Dr Naeema Al Gasseer, WHO Representative in Sudan takes part in the opening of the OCV campaign in Sinnar State. 11 October 2019

Khartoum, 29 October 2019 – Sudan declared an outbreak of cholera on 8 September 2019 after a noticeable increase in the number of cholera cases reported in the two states of Sinnar and Blue Nile, in the centre and south of the country. The total number of reported cases up to 15 October was 288.

As an integrated part of the current outbreak response strategy, oral cholera vaccine (OCV) has been mobilized by the the Federal Ministry of Health, World Health Organization (WHO), and UNICEF through coordination with the International Coordinating Group on Vaccine Provision for Cholera.

Based on a public health risk assessment, 14 localities in the states of Sinnar and Blue Nile have been determined to be at high risk for further spread of the cholera outbreak.

In addition to current prevention and control measures, WHO is working with Federal and State ministries of health as well as other health partners to provide OCV in an immunization campaign for vulnerable populations in eight localities of the affected states. The campaign is targeting approximately 1.65 million people (aged 1 year and older) with 3.3 million doses of OCV. This is the second time Sudan has introduced the OCV vaccine.

The first round of the campaign was successfully launched by the Federal Ministry of Health, WHO, and partners on 11 October. The OCV was distributed through fixed sites and mobile teams to reach populations at high risk in the targeted areas. Evening house-to-house visits were undertaken by health teams to reach the population at work during the daytime.

“Two doses of vaccine are required for an individual to be protected,” said Dr Akram Ali Altoum, Federal Minister of Health, during a field visit to Sinja locality in Sinnar State. “The campaign will be followed by a second round of doses at a minimum of 4 to 6 weeks interval to complete the vaccination,” he added. “For such a campaign to be effective, it is vital that a second dose is administered,” the Minister added.

“Additional staff from WHO and health partners have been deployed to affected localities in order to support the Ministry of Health in the cholera response measures and facilitate the logistics of the campaign in affected locations to ensure the protection of as many people as possible,” said Dr Naeema Al Gasseer, WHO Representative in Sudan.

Health education and awareness-raising in the affected communities are key components to ensuring the successful implementation of the OCV campaign. In order to achieve herd immunity, all members of a family above 1 year of age must be vaccinated.

Regular monitoring and supervision of campaign activities have been undertaken by teams from WHO, the State Ministry of Health and partners, with evening meetings conducted in each locality to ensure that the maximum population in affected localities were administered the

vaccine.

As of day 5 of the campaign, the cumulative coverage had reached 98% in Sinnar and 85% in Blue Nile states. The campaign was extended for two days to catch the missed population in the targeted localities in both states and additional OCV doses had to be requested to cover three newly-affected localities in Sinnar State.

Provision of safe water, sanitation and personal hygiene will continue to be the critical cholera prevention and control measures. Cholera vaccination is a safe and effective additional tool that can be used under the right conditions to supplement existing priority cholera control measures, not to replace them.

“We must accelerate our prevention and control measures, especially safe drinking water, before, during and after the two successive rounds of the campaign” Dr Al Gasseer added.

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