

**INTERNATIONAL COORDINATING GROUP FOR THE PROVISION OF ORAL CHOLERA VACCINE  
REQUEST FORM TO ACCESS ICG SUPPORT**

email: [ICGsecretariat@who.int](mailto:ICGsecretariat@who.int) or [outbreak@who.int](mailto:outbreak@who.int)  
(or fax to the number + 41 22 791 4198)

*The International Coordinating Group (ICG) on Oral Cholera Vaccine Provision for Cholera Control is a partnership between UNICEF, MSF, IFRC and WHO. The ICG's objective is to ensure rapid and equitable access to vaccines and emergency supplies for outbreak response. The release of these emergency supplies constitutes an advance to the countries in an outbreak situation. As such, their reimbursement is required to maintain ICGOCV stockpiles at constant levels.*

**General Information**

Date of the request:

Country:

Region/State:

Requesting institution:

Contact at requesting institution:

Name:

Phone:

Email:

<b>Consignee in the country</b>	
<b>Consignee organization</b>	
<b>Contact name</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Address</b>	
<b>P.O. Box</b>	
<b>Town</b>	
<b>Country</b>	

As a minimum requirement for the ICG to consider the deployment of stockpile vaccine, a cholera outbreak must be confirmed by culture.

For your request to be considered by the ICG please complete and submit the following essential documents (incomplete requests will not be considered):

**Documents to be provided:**

1. Request form to access ICG support
2. Microsoft Excel spreadsheet with 5 worksheets entitled:
  - Annex 1: Epidemiological information per place and per week
  - Annex 2: History of previous outbreaks of cholera
  - Annex 3: Laboratory information
  - Annex 4: Estimate of vaccine needs
  - Annex 5: Estimate of operational costs

3. Vaccination plan 4. Map of areas to be vaccinated and of adjacent areas 

Please send the completed OCV Request Form to access ICG support and accompanying documents to the OCV ICG Secretariat at WHO Headquarters in Geneva by email to [ICGsecretariat@who.int](mailto:ICGsecretariat@who.int) or [outbreak@who.int](mailto:outbreak@who.int) (or fax to the number + 41 22 791 4198).

### A. Epidemiological information

- Complete the worksheet entitled "Annex 1 Epidemiological information by place and by week" in the Excel file. If available, please also provide this information by age group < 5 years of age and ≥ 5 years of age. Please provide an epidemic curve if one is available.
- Complete the worksheet entitled "Annex 2 History of previous cholera cases in concerned areas over the last 3 years" (and beyond 3 years if this information is available) and provide the investigation reports if these are available.
- Describe briefly in the text box below the seasonality of cholera in the concerned areas:

### B. Laboratory information

- Please fill out the worksheet entitled "Annex 3 Laboratory Information" in the Excel file, for the current cholera outbreak.
- Laboratory confirmation of the first 10–20 cases is essential to ascertain that this is a cholera outbreak. It is not necessary to take a sample from every patient with acute diarrhoea, once the cholera outbreak is confirmed.<sup>1</sup>

### C. Risk of extension of the outbreak

- Please describe briefly in the tables below the local environment in areas where vaccination is planned and in adjacent areas:

<sup>1</sup> <http://www.who.int/cholera/publications/OutbreakAssessment/en/index.html>

**Table 1. Risk factors linked to population**

District(s) where vaccination planned and adjacent areas	Specify if the area is URBAN or RURAL	Area with important population movement? ( e.g border, market hub, etc.) YES/NO	Refugee camp, internally displaced people, or slums present in area? YES/NO
(District name)			
(District name)			
(District name)			
(District name)			

**Additional comments (e.g explain population movements):**

**Table 2. Access to safe water and sanitation**

District(s) where vaccination planned and adjacent areas	Percentage (%) of population with Improved* water supply (access to sufficient quantity of safe water)	Percentage (%) of population with Improved* sanitation (access and use)
(District name)		
(District name)		
(District name)		
(District name)		

\*Please use the definition of “Improved” in Annex B of the document entitled “Guidance on how to access Oral Cholera Vaccine (OCV) from the ICG emergency stockpile”

**Additional comments:**

**D. Capacity to control the outbreak**

- Describe in the tables below the control measures currently implemented and planned in the domain of Patient Care, WASH, Behavioral and Social Interventions

**Table 3. Patient Care**

District(s)	Name of Sub-district/town/division (specify if settlement or refugee camp)	Number of available facilities for Patient Care , Type of facility (CTC, CTU, ORP Mobile clinic or Other) and number of beds	Specify if human resources and WASH in patient care facility are ADEQUATE or NOT ADEQUATE	Specify if medical supplies (ORS, RL, Zinc, antibiotics etc) are ADEQUATE or NOT ADEQUATE in each facility
(District name)				
(District name)				
(District name)				

- **Please describe briefly the treatment plan:**
- **Please confirm whether treatment of cholera and diagnosis are free of charge?**  
 Yes  No

**Table 4. WASH interventions**

District(s)	Sub-district/town/division name (if settlement or refugee camp, please specify)	WASH Interventions implemented and planned
(District name)		(please describe)
(District name)		(please describe)
(District name)		(please describe)

**Table 5. Behavioral and Social Interventions**

District(s)	Sub-district/town/division name (if settlement or refugee camp, please specify)	Behavioral and Social Interventions implemented and planned
(District name)		(please describe)
(District name)		(please describe)
(District name)		(please describe)

- Has a national or local cholera taskforce been established to plan and monitor outbreak response activities in relation to this outbreak? Yes  No

**If YES,** please describe briefly in the text box below the composition of the committee and actions taken

- Are there any other vaccination campaigns that will be taking place in the same areas where OCV vaccination is planned:  
 Yes  No

**If YES,** please provide information about the planned campaign(s) by completing the table below:

**Table 6. Other planned vaccination campaigns**

Planned vaccination campaign (e.g. Polio)	Location	Date of start and finish (dd/mm/yy – dd/mm/yy)

**E. Cold chain**

- Complete Annex 4 Vaccine needs" in the Excel file. This will automatically populate the worksheet entitled "OCV Logistics".
- Do you have sufficient cold chain capacity for the planned OCV campaign? (please see worksheet entitled "OCV logistics" in the Excel file for an estimation of cold chain capacity needs): Yes  No
- **If not sufficient**, please explain what is missing and/or how you plan to cope with it:

**Cold chain capacity at Central level:**

**Table 7. Cold chain capacity**

Area(s) where vaccination is planned	Cold Chain capacity

**F. Planned OCV vaccination campaign**

- Rationale for vaccination in the areas where vaccination is planned (complete the text box below)

- Planned date for the start of Phase I (first dose) of the vaccination campaign

(dd/mm/yyyy):

- Planned date for the start of Phase II (second dose) of the vaccination campaign (dd/mm/yyyy):
- Estimated duration of the campaign for each of the vaccination rounds:
- Target age-group:

**Table 8. Areas where vaccination is planned and adjacent areas**

Name of geographical location/districts/refugee camp	Total population	Target population	Number of vaccine doses (population in target age group x 2 doses)

- Total number of doses requested :
- Estimation of vaccination needs: complete the worksheet entitled "Annex 4 Vaccine needs " in the Excel file.

**G. Licensing/registration of product in country**

The ICG stockpile will be composed of OCV Dukoral® or Shanchol™ depending on availability. Please indicate which of these vaccines are licensed in your country:

**Table 9. Licensing**

Vaccine	Manufacturer	Licensed (Yes/No)
Dukoral®	Crucell	
Shanchol™	Shantha	
Other (please indicate)		

- If none of these are licensed, do you have an emergency procedure in place for rapid importation into your country, and the authorization to use these vaccines? Yes  No

**H. Vaccine stockpiles in the country**

Is there a stock of Oral Cholera Vaccine in the country that can be used to control the outbreak?  
 Yes  No

If YES, please indicate the vaccine type(s), number of doses and expiry date(s) in Table 10.

**Table 10. Stock of vaccine(s) available**

Vaccine type(s):	Number of doses	Expiry date (dd/mm/yyyy)

**I. Request for advance of Operational Costs Support**

Operation costs support might be available from the ICG. Please specify whether you need support for operational costs? Yes  No

If YES, please provide the vaccination related operational costs you would like to cover with this amount by filling out the worksheet entitled "Annex 5 Estimation of operational costs" in the Excel file. Please indicate the operational costs that you will cover vs. the costs you need support with.

**J. Reimbursement**

In order to ensure the sustainability of its stock, the ICG requires the reimbursement of vaccines supplied from the ICG stock as well as all related costs (packing costs, insurance and shipment).

**The requesting country or institution is expected to reimburse the costs of vaccines, as well as packing costs, insurance, shipment, and operational costs.**

Following delivery of the medical supplies, the ICG secretariat (WHO) will send an official communication requesting reimbursement of the costs noted above.

In accordance with WHO administrative procedures and regulations, the country or organization will be requested to proceed with payment within 60 days of receipt of the medical supplies.

To facilitate this process, please provide the following information:

**Source of funding/payment identified** Yes  No

**Source of funding (if none identified please list the donors you will be contacting):**

**Contact person**

**Email**

**Phone number**

**K. Monitoring and evaluation**

Monitoring and evaluation is a key component of the OCV stockpile. It is required to assess the use of OCV as part of an integrated cholera control plan during a cholera outbreak.

Access to the stockpile is given on the understanding that monitoring and evaluation information will be collected **after** completion of the vaccination campaign.

During and at the end of the vaccination campaign, you will be responsible for ensuring that the ICG monitoring and evaluation **indicators** or equivalent information has been collected (please see document entitled "Monitoring & Evaluation information").

Please note that WHO may send personnel during monitoring and evaluation of the vaccination campaign to collect the information required to report to donors.

**L. Logistical and Technical assistance**

Do you require logistical or technical assistance during the preparation and implementation of the vaccination campaign?      Yes       No