

## DR Congo's conflict and cholera: a call for ring vaccination

Over the past 2 years, cholera cases have more than doubled globally and outbreaks have become expanded, severe, and protracted, reaching 33 countries in 2024.<sup>1</sup> Pre-existing vulnerabilities for cholera are worsened by conflict and climate events.<sup>2</sup> As a result, the Jan 2025 escalation of the protracted conflict in DR Congo that spanned three decades is of concern for DR Congo and its nine bordering countries.

Cholera has been endemic in DR Congo since its introduction in the 1970s,<sup>2</sup> notably the T10 lineage since the 90s. In 2023, irrespective of the Jan 2025 escalation of conflict, DR Congo was already among the five countries reporting both the most cases of cholera and deaths for Jan 2025; the Jan 2025 cholera figures alone represented an 112% increase in cases and a 235% rise in deaths compared with Dec 2024.

The 2010 cholera outbreak in Haiti was an impetus for the establishment of a global stockpile of oral cholera vaccines funded by Gavi, the Vaccine Alliance and managed by the International Coordination Group for vaccine provision. In 2023, Gavi, along with members of the Global Taskforce for Cholera Control, launched a programme for countries to access vaccines for routine preventive campaigns. The cholera vaccine, in conjunction with other cholera prevention and control strategies, is recommended during (1) cholera outbreaks; (2) humanitarian crises with a high risk of cholera; and (3) in areas where local transmission of cholera occurs regularly.<sup>3</sup>

The eastern DR Congo meets all three of the above recommendations for cholera vaccination as part of a tailored broader response. As reliance on conventional measures are unlikely to be fast, feasible, and sustainable,

a preventive vaccination campaign in and around the conflict zone can help avoid a more catastrophic expansion of cholera cases. Although two doses of oral cholera vaccine protect against cholera for at least 4 years, one-dose vaccine regimens that offer protection for at least 1 year are being considered.<sup>4</sup>

Although novel, a ring vaccination strategy for cholera is subsumed under the broader guidance to avert expansion of cholera outbreaks and is feasible.<sup>5</sup> Gavi is currently supporting the countries around the conflict region in DR Congo. Areas affected by conflict are included in the approved plan. Therefore, ring vaccination should be seen as a promising strategy to propel swift action. Although a ceasefire should be pursued to enable vaccination and other public health efforts in the conflict area, parallel efforts to protect the population in the periphery of the conflict are crucial, achievable, and should be actioned without delay. Some bordering countries are actively vaccinating using a single-dose strategy (eg, South Sudan, Zambia, Angola), but other countries (eg, Burundi and Tanzania) should be encouraged to follow a similar approach.

We already have an effective tool kit for cholera that includes the oral cholera vaccine. We have a plan for cholera with the Global Taskforce on Cholera's Controls' Roadmap to 2030. We know that cholera accompanies conflict. In this juncture, what we need is global momentum to fully exploit these options. We owe this effort to the people of the Congo basin.

ZAM is a member of the WHO SAGE committee. All other authors declare no competing interests.

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Lancet Infect Dis 2025

Published Online

April 4, 2025

[https://doi.org/10.1016/S1473-3099\(25\)00229-4](https://doi.org/10.1016/S1473-3099(25)00229-4)