With approximately 20,000 cases, year 2015 is characterized by a substantial decrease in cholera cases compared to the same period last year (75% decline). In recent weeks, the transmission remains active in four countries of the region. The situation in DRC remains alarming with the highest burden of cholera in the region (70% of cases) and an ongoing epidemic in the Maniema province. Comprehensive data for weeks 42 and 43 are not yet available. However, 48 cholera cases including 3 deaths were reported during week 43 in a prison in the city of Kisangani.

**Trends in cholera cases in West and Central Africa by basin since 2012**

![Graph showing trends in cholera cases by basin from 2012 to 2015 (Congo river, Lake Chad, Guinea Gulf)](chart.png)

**Sources:** Country sitreps, WHO reports, UNICEF CO reports and sitreps, West and Central Africa Cholera Platform.
(data is retrospectively updated when new information comes in)
Mass vaccination with a two-dose oral cholera vaccine in a long-standing refugee camp, Thailand.
Phares CR, Date K, Travers P, Déglise C, Wongjindanon N, Ortega L, Bhuket PR.

BACKGROUND:
During 2005-2012, surveillance in Maela refugee camp, Thailand, identified four cholera outbreaks, with rates up to 10.7 cases per 1000 refugees. In 2013, the Thailand Ministry of Public Health sponsored a two-dose oral cholera vaccine (OCV) campaign for the approximately 46,000 refugees living in Maela.

METHODS:
We enumerated the target population (refugees living in Maela who are ≥1 year old and not pregnant) in a census three months before the campaign and issued barcoded OCV cards to each individual. We conducted the campaign using a fixed-post strategy during two eight-day rounds plus one two-day round for persons who had missed their second dose and recorded vaccine status for each individual. To identify factors associated with no vaccination (versus at least one dose) and those associated with adverse events following immunization (AEFI), we used separate marginal log-binomial regression models with robust variance estimates to account for household clustering.

RESULTS:
A total of 63,057 OCV doses were administered to a target population of 43,485 refugees. An estimated 35,399 (81%) refugees received at least one dose and 27,658 (64%) received two doses. A total of 993 additional doses (1.5%) were wasted including 297 that were spat out. Only 0.05% of refugees, mostly children, could not be vaccinated due to repeated spitting. Characteristics associated with no vaccination (versus at least one dose) included age ≥15 years (versus 1-14 years), Karen ethnicity (versus any other ethnicity) and, only among adults 15-64 years old, male sex. Passive surveillance identified 84 refugees who experienced 108 AEFI including three serious but coincidental events. The most frequent AEFI were nausea (49%), dizziness (38%), and fever (30%). Overall, AEFI were more prevalent among young children and older adults.

CONCLUSIONS:
Our results suggest that mass vaccination in refugee camps with a two-dose OCV is readily achievable and AEFI are few.

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WHO weekly epidemiological record for 2014 is available at:
http://www.who.int/wer/2015/wer9040.pdf?ua=1