

TAG RECOMMENDATIONS FOR CHOLERA

Prepared by Ruthly François

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2011 Recommendations

- TAG sees the cholera outbreak in Haiti as a manifestation of a wider and deeper humanitarian crisis in the country and a risk for repeated exportations to countries in the Region. The outbreak thus needs to be addressed in a definitive way with the support of the regional and international communities. TAG calls on regional governments to work with the Haitian government and people towards this end.
- TAG endorses the recommendations from the December 2010 ad hoc Scientific Consultation on Potential Role of Cholera Vaccination in the Americas, and suggests that cholera vaccination be considered as an important complimentary tool for the control and prevention of cholera on the island of La Hispaniola. It is of critical importance to do so while ensuring that the coverage of EPI vaccines, including follow-up polio and measles-rubella campaigns, improves in a sustainable manner. TAG recognizes that cholera vaccination should not compete with the provision of other health interventions to prevent and control cholera or associated with other vaccine-preventable diseases and may thus require additional human and/or financial resources.
- TAG recognizes that in addition to the immediate benefits for the vaccinated persons, vaccination in underserved urban and rural areas could provide an invaluable opportunity to assess logistical and operational challenges in cholera vaccine deployment that are specific to Haiti. These initiatives should include the commitment and options to sustain and possibly expand the vaccination if the National Authorities decided to do so.
- TAG does not recommend vaccination of health care workers and responders present in Haiti and vaccination of international travelers to Haiti. Observation of hygienic and sanitary precautions should offer reasonable protection to oneself and others.
- Currently, cholera vaccination is not advised in any other area of the Region. Vaccination of specific groups should only occur if a risk assessment showed significant risks of cholera importation, propagation, and sustained transmission.
- Considering the global shortage of cholera vaccines, PAHO should work towards assuring a timely supply of prequalified vaccines for those countries where vaccination would be warranted. PAHO and partners should work together to mobilize resources to ensure access to and deployment of available vaccines in the Hispaniola, as necessary.

2012 Recommendations

1. TAG commends the work of PAHO and partners for establishing and recently expanding the Regional Coalition on Water and Sanitation for the Elimination of Cholera in the Island of Hispaniola.
2. Advocated by this Coalition, the elimination of cholera transmission in the Island of Hispaniola, defined as cholera no longer being a public health burden, will only be achieved in the long run through considerable investments towards significant and sustained improvements in access to potable water and sanitation. To achieve the overarching goal of cholera transmission elimination, TAG considers that several short-term actions should also be considered, including the expanded use of OCV. However, if water and sanitation are not improved in the long run, the Island will likely remain vulnerable to repeated epidemics, even with a large-scale cholera vaccination program in place.
3. TAG recommends that OCV be used in Haiti, leveraging its delivery to strengthen the provision of other cholera prevention measures (i.e., social mobilization and active case-finding) and national immunization services. To reach this objective, incremental advances are needed in the integration of OCV use with Water, Sanitation, and Hygiene (WASH) development plans, in assuring sufficient OCV availability and financial sustainability of its purchase and delivery, and in developing operational and monitoring immunization capacities. These advances need to build national and local capacity of immunization programs and the health system as a whole. The timeframe during which vaccination will be needed depends on the advances in access to potable water and provision of sanitation and on the evolution of natural and vaccine immunities at population level. Contingent on firm orders, global production capacity could be scaled up to 2–4 million doses in 2013 and to 10–20 million doses in 2014 and thereafter. Therefore, a phased introduction based on global supply will need to be used in Haiti. OCV deployment could be prioritized in the following areas:
 - a. OCV introduction as part of the routine national schedule for children aged one year linked to the delivery of the MR vaccine,
 - b. in the metropolitan area, supplemental immunization activities (SIA) targeting internally displaced people residing in camps (i.e., a group with low immunity likely transitioning to higher risk circumstances) and/or larger populations residing in shanty towns (a group with current moderate to high immunity, but ongoing high risk circumstances), and
 - c. in rural areas, through SIA targeting the population who have difficult access to health care. Vaccination in rural areas will most likely require additional prioritization based on geospatial analyses of a defined set of criteria defined a priori. Regardless of the time and eventual scope of a cholera vaccination program, additional resources and funds will be needed for the program to be

successful, and without ongoing attention to strengthening water, sanitation, and hygiene, OCV use will not prevent long-term risk of disease outbreaks and resurgence.

2014 Recommendations

- TAG supports PAHO's efforts towards cholera transmission elimination in the Region of the Americas through the integrated action and contingency plans, including the use of OCV where indicated. To this end, efforts to mobilize sufficient resources for maintaining the role of the PAHO Secretariat in the Regional Coalition for Water and Sanitation to Eliminate Cholera in Hispaniola should be pursued.
- TAG reinforces previous recommendations to maintain WASH Advocates as a fundamental pillar to the comprehensive approach towards an overarching goal to eliminate cholera transmission. TAG also reaffirms that vaccination is one of possible short-term actions toward the achievement of the long-term elimination goal.
- Countries should continue cholera surveillance and assess the impact of OCV where used.

2015 Recommendations

- TAG reiterates its previous recommendations to maintain WASH as a fundamental pillar to the comprehensive approach toward the overarching goal of eliminating cholera transmission in the Island of the Hispaniola.
- Haiti should follow previous TAG recommendations that were included in the "National Plan for the Elimination of Cholera in Haiti, 2013–2020." As part of this implementation, Haiti may continue to require cholera vaccination.
- As information on the impact of cholera vaccination in Haiti remains limited, TAG recommends studying the effectiveness of future OCV deployments.