

Blog post May 7, 2014

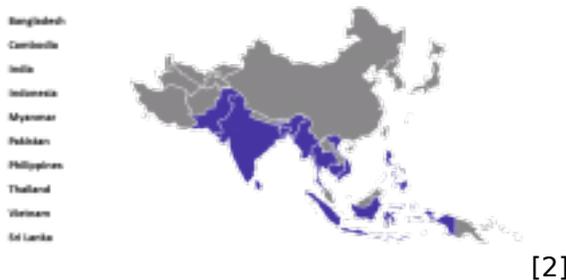
Asian experts advocate for use of cholera vaccines



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Following a meeting of health experts from Asia, members from eight countries in South and Southeast Asia released [an advocacy document](#) [3] highlighting the need for an integrated program for cholera control which includes the use of oral cholera vaccines (OCVs) in countries at risk.

Released by the [Initiative against Diarrheal and Enteric diseases in Asia \(IDEA\)](#) [4], an independent, multi-disciplinary group of Asian health professionals working on the surveillance, control, and prevention of cholera and other enteric diseases, the document proposes **three critical interventions** as part of a comprehensive strategy:

- 1) Continuous improvement of safe water and sanitation,
- 2) Establishment or strengthening of effective surveillance systems, and
- 3) Use of vaccination as a complementary weapon in at-risk populations.

This document is intended for use by national and local health officials, policymakers, and health professionals. [Download the full document to learn more](#) [3].

Cholera is a disease that disproportionately affects the poor; their needs are overlooked because they lack strong advocates like those from which the more affluent can benefit. Cholera is traditionally controlled by good sanitation, access to clean water, and personal hygiene. However, these measures are not always available in slums or in far-flung areas where water supply is not assured and latrines not widely available. Moreover, there may not be enough money to buy soap for personal hygiene in these areas.

In Asia, cholera is not routinely identified; rather, it is lumped together with other diarrheal diseases under a broad category of "severe watery diarrhea," largely because of the stigma attached with the disease. Perceived to be a disease found only in unclean environments, government officials may hesitate in the open reporting advocated by the [2005 International Health Regulations](#) [5]. For emerging economies dependent on trade and tourism, fear of embargoes and travel restrictions hinder open acknowledgement of the disease.

Furthermore, cholera identification requires bacteriologic laboratories that may not be available in affected areas; thus when the disease is eventually detected, explosive outbreaks have already occurred, taxing an already overburdened weak public health infrastructure. Since cholera affects mostly the poor who seek care in public clinics and hospitals, private physicians rarely recognize the disease due to their belief that cholera is controlled in their areas.

OCVs have been available for many decades, and yet their use as an additional measure for cholera control has only been recommended recently. Surprisingly, Bangladesh, the country where the [first large-scale oral cholera vaccine trial](#) [6] was conducted in 1986, only recently [began using OCVs](#) [7] in their public health program. Other mass campaigns have recently been conducted in [Africa](#) [8] , [Latin America](#) [9], and [Asia](#) [10]. Perhaps this is the beginning of more widespread use of OCV in cholera-burdened countries.

The IDEA [advocacy document](#) [11] released by a group of experts from countries that are most affected by cholera adds another voice to the growing [clamor](#) [12] for coordinated approaches for cholera control.

Related Countries: [Asia Pacific](#) [13]

Topic(s): [OCV Policy](#) [14]
[Use of OCV in the Field](#) [15]

Image caption: This map shows some of the countries with medical and scientific experts participating in IDEA.

Source URL: <https://www.stopcholera.org/blog/asian-experts-advocate-use-cholera-vaccines>

Links

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- [2] https://www.stopcholera.org/sites/default/files/styles/content-zoom/public/idea-asia.png?itok=y_je_t6c
- [3] http://www.idea-asia.info/index.php/documents/doc_download/136-idea-advocacy-document-tagaytay-2014
- [4] <http://www.idea-asia.info/>
- [5] http://www.who.int/topics/international_health_regulations/en/
- [6] [http://www.ncbi.nlm.nih.gov/pubmed/?term=Clemens%2C+Lancet+1986Lancet.%201986%20Jul%2019;2\(8499\):124-7](http://www.ncbi.nlm.nih.gov/pubmed/?term=Clemens%2C+Lancet+1986Lancet.%201986%20Jul%2019;2(8499):124-7)
- [7] <http://www.ncbi.nlm.nih.gov/pubmed/?term=Coverage+and+cost+of+a+large+oral+cholera+vaccination+program+in+a+high-risk+cholera+endemic+urban+population+in+Dhaka%2C+Bangladesh>
- [8] <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001512>
- [9] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3795090/>
- [10] <http://www.cdc.gov/ncezid/dgmaq/afp-fact-sheet.html>
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