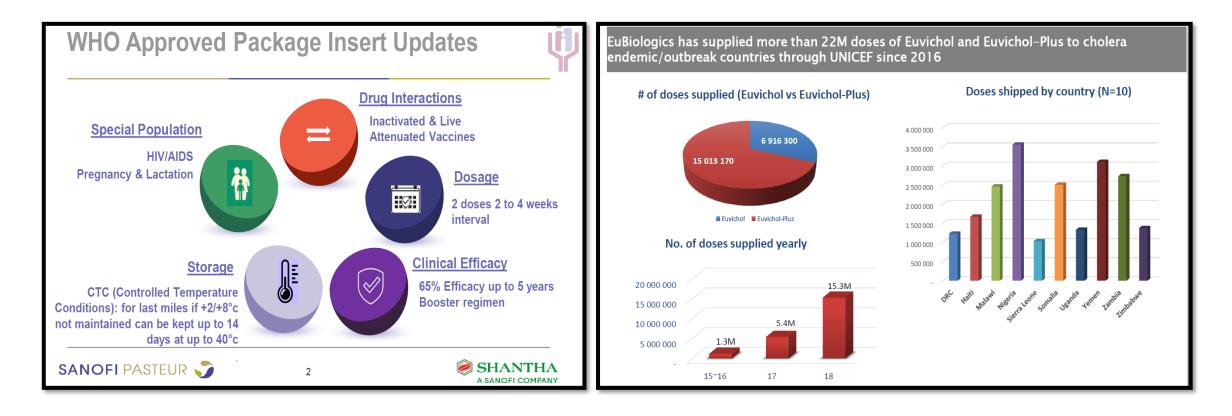




### Experts consulted in Phase 2 of VIS

Experts consulted			
- Abdinasir Abubakar - WHO EMRO	Justin Lesser – JHU		
Andrew Azman - JHU	Myron M. "Mike" Levine – U of MD		
Hans Christiansen - UNICEF	Tina Lorenson – BMGF		
Kashmira Date - CDC	Imran Mirza – UNICEF		
Johanna Fihman – WHO HQ	Vittal Mogasale - IVI		
Guillermo Gimeno – UNICEF	Francisco Luquero – Epicentre		
Tracey Goodman – WHO HQ	Julia Lynch – IVI		
Linda Omar Haj – WHO AFRO	Helen Matzger – WHO HQ		
Alan Hinman – independent	Lorenzo Pezzoli – WHO HQ		
Shannon Larsen - BMGF	David Sack – JHU		
Dominique Legros – WHO HQ			

# **KEY UPDATES AND RECOMMENDATIONS OCV-WG MEETING (DECEMBER 2018)**





# **KEY UPDATES AND RECOMMENDATIONS OCV-WG MEETING (DECEMBER 2018)**

- Continue working with Gavi to help frame Gavi's coming OCV investment and its linkage with the ending cholera roadmap
- Facilitate close involvement of immunization programs (Expanded Program on Immunization [EPI] and Global Polio Eradication Initiative[GPEI])
- Establish a small group to further develop guidance on OCV WASH integration and linkages with longer-term WASH



# **NEXT STEPS**

- ✓ Continue close engagement with Gavi
- Provide country support for OCV planning, implementation, monitoring and evaluation through the GTFCC platform and the roadmap framework
- Continue collaboration with other GTFCC working groups
  - Surveillance WG: targeting for hotspots, impact assessments
  - WASH WG: OCV-WASH integration/linkages
- Build adequate monitoring, evaluation and ongoing research plans (research agenda priorities)
- Engage additional manufacturers on new vaccine formulations





The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



