One Dose at a Time: Advancing Oral Cholera Vaccine Use Globally

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Checking the cold chain and gearing up for vaccinations

This post [3] originally appeared on The Coalition for Cholera Prevention and Control (CCPC) [4].

There were several milestones in 2015 for the oral cholera vaccine (OCV). Originally based on a vaccine developed in Vietnam, the OCV was reformulated by the International Vaccine Institute (IVI) with support from the Bill & Melinda Gates Foundation, and the governments of Sweden and South Korea. Shanchol was finally WHO-prequalified in 2011 and is an example of successful international public-private partnership.

IVI continues to work on the cholera vaccine agenda by increasing the global supply of OCV and by increasing demand for OCV. Among the 2015 highlights, IVI is partnering with additional manufacturers that include EuBiologics of South Korea and Incepta Vaccine of Bangladesh that will help ensure a sufficient supply of doses globally and for the stockpile. EuBiologics’ vaccine is expected to be WHO-prequalified by the year end. Incepta’s vaccine, Cholvax, which is targeted for the domestic Bangladesh market, will be available by 2017.

IVI also contributed to the growing body of evidence on OCV use in real-life settings. In 2015, it provided technical and financial support to local governments to conduct pilot vaccination campaigns in Ethiopia, Malawi, and Nepal. Each country had a different cholera scenario. In rural Shashamene, Oromia Region, Ethiopia, cholera is endemic. Therefore, a preventive campaign was conducted in collaboration with the Ethiopian Public Health Institute, Oromia Regional Health Bureau, West Arsi Zone Health Department and LG Electronics. The campaign was conducted from February to March, vaccinating >40,000 people >one year old. It was the first mass vaccination targeting people at risk for endemic cholera in Africa.

In Malawi, major floods struck the southern part of the country at the beginning of the year, resulting in cholera outbreaks in camps for people internally displaced by the floods and neighboring areas. To prevent the outbreak from spiraling out of control, an emergency vaccination campaign was
implemented in Nsanje District from March to May. With the Malawi Ministry of Health and Sanitation, WHO, JSI, Nsanje District Health Office and with funding from Kia Motors and South Korea’s Ministry of Foreign Affairs, approximately 160,000 people were vaccinated. An additional 10,000 people in Chikwawa were vaccinated. With support from the Bill & Melinda Gates Foundation, IVI will conduct vaccine effectiveness and cost-of-illness studies in Nsanje to establish further evidence on the impact of vaccination.

Finally, following the devastating earthquakes that struck Nepal in April, the Epidemiology and Disease Control Division (EDCD) of the Nepali government called for preventive cholera vaccinations in selected villages of earthquake-affected districts due to concerns over possible outbreaks in high-risk areas, particularly rural, remote areas where infrastructure and health services were destroyed due to the earthquakes. A campaign was conducted by EDCD with support from IVI, UNICEF and GTA from August to September, vaccinating approximately 10,486 people in Nuwakot District. Coverage was high (100.5% during the first round and 96% during the second round). Due to the success of the campaign, EDCD and IVI are under discussions to expand cholera control and prevention efforts next year through a possible collaboration with Rotary Club of Southwest Seoul and Rotary Club of Nagarjun Nepal.

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