General

State of the art of new vaccines: research and development Although the whole-cell injectable vaccine (against cholera) is no longer recommended, it still is commercially available in some countries.	WHO/IVB/06.01 page 4
State of the art of new vaccines: research and development Since 1999, WHO recommends the use of killed oral WC/rBS vaccine as a tool to prevent cholera in populations at risk of a cholera epidemic. Such high-risk populations may include, but are not limited to, refugees and urban slum residents.	WHO/IVB/06.01 page 5
State of the art of new vaccines: research and development (I)n 2002 WHO recommended that demonstration projects with oral cholera vaccines be performed in populations at risk living in endemic settings.	WHO/IVB/06.01 page 5
State of the art of new vaccines: research and development The Ty21a (typhoind) vaccine is . . . to be swallowed every other day for one week. It can be taken simultaneously with the attenuated CVD103-HgR V. cholerae vaccine.	WHO/IVB/06.01 page 13
Weekly Epidimiological Record, No. 13 26 March 2010 Cholera control should be a priority in areas where the disease is endemic. Given the availability of 2 oral cholera vaccines and data on their effi cacy, fi eld effectiveness, feasibility and acceptance in cholera-affected populations, immunization with these vaccines should be used in conjunction with other prevention and control strategies in areas where the disease is endemic and should be considered in areas at risk for outbreaks.	WER No.13, 2010, 85 page 127
Weekly Epidimiological Record, No. 13 26 March 2010 Vaccination should not disrupt the provision of other high-priority health interventions to control or prevent cholera outbreaks	WER No.13, 2010, 85 page 127
Weekly Epidimiological Record, No. 13 26 March 2010 Although all age groups are vulnerable to cholera, where resources are limited immunization should be targeted at high-risk children aged 1 year (Shanchol or mORCVAX) or 2 years (Dukoral). (For vaccine schedules and administration, see recommendations made by the manufacturers)	WER No.13, 2010, 85 page 127

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In cholera-endemic countries, vaccinating the entire population is not warranted. Rather, vaccination should be targeted at high-risk areas and population groups. The primary targets for cholera vaccination in many endemic areas are preschool-aged and school-aged children. Other groups that are especially vulnerable to severe disease and for which the vaccines are not contraindicated may also be targeted, such as pregnant women and HIV-infected individuals. Countries should also consider vaccinating older age groups if funding is available.

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Periodic mass vaccination campaigns are probably the most practical option for delivering cholera vaccines. Schools, health-care facilities, religious institutions and other community settings may be appropriate venues for vaccination campaigns. Incorporating cholera vaccination into routine vaccination schedules may be an alternative or complementary strategy to mass vaccination campaigns, for example to reach young children between campaigns

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Since the documented duration of signifi cant protection for the oral cholera vaccine is 2 years, it is recommended that initial vaccination with 2 doses be followed by a booster dose every second year. Once data on the longer-term effi cacy of any oral cholera vaccine become available, the recommended interval between initial and booster vaccination may be extended

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The mainstay of control measures to be implemented during ongoing epidemics should remain (i) providing appropriate treatment to people with cholera, (ii) implementing interventions to improve water and sanitation and (iii) mobilizing communities

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Pre-emptive vaccination should be considered by local health authorities to help prevent potential outbreaks or the spread of current outbreaks to new areas. Finalizing of predictive risk-assessment tools to help countries determine when pre-emptive cholera vaccination might be used is needed urgently; these tools should be made available and fi eld-tested as soon as possible

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Given the recent large and prolonged outbreaks of cholera (for example, in Angola and Zimbabwe), reactive vaccination could be considered by local health authorities as an additional control measure, depending on the local infrastructure and following a thorough investigation of the current and historical epidemiological situation, and clear identifi cation of geographical areas to be targeted. The 3-step decision-making tool developed for crisis situations38 should guide health authorities in their decisions on whether to use cholera vaccine during complex emergencies. Considering the lack of experience with implementing reactive vaccination against cholera, the feasibility and impact of vaccination in halting ongoing outbreaks should be documented and widely disseminated. Pre-emptive or reactive vaccination should cover as many people as possible who are eligible to receive the vaccine (for example, children aged 1 years or 2 years, depending on the vaccine), and should be conducted as quickly as possible.

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It is strongly recommended that surveillance for microbiologically confi rmed cases of cholera be instituted and integrated into already existing surveillance systems or networks to measure the burden of disease and monitor the seasonality and the impact of vaccination and other interventions in high-risk population.

Policy

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Research

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Schedule

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Typhoid

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