Overview of the global cholera situation

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Cholera cases reported by year, 1989-2015

Figure 2 Cholera cases reported to WHO by year and by continent 1989 – 2015
Figure 2 Cas de choléra déclarés à l’OMS par année et par continent 1989-2015

Source: WHO
Long outbreaks with high mortality

Somalia: 15,619 cases, 531 deaths in 2016
25,536 cases, 545 deaths already 2017*

Tanzania: 25,123 cases, 390 deaths since Aug 2015

*: as of 11th of April

Source: MOH
Outbreaks in humanitarian / protracted crisis: often predictable (and Case Fatality Rate often high)

Trend of cholera cases and deaths in Somalia; 1994-2016*

Source: WHO

*: 2016 incomplete on the graph
Highly endemic settings:
Eastern Democratic Republic of Congo

Source: MOH
Haiti: 807,049 cases and 9508 deaths since Oct 2010
Haïti-Suspected cholera cases 2014-2017 (until week 12, 2017)
Global situation of cholera

- No signs of decline of reported cholera cases globally
  - Endemic settings
  - Major outbreaks
  - Under-reporting significant from highly endemic countries

- Potential worsening factors in the coming years
  - Climate change
  - Urbanisation
  - Increase in population density
  - (Further) rise of social inequalities

- Need for strong mobilization of endemic countries and partners for multisectoral interventions, including OCV
Current response in many settings

- Practices essentially reactive, i.e. fix the problem in emergency
  - Too much focused on immediate health issues
  - Not multi-sectoral enough
  - Not enough investment in long term solutions

- Not much of a technical issue
  - Control measures are well known
  - Major hotspots are identified
  - Many outbreaks and seasonal peaks can be anticipated
Four axis of a renewed strategy for cholera control

- Cholera occurrence can be predicted in many settings
  - Be more «pre-emptive»

- Cholera is unevenly distributed
  - Be focused on «hot spots»

- The long term solution for cholera control is not in the health sector
  - Be multisectoral (WaSH sector) and mobilize development donors

- OCV use at large scale will
  - Have an immediate impact on transmission
  - Serve as a trigger mechanism for longer term control
«From preparedness and response to prevention and control»

- Cholera Treatment Centers, cholera kits, emergency WaSH
- ... and OCV with WaSH
- ... and long term WaSH

Bridging emergency and development
Cholera vaccine use and production, 1997-2016

- WC-BS doses allocated
- WC doses allocated
- WC doses produced
Feasibility and acceptability

- More than 40 OCV campaigns with more than 5 million people vaccinated since mid 2013 (creation of the stockpile)

- Mass campaigns using OCV have proven feasible and well accepted in all settings
  - Urban and rural
  - Humanitarian emergencies and outbreaks
  - Endemic countries
  - Using different vaccination strategies (door to door, fixed sites)
Conclusions and next steps

- Increase efforts on communication and advocacy for cholera as a major public health concern.
- Engage countries and donors to support cholera control efforts, along Sustainable Development Goals 2030.
- Develop/update evidence based technical guidance with support of the Global Task Force on Cholera Control.
- Use OCV and integrate with WaSH and other control measures.
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