

CORRESPONDENCE

Single-Dose Oral Cholera Vaccine in Bangladesh

TO THE EDITOR: The reported 6-month efficacy of a single dose of oral cholera vaccine in Bangladesh (May 5 issue),¹ although seemingly modest, may have profound implications for future use of the vaccine. One-year protection from two doses in India and Bangladesh did not differ significantly from these new results, a finding that suggests that short-term single-dose protection is similar.^{2,3} In cholera outbreaks, a rapid response is crucial, and protection from the first dose (direct and indirect) will drive the effect of reactive vaccination.⁴ These findings open the door to rapid provision of a first dose during epidemics, while giving time for a second dose to be delivered in a more flexible manner, easing logistics and potentially enhancing the duration of protection. In settings in which cholera is endemic, these results may allow for flexible dosing schedules aimed at increasing the duration of protection, including the possibility of seasonally targeted single-dose campaigns in areas with distinct cholera seasonality. However, the lower efficacy estimate in young children than in older children and adults, a finding that is also consistent with previous evidence, highlights the need

for new vaccines or dosing schedules to improve efficacy in the young.

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No potential conflict of interest relevant to this letter was reported.

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