Current major event

Oral Cholera Vaccine campaign in Sudan

A pre-emptive mass immunization campaign with oral cholera vaccines (OCV) has recently been carried out in Sudan in order to prevent spread of cholera amongst refugees escaping from South Sudan on account of war. The campaign, completed in two rounds, ended on 1st September 2016.

Editorial note

Sudan became the second country in the Region after Iraq to introduce the new two-dose oral cholera vaccines (OCV).

Cholera is re-emerging in the Region. After the outbreak reported in Iraq last year, a number of countries in the Eastern Mediterranean Region (EMR), particularly those in crisis and complex emergencies are at risk of cholera owing to presence of a number of precipitating risk factors. Sudan is one of those countries which may face re-emergence of cholera owing to frequent population movement from its bordering country South Sudan which is facing repeated cholera outbreak since 2012.

As a response to re-emergence of cholera in South Sudan in 2015 and 2016, and the continuation of the influx of refugees in White Nile State (WNS) in Sudan, the Federal Ministry of Health-Sudan (FMOH) in collaboration with WHO decided to conduct oral cholera vaccination (OCV) campaign as an additional or supplementary measure for preventing spread of cholera amongst these refugees population from South Sudan.

Based on the joint WHO-FMOH risk assessment mission, 8 refugee camps and their close communities (22 villages) in two localities, Al-Salaam and Al-Jabaleen in White Nile state were selected for OCV campaign. The 1st dose of the OCV was given during the period from 10th to 12th August 2016 while the second round of the campaign was carried out from 30th August to 1st September 2016.

The vaccination coverage for the first round was 70% while that of second round was 96. More than 67,000 people were fully vaccinated in both the rounds with OCV. Cholera remains a continual threat to public health in the Eastern Mediterranean Region. Countries in crisis are specially vulnerable. The increasing number of vulnerable populations living in unsanitary conditions in these countries, with limited access to safe water and health services facilities remain particularly at risk. As proven, safe and effective public health intervention like the two-dose oral cholera vaccines are currently available and some countries in the Region have used the OCVs with promising result, the experience of the introduction of OCV from Iraq and Sudan may be a good starting point to consider large scale pre-emptive campaign using OCV as part of cholera elimination strategy in addition to investing on improving access to safe water and sanitation.

Cholera remains a heavily under reported health condition. It is important to know the burden of cholera in the region as well as hot spots which have faced repeated outbreaks so that these areas can be targeted for vaccination with OCV.