

On cholera control policies in India Translational Health Science and Technology Institute (THSTI), Faridabad

Cholera is an acute disease that can be fatal and calls for nationally representative population-based surveillance system to monitor this disease. It is a disease of the vulnerable populations and to make it a national health priority, interventions like prevention of adverse outcomes and further transmission are required. Improved water and quality of sanitation are the need of the hour to bring down cholera outbreaks in India. To consider vaccine as a preventive intervention, it must have easy, equitable access by introduction into a national health programme and at the same time it has to be inexpensive, easy to store and administer. Oral Cholera Vaccine (OCV), developed and tested in India, has all the properties of an ideal vaccine except one, i.e. two doses with an interval of 14 days are needed.

With the current COVID19 pandemic worldwide, the focus on healthcare policies and vaccine formation is like never before. Cholera is an endemic as well as an epidemic disease in south-east Asia. In India, its home is in the coastline of the Bay of Bengal. This outbreak occurs in locations where there is a lack of safe water and adequate sanitation. Although this disease is detectable but still numerous cases go unnoticed due to low testing, false reporting or unwillingness to admit the cholera cases by health authorities of a particular region. To design control measures and to know the potential impact of the disease, it is important to be aware of the biology of *Vibrio cholerae* and epidemiology of cholera.

In 2010, WHO recommended two doses of a killed oral bivalent cholera vaccine two weeks apart in those aged over one year, with booster doses after every two years. This was updated in 2017 in the Strategic Advisory Group of Experts (SAGE) recommendations, which stated the considerations of cholera vaccine in three settings: endemic cholera, humanitarian crises with a high risk of cholera and outbreaks. Euvichol, the first killed oral cholera vaccine pre-qualified by WHO and stockpiled by Gavi Alliance are now available while other cholera vaccines are in development stages in India.

Ministry of Health and Family Welfare (MOHFW, Govt. of India) is the public health authority in India at the centre and in states to deal with cholera control and outbreaks. Concerning the potential use of a vaccine, the National Technical Advisory Group on Immunizations (NTAGI) is the constituted independent advisory body which makes recommendations to the MOHFW. The integrated approach between these authorities for vaccine strategy to deliver vaccines is necessary. The current approach is to conduct mass

vaccination campaigns involving all those over one year of age, with repetition every three years as per WHO recommendations. The availability of an OCV in India offers an opportunity to control an important public health problem making policies for cholera control as an urgent requirement.

Contact details:

Ankita Rathore,
Dr. Siuli Mitra (smitra@thsti.res.in)