

Use of oral vaccine can complement cholera elimination efforts on the Island of Hispaniola, experts say

Washington, D.C., August 16, 2012 (PAHO/WHO) — Elimination of cholera transmission on the Island of Hispaniola can be achieved by increasing and sustaining access to clean drinking water and adequate sanitation, according to experts of the Pan American Health Organization's Technical Advisory Group on Vaccine-Preventable Diseases (TAG). Reaching the long-term goal will be greatly aided with complementary short-term actions such as the expanded use of oral cholera vaccine, the group further noted during a meeting held on August 14, 2012 at PAHO's Washington, D.C, Headquarters.

The meeting of the Technical Advisory Group is framed in the set of actions that governments of Haiti and Dominican Republic, PAHO/WHO, and other agencies and partners have been carrying out the wake of the cholera outbreak in October 2010. One example of this coordinated action is the launching last June of the Regional Coalition on Water and Sanitation for the Elimination of Cholera on the Island of Hispaniola, which helps governments to harmonize and streamline international assistance and investments in water and sanitation infrastructure on the island.

Dr. Jon Andrus, Deputy Director of PAHO, opened the meeting by tasking TAG with the provision of technical recommendations on cholera vaccination grounded in the best available science. "If the evidence indicates, especially with the recent experience of demonstration projects conducted in the field in Haiti, we should not fail to miss short-term opportunities to save more lives more quickly," he stated. "However, such action must be balanced within the long-term vision of safe water and sanitation that will ultimately stop cholera transmission on the island."

After the presentation of scientific evidence and the results of two demonstration projects, the Technical Advisory Group, chaired by Dr. Ciro de Quadros, recommended introduction of the oral cholera vaccine. This recommendation was supported by data presented by Partners in Health and GIESKO, two nongovernmental health organizations with a long history of work in Haiti. Acting on PAHO's suggestion, both had recently conducted projects which achieved high vaccination coverage of up to 90% for two doses of the oral cholera vaccine. "These results are highly impressive and really provide a road map for what we can do in the near future," noted Dr. de Quadros.

Given that current global supplies of the vaccine are limited, TAG experts also recommended prioritizing vaccination in densely populated urban areas with limited access to sanitation and drinking water, and in rural areas where access to health services is most challenging. As manufacturers ramp up production in the near future, the experts unanimously recommended moving toward universal vaccination. However, they noted that doing so will require urgent attention to mobilizing and sustaining the flow of financial resources, strengthening operational capacity, and insuring that vaccination efforts are well-integrated into the long-term vision of safe water and sanitation to stop cholera's transmission.

The Technical Advisory Group also highlighted the importance of finding solutions to the global scarcity of the cholera vaccine, as well as the need to strengthen epidemiological surveillance processes, which are critical in securing cholera prevention and control. TAG members additionally stressed the need to conduct research to close current knowledge gaps on the vaccine.

Experts agreed that introduction and universal access to the cholera vaccine will not manage, in and of itself, in halting the disease's transmission on Hispaniola, a goal which will require major and sustainable improvements in access to safe drinking water and to sanitation. They emphasized the importance of all actors maintaining their support and commitment to the integrated strategy of action for interrupting cholera transmission on Hispaniola.

More than half a million people in Haiti are estimated to have been infected by cholera between October 2010 and July 2012, and more than 7,400 have lost their lives. The Dominican Republic

has reported more than 25,000 cases and over 400 deaths from cholera.

Two oral cholera vaccines are currently available on the global market; both require the administration of at least two doses separated by 1–2 weeks and must be kept under refrigeration during storage and distribution.

Members of PAHO's Technical Advisory Group for Vaccine-Preventable Disease include Dr. Ciro de Quadros (Chairperson and Executive Vice- President of the Sabin Vaccine Institute), Dr. Peter Figueroa (Rapporteur and Acting Chief Medical Officer at the Ministry of Health of Jamaica), Dr. Roger Glass (Fogarty International Center, U.S. National Institutes of Health), Dr. Anne Schuchat (National Center for immunization and Respiratory Diseases, U.S. Centers for Disease Control and Prevention), Dr. Jeannette Vega (Center for Epidemiology and Health Policy, Chile), Dr. Akira Homma (Policy and Strategy Council, Bio-Manguinhos Institute, Fiocruz, Brazil), Dr. Arlene King (Ministry of Health and Long-term Care, Canada), Dr. Ramiro Guerrero-Carvajal (PROESA, Colombia) and Dr. José Ignacio Santos (Department of Experimental Medicine, National Autonomous University of Mexico).

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