

## IMMUNIZATION AND POLIO UPDATE IN THE AFRICAN REGION

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7th African Vaccination Week kicks off in Chad: Theme “Vaccine protect everyone, Get vaccinated”



First Lady in Chad , HE Hinda Deby Itno, administering OPV drops at the launch event



The Minister of health in Chad, Mrs Ngarmbatina Odjimbeye Soukate, administering drops at the launch



First Lady in Chad , HE Hinda Deby Itno, with pregnant women that received impregnated bed nets during the launch event



A view of the panel at the press conference: From left to right, Dr Margaret Agama Anyetei, from African Union Commission, Dr . Jean-Bosco Ndiokubwayo, WHO Representative in Chad , Mrs Ngarmbatina, Minister of health and Philippe Barragne-Bigot, UNICEF Representative in Chad.

### Highlights

AVW is an annual event celebrated during the last week of April, which is led and coordinated by the World Health Organization (WHO) Regional Office for Africa and implemented by countries. It is celebrated in synchronization with the other WHO Regions and the World Immunization Week (WIW).

The goal of the AVW is to strengthen immunization programmes in the African Region by increasing awareness of the importance of every person’s (particularly every child and woman) need and right to be protected from vaccine-preventable diseases. It aims at keeping immunization high on the national and regional agendas through advocacy and partnerships. It also promotes delivery of other high impact lifesaving interventions.

This year’s AVW focus is on continued advocacy and sensitization on the need for each individual to get vaccinated. It is important to update one’s immunization status throughout the life course as per WHO recommendations for Routine Immunization available at [http://www.who.int/immunization/policy/immunization\\_tables/en/index.html](http://www.who.int/immunization/policy/immunization_tables/en/index.html). The theme retained is therefore “Vaccines protect everyone, get vaccinated!”

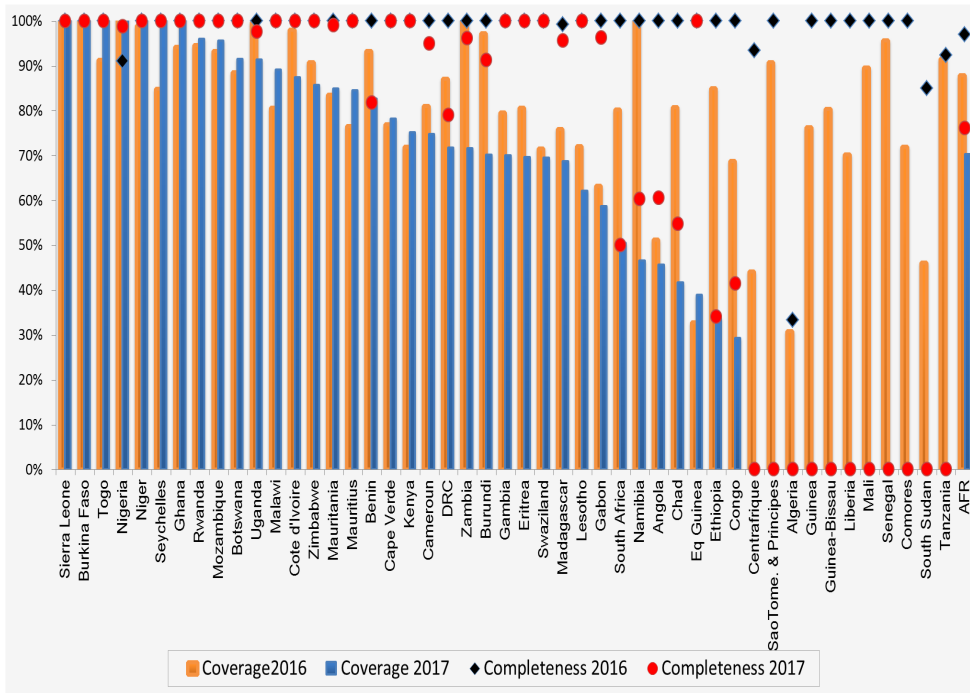
This year’s AVW celebrations coincide with the adoption on 31<sup>st</sup> January 2017 by the 28th Ordinary Session of the African Union (AU) Summit of the “Declaration on Universal access to Immunization as a corner stone of health and development in Africa” and the finalization of the [Addis Declaration on Immunization \(ADI\) Roadmap that will be used by Member States to guide the effective implementation of the 10 ADI commitments](#).

The regional launch of the 7th AVW took place in Chad by her Excellency Hinda Deby Itno, First Lady of the Republic of Chad, accompanied by Representatives of WHO, UNICEF, African Union and high level representatives of national institutions, immunization partners and community leaders in Chad. The First Lady called on each person to assume responsibility in making sure that everyone received the vaccines he needs. This is in line with the commitments that First Ladies have taken with regard to routine immunization in the Call to Action they launched in January 2016.

For this year event, a toolkit was developed by SpeakupAfrica and shared with countries to support communication campaign. For more information on AVW 2017, visit the 2017 AVW website <http://www.african-vaccination-week.afro.who.int/en/>

Interventions planned/ conducted during AVW 2017	Number of countries	List of countries
Communication activities: Advocacy, sensitization, social mobilization, production of IEC material, training/media briefing	47	Eg, Open doors on immunization in Algeria, advocacy breakfast (Nigeria)/dinner ( DRC) with donors for immunization
Catch-up vaccination activities	21	Angola, Algeria, Benin, Botswana, Burkina Faso, Chad, Central African Republic, Congo, Comoros, DRC, Ethiopia, Guinea, Guinea Bissau, Kenya, Nigeria, Sao Tome, Senegal, Seychelles, South Sudan, Tanzania, Togo,, Zambia,
Vitamin A administration	06	Chad, Comoros, Guinea, Madagascar, Rwanda, Sao Tome
Deworming tablets	05	Chad, Comoros, Guinea, Madagascar, Rwanda
Polio campaign	2	Chad, Central African Republic
New vaccine introduction •Rotavirus •IPV •MR	7	Lesotho Sao Tome Burundi
Combined with Child Health days	4	Eritrea, Guinea, Madagascar, Rwanda

## District data completeness and coverage of DTP3 containing vaccine per country January- February 2017-2016



### Highlights

Data reported in this issue cover the period January– February 2017 compared to data for the same period in 2016. Regional data completeness was 76% in 2017 vs 97% for the same period in 2016.

A total of 11 countries did not report data as shown on the graph, while Ethiopia and Congo reported a completeness <50%. This low report rate has impacted the regional administrative reported coverage which was 70 and 68% for DTP3 & Measles containing vaccine for the period. Consequently, only 10 countries reported coverage >90% among which 6 with coverage above 100% ( Burkina Faso, Niger, Nigeria, Sierra Leone, Togo, Seychelles).

Six countries reported coverages <50% (Angola, Chad, Congo, Gabon, Equatorial Guinea, Ethiopia, Namibia) Drop out rate between 1st dose of DTP1– and measles containing vaccines was 10% for the region with rates >20% in Angola, equatorial Guinea, Cap Verde, Equatorial Guinea, Ghana, Mauritania and Sierra Leone.

With data missing in many countries for the period, it was difficult to conduct meaningful analysis for the Region.

Source: Country administrative reported data, monthly district data monitoring system, IVD /FRH, WHO/AFRO

## Intercountry workshops to review immunization Joint Reporting Forms (JRF) and build capacity on data quality: March 2017



Group photo : Session in Kintele, Brazzaville Congo for Central Africa Sub-region, 14-17 March 2017

Group photo : Session in Pretoria, south Africa for East and Southern Sub-region, 27-31 March 2017

Group photo : Session in Cotonou, Benin for West Africa Sub-region, 21-24 March 2017

### Highlights

During 3 consecutive weeks, capacity building activities targeting all 47 countries in 3 different sites :were organized by the 3 inter-country support teams, namely:

- ⇒ **Kintele /Brazzaville –Congo** for 10 countries covered by Inter country Support Team (IST) central Africa plus Madagascar and Comoros.
- ⇒ **Cotonou /Benin** for the 17 countries of IST West; and
- ⇒ **Pretoria-South Africa** for 18 countries covered by IST ESA.

The 3 workshops gathered participants from the 46/47 Member States and immunization officers from WHO and UNICEF country offices, as well as other partners supporting data quality activities in countries .

Objectives of the workshop were:

- ◆ To reinforce country capacity on the process of completion of the joint reporting form
- ◆ To benefit from the peer review exercise and get a thorough review of their reports
- ◆ To Build country teams capacity on the process of data quality review
- ◆ To Support countries to conduct data quality review using their own time series data

At the end of the workshops, all 46 countries were able to submit an improved draft of JRF reviewed by peers and draft data desk review report for 2016. The JRF were finalized when back home and submitted timely on 15 April 2017.

## Recommendations/Action points to countries

- ◆ Each country to develop data analysis and validation protocols by in cooperating the lessons learned from this workshop, then use them to analyze their own data on a monthly basis, provide feedback to subnational levels as well as sharing with IST.
- ◆ Using the framework provided at the workshop, all countries (EPI and HMIS) should conduct data quality desk review on annual bases, and present them to the ICC and share with lower levels, WHO and UNICEF regional offices. These data desk review reports should be used to update annual data quality improvement plans (to be integrated into annual EPI plan of action) and shared with WHO and UNICEF regional Offices. This exercise can also be extended to the provinces and districts
- ◆ Each country needs to set up a Data Quality Technical Team as a subgroup of the expanded Technical ICC in charge of adequately addressing aspects of data quality as recommended.
- ◆ The "Data Quality technical teams" must hold a quarterly meeting of at least one day to monitor and evaluate the level of implementation of the annual data quality improvement plan using the Standard monitoring and evaluation framework and share it with IST.
- ◆ All countries should update their 2015 JRF based on feedback received and transmit the final version to WHO (IST / AFRO) and UNICEF
- ◆ EPI programme to participate in planning and implementation of the DHS and MICS surveys as well as other integrated data quality reviews (DQRs) organized within the framework of the health system
- ◆ Countries are to respond to JRF feedback from WHO shared around May of each year in order to allow better representation of the country's data at the global level.



## Reported routine immunization coverage per antigen , AFR Jan-Feb 2017 vs. 2016

Country	Completeness		Coverage																Drop out rate DTP1-DTP3		DTP3 Containing vaccine districts performance (%)								Number of not vaccinated			
			BCG		OPV3		3rd dose DTP containing vaccine		YF		MCV1		TT2+		Pneum3		Rota Last				<50%		50-79%		80-99%		>=90%		With DTP3		With MCV1	
	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017		
Angola	100%	61%	35%	50%	58%	42%	51%	46%	51%	28%	61%	42%	48%	40%	40%	42%	48%	38%	12%	15%	42%	53%	30%	25%	8%	5%	20%	18%	89 010	89 529	71 278	95 960
Burundi	100%	91%	86%	62%	97%	70%	97%	70%	NA	NA	98%	82%	64%	54%	97%	70%	NA	71%	4%	8%	0%	19%	11%	47%	20%	19%	69%	16%	1 633	18 381	1 451	10 789
Cameroun	100%	95%	68%	91%	80%	74%	81%	75%	76%	71%	74%	72%	60%	47%	80%	75%	75%	75%	11%	12%	5%	15%	38%	31%	19%	17%	38%	37%	26 882	35 330	36 496	39 789
Centrafrique	93%	0%	43%	0%	41%	0%	44%	NA	37%	0%	43%	0%	38%	0%	42%	0%	NA	NA	30%	NA	50%	100%	32%	0%	7%	0%	11%	0%	14 295	NA	14 609	26 114
Chad	100%	55%	90%	50%	72%	18%	81%	42%	70%	38%	75%	40%	87%	54%	NA	NA	NA	NA	18%	23%	22%	38%	30%	47%	21%	14%	27%	2%	16 691	62 633	21 828	64 063
Congo	100%	41%	77%	30%	69%	29%	69%	29%	62%	27%	69%	31%	69%	33%	66%	30%	64%	27%	4%	3%	17%	97%	56%	3%	20%	0%	7%	0%	10 725	25 021	10 799	24 515
Eq Guinea	100%	100%	50%	44%	32%	35%	33%	39%	NA	0%	41%	33%	25%	32%	NA	NA	NA	NA	51%	9%	89%	100%	0%	0%	11%	0%	0%	0%	3 901	3 546	3 403	3 911
Gabon	100%	96%	63%	71%	62%	58%	63%	59%	60%	66%	60%	66%	57%	54%	NA	NA	NA	NA	6%	5%	27%	46%	37%	31%	14%	17%	22%	6%	3 965	4 584	4 268	3 777
DRC	100%	79%	60%	72%	78%	70%	87%	72%	84%	54%	86%	69%	86%	80%	84%	71%	NA	NA	7%	7%	4%	30%	24%	21%	27%	9%	45%	40%	72 557	158 903	80 360	176 625
S.T. & Principe	100%	0%	81%	0%	91%	0%	91%	NA	99%	0%	99%	0%	84%	0%	91%	0%	NA	NA	-14%	NA	0%	100%	0%	0%	43%	0%	57%	0%	86	NA	11	936
<b>IST CA</b>	<b>100%</b>	<b>75%</b>	<b>61%</b>	<b>65%</b>	<b>74%</b>	<b>58%</b>	<b>78%</b>	<b>62%</b>	<b>74%</b>	<b>43%</b>	<b>78%</b>	<b>60%</b>	<b>72%</b>	<b>61%</b>	<b>75%</b>	<b>63%</b>	<b>77%</b>	<b>55%</b>	<b>10%</b>	<b>10%</b>	<b>14%</b>	<b>36%</b>	<b>29%</b>	<b>25%</b>	<b>21%</b>	<b>11%</b>	<b>38%</b>	<b>29%</b>	<b>239 745</b>	<b>397 926</b>	<b>244 503</b>	<b>446 479</b>
Algeria	33%	0%	23%	0%	31%	0%	31%	NA	NA	NA	24%	0%	0%	0%	NA	NA	NA	NA	-7%	NA	26%	NA	37%	NA	5%	NA	32%	NA	113 899	NA	125 344	164 627
Benin	100%	82%	94%	78%	93%	83%	93%	83%	96%	82%	96%	82%	76%	71%	93%	83%	NA	NA	6%	0%	1%	0%	17%	16%	26%	21%	56%	63%	4 388	11 453	2 862	11 992
Burkina Faso	100%	100%	98%	103%	117%	118%	117%	122%	81%	0%	102%	110%	84%	92%	117%	122%	117%	122%	-3%	0%	2%	2%	8%	10%	5%	3%	86%	86%	0	0	0	0
Cape Verde	100%	100%	78%	98%	77%	78%	77%	78%	NA	NA	91%	56%	62%	56%	NA	NA	NA	NA	15%	22%	13%	0%	40%	47%	7%	20%	40%	33%	403	382	151	767
Cote d'Ivoire	100%	100%	93%	79%	98%	84%	98%	87%	83%	74%	89%	79%	92%	81%	97%	86%	NA	NA	1%	-1%	0%	4%	9%	30%	22%	22%	70%	44%	2 777	17 543	16 053	28 934
Gambia	100%	100%	97%	90%	81%	71%	80%	70%	84%	78%	83%	76%	45%	46%	80%	72%	80%	70%	19%	25%	0%	0%	57%	86%	43%	14%	0%	0%	2 636	3 886	2 151	3 067
Ghana	100%	100%	93%	92%	94%	102%	94%	102%	95%	94%	95%	39%	62%	68%	94%	102%	92%	97%	-3%	-7%	4%	0%	17%	14%	17%	13%	63%	73%	10 174	0	8 401	108 404
Guinea	100%	0%	79%	0%	72%	0%	76%	NA	75%	0%	83%	0%	68%	0%	NA	NA	NA	NA	10%	NA	11%	NA	39%	NA	21%	NA	29%	NA	17 199	NA	12 055	72 569
Guinea-Bissau	100%	0%	91%	0%	80%	0%	80%	NA	36%	0%	84%	0%	50%	0%	NA	NA	NA	0%	14%	NA	0%	NA	55%	NA	18%	NA	27%	NA	1 986	NA	1 672	10 160
Liberia	100%	0%	79%	0%	71%	0%	70%	NA	63%	0%	70%	0%	64%	0%	68%	0%	NA	0%	17%	NA	7%	NA	60%	NA	20%	NA	13%	NA	7 954	NA	8 093	26 807
Mali	100%	0%	112%	0%	98%	0%	90%	NA	89%	0%	98%	0%	72%	0%	99%	0%	77%	0%	11%	NA	6%	NA	19%	NA	16%	NA	59%	NA	12 380	NA	2 262	119 040
Mauritania	100%	99%	88%	85%	80%	80%	84%	85%	NA	NA	69%	63%	32%	33%	81%	83%	82%	82%	6%	5%	15%	13%	40%	40%	18%	15%	27%	33%	4 150	3 803	7 902	9 432
Niger	100%	100%	113%	115%	93%	107%	99%	108%	96%	105%	97%	106%	NA	NA	93%	107%	87%	103%	8%	6%	2%	7%	20%	37%	20%	7%	57%	50%	1 518	0	4 727	0
Nigeria	91%	99%	95%	106%	102%	112%	102%	113%	99%	110%	101%	112%	58%	64%	29%	108%	NA	NA	7%	6%	5%	4%	12%	8%	8%	6%	75%	82%	0	0	0	0
Senegal	100%	0%	97%	0%	98%	0%	96%	NA	77%	0%	77%	0%	54%	0%	96%	0%	97%	0%	2%	NA	7%	NA	13%	NA	12%	NA	67%	NA	3 824	NA	20 127	88 448
Sierra Leone	100%	100%	91%	154%	117%	216%	140%	216%	83%	155%	88%	165%	69%	123%	93%	215%	93%	220%	-37%	2%	7%	0%	7%	14%	21%	18%	64%	68%	0	0	4 999	0
Togo	100%	100%	79%	93%	91%	112%	91%	113%	88%	133%	87%	133%	83%	132%	89%	111%	91%	110%	-1%	-7%	0%	0%	8%	0%	30%	3%	63%	98%	4 158	0	6 390	0
<b>IST WA</b>	<b>94%</b>	<b>83%</b>	<b>91%</b>	<b>82%</b>	<b>94%</b>	<b>88%</b>	<b>95%</b>	<b>89%</b>	<b>93%</b>	<b>85%</b>	<b>91%</b>	<b>82%</b>	<b>65%</b>	<b>62%</b>	<b>61%</b>	<b>86%</b>	<b>92%</b>	<b>79%</b>	<b>5%</b>	<b>4%</b>	<b>5%</b>	<b>3%</b>	<b>16%</b>	<b>13%</b>	<b>13%</b>	<b>9%</b>	<b>68%</b>	<b>74%</b>	<b>187 445</b>	<b>37 067</b>	<b>223 188</b>	<b>644 246</b>
Botswana	100%	100%	98%	93%	84%	87%	89%	91%	NA	NA	93%	103%	NA	NA	83%	88%	71%	85%	5%	14%	8%	8%	29%	13%	4%	4%	58%	75%	880	661	516	0
Comores	100%	0%	68%	0%	72%	0%	72%	NA	NA	NA	76%	0%	0%	0%	NA	NA	NA	NA	8%	NA	29%	NA	24%	NA	12%	NA	35%	NA	1 031	NA	889	3 785
Eritrea	100%	100%	75%	56%	81%	70%	81%	70%	NA	NA	67%	69%	0%	12%	NA	NA	NA	72%	1%	-10%	28%	26%	24%	40%	10%	14%	38%	21%	3 334	5 390	5 680	5 479
Ethiopia	100%	34%	79%	28%	82%	30%	85%	34%	NA	NA	82%	32%	NA	NA	85%	33%	82%	33%	5%	4%	9%	27%	28%	33%	31%	20%	31%	20%	77 530	356 288	94 590	367 222
Kenya	100%	100%	69%	86%	71%	74%	72%	75%	0%	1%	70%	79%	48%	61%	71%	75%	65%	72%	3%	7%	12%	4%	57%	72%	17%	9%	14%	15%	77 732	61 756	83 704	51 282
Lesotho	100%	100%	68%	56%	70%	59%	72%	62%	NA	NA	65%	47%	59%	56%	NA	NA	NA	NA	-2%	-9%	10%	20%	50%	80%	30%	0%	10%	0%	2 416	3 274	3 030	4 547
Madagascar	99%	98%	72%	72%	70%	66%	76%	69%	NA	NA	78%	65%	44%	40%	75%	68%	72%	67%	13%	7%	19%	27%	42%	40%	17%	21%	22%	11%	32 717	44 279	29 589	49 399
Malawi	100%	100%	87%	93%	79%	89%	81%	89%	NA	NA	82%	84%	51%	65%	81%	89%	77%	87%	10%	7%	0%	0%	39%	29%	21%	25%	39%	46%	21 932	12 626	20 126	19 064
Mauritius	100%	100%	79%	72%	77%	85%	77%	85%	NA	NA	80%	77%	63%	70%	NA	NA	NA	74%	-5%	-12%	0%	0%	70%	40%	30%	30%	0%	30%	504	326	424	486
Mozambique	100%	100%	105%	103%	84%	76%	93%	96%	NA	NA	86%	94%	84%	82%	93%	95%	NA	NA	3%	2%	4%	2%	13%	18%	15%	14%	68%	66%	11 551	7 513	24 366	10 382
Namibia	100%	60%	147%	56%	136%	46%	138%	47%	NA	NA	128%	42%	NA	NA	NA	46%	NA	47%	4%	11%	0%	57%	100%	30%	0%	7%	0%	7%	0	8 030	0	8 754
Rwanda	100%	100%	93%	95%	95%	96%	95%	96%	NA	NA	98%	95%	102%	70%	95%	96%	98%	109%	1%	0%	0%	0%	13%	10%	20%	33%	67%	57%	3 048	2 307	977	2 773
Seychelles	100%	100%	77%	81%	85%	105%	85%	104%	90%	107%																						

## Regulatory and safety requirements for Pilot Implementation of RTS,S/AS01 malaria vaccine in Ghana, Kenya and Malawi, Pre-AVAREF Consultation with National Regulatory Authorities (NRAs) from the 3 countries , 18-19 February 2017, Zanzibar, Tanzania



*Photograph of participants from Ghana, Kenya and Malawi, with GSK, and WHO secretariat at first consultation with countries in support of licensure of RTS,S malaria vaccine*

### Regulatory and safety oversight approach under AVAREF

The pilot implementation is a unique opportunity to further enhance safety and pharmacovigilance in the three countries and at the regional level. Under AVAREF, WHO has supported the respective regulatory agencies in defining a common strategy in a meeting held on 18-19 February 2017 in Zanzibar. Under each country's legal framework, RTS,S vaccine will be authorized for use in the pilot implementation. This would strictly be for the pilot implementation.

The WHO will facilitate a joint review of the Committee on Human Medicinal Products (CHMP) assessment reports and associated inspection reports that formed the basis of the positive Article 58 opinion for the RTS,S vaccine by the European Medicines Agency (EMA) to satisfy local requirements for the authorization. It will include a risk management plan, under review by the EMA.

Pharmacovigilance "readiness" is key to the implementation of the pilot and countries are already developing plans with support of WHO and in collaboration with the respective NRA and EPI programme.

A second meeting has been planned for end-June to agree on exact documentation to be reviewed for the special authorization, dates and expertise required. It is expected by end-quarter 1 of 2018, RTS,S would have been approved by the three countries for the pilot implementation to proceed as planned.

### Overview

The malaria vaccine, RTS,S/AS01 was developed through clinical trials in countries of the region and received a positive scientific opinion from the European Medicines Agency under Article 58 in July, 2015. Subsequently, in October 2015, WHO's Strategic Advisory Group of Experts on immunization (SAGE) and Malaria Policy Advisory Committee (MPAC) reviewed clinical data and recommended pilot implementation of the vaccine in 3-4 different settings in three countries. The pilot implementation will provide further information on programmatic feasibility of delivering three doses of RTS,S/AS0, at monthly intervals to children starting as close as possible to 5 months and with a final booster 18 months after the last dose. It will also assess the actual vaccine impact on mortality and vaccine safety in the context of a routine immunization programme.

Since the vaccine has not been prequalified and is the first to go from an article 58 to national regulatory approval, Ghana, Kenya and Malawi identified as countries where pilot implementation projects (PIP) could be conducted, will need a suitable regulatory pathway for its authorization. To overcome the technical and other requirements, the three countries decided to use the African Vaccine Regulatory Forum (AVAREF) platform as a means to jointly overcome the challenges and to define a common plan for vaccine licensure for the PIP.

## Expansion of rotavirus surveillance to include other diarrheal enteropathogens and new vaccines surveillance data linking orientation workshop, Lomé, Togo; 27- 31 March 2017



Group picture of participants at the workshop.

As part of the AFRO efforts to support countries to expand the rotavirus surveillance to include surveillance of other diarrheal, The above mentioned workshop was organized in collaboration with the Rotavirus regional reference labs (RRL), the Gambia Medical research council and Noguchi Memorial Institute for Medical Research to provide orientation on the surveillance for other enteropathogens and linkage of new vaccines surveillance and RRL laboratory data.

### Background

The WHO coordinated Rotavirus Surveillance Network (AFRSN) was designed to monitor rotavirus infection in children with severe acute watery diarrhea as part of hospital based sentinel site surveillance. The sentinel surveillance has served as a platform for advocacy and has provided much needed disease burden data to support evidence based decision making and justification for the introduction of rotavirus vaccine.

The WHO African Region has made tremendous progress in the introduction of rotavirus vaccine in national EPI programs. Currently, 32 countries have introduced the vaccine in EPI and 12 countries are monitoring the impact and vaccine effectiveness of two WHO pre-qualified vaccines. Given there are many pathogens that cause diarrhea in children, it is important to document the prevalence of other causes of diarrhea in order to accurately monitor the proportion of diarrhea prevented by rotavirus vaccination.

WHO has embarked on support to Member States to monitor other diarrheal pathogens. As part of expansion of rotavirus surveillance, stool specimens tested at selected sentinel sites for rotavirus that are currently being sent to RRL for quality control and genotyping will also be tested using a new molecular diagnostic technique, quantitative PCR (qPCR that has the capacity for simultaneous detection of 12 pathogens in one sample).

### Highlights

The workshop was officially opened by the Secretary General of Ministry of Health and WR Togo with attendance of 62 participants including site coordinators, clinicians, lab coordinators and data managers from 10 countries in the WHO West African sub Region sub region (Benin, Burkina Faso, Cote d'Ivoire, The Gambia, Ghana, Niger, Nigeria, Senegal, Sierra Leone and Togo)

**Key outcomes** from this workshop included the need to;

- ◆ Have a broader understanding of the impact of rotavirus vaccination by determining rotavirus' new position in the hierarchy of causes of diarrhea in the African setting
- ◆ leverage the existing Rotavirus Surveillance Network to test for other diarrheal enteropathogens using novel quantitative PCR (TaqMan Array Cards)
- ◆ Provide data that can be used to justify the need to develop vaccines for other diarrhea pathogen such as for norovirus, ETEC, and Shigella by providing additional genotyping information for these pathogens
- ◆ Continue monitoring the circulating rotavirus genotypes and meningitis pathogens and ensure linkage of laboratory and clinical data in case based surveillance data base.

## AFRO Polio update as of 28 April 2017

### AFP surveillance indicators, 2017 (as of week 15, 2017)

IST	AFP cases reported	Annualized NP- AFP Rate	% 2 Stools within 14 days
Central	1007	4.7	92%
West	5862	12.3	98%
South-East	1570	3.2	90%
Regional	8439	7.1	96%

### cVDPV and WPV cases reported in the Region

#### 2017 cVDPV:

- No new cVDPV case has been reported this week
- The date of onset of latest case was 28<sup>th</sup> October 2016 (Nigeria)

#### 2017 WPV:

- No new wild poliovirus case has been reported this week:
- The date of onset of latest case was 21<sup>st</sup> August 2016 (Nigeria)

### Wild poliovirus cases 2016-2017

**2016**  
WPV cases by country: Week 1- 15

**2017**  
WPV cases by country: Week 1- 15

COUNTRY	W1	W3	W1+W3	Total	COUNTRY	W1	W3	W1+W3	Total
NIGERIA	0	0	0	0	NIGERIA	0	0	0	0
	0	0	0	0					
<b>TOTAL AFR</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>TOTAL AFR</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Highlights

#### At Regional level

**2016 Data**, as of 17<sup>th</sup> April 2017, four WPV1 cases were reported in the Region from one country (Nigeria). No WPV case been reported in 2017.

#### At Global level

**2016 Data**, Thirty-seven WPV cases were reported from 3 endemic countries and 0 from non-endemic countries. With 4 out of 37 cases, AFR accounts for 11% of WPV cases reported globally

**2017 Data**, Five WPV cases were reported from 2 endemic countries and 0 from non-endemic countries. No WPV case was reported from AFR (WHO/HQ, 18<sup>th</sup> April 2017).

#### AFP surveillance

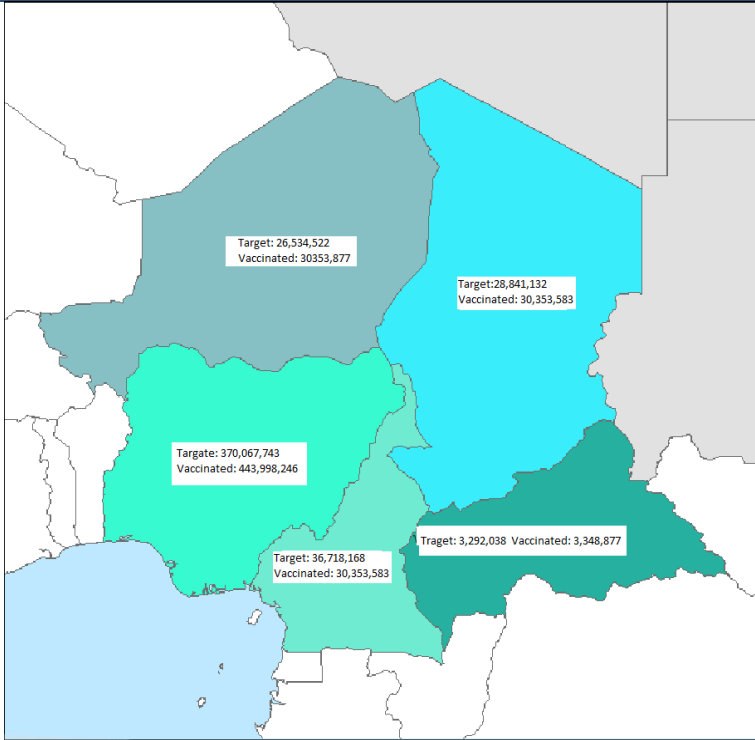
**2016 Data**: A total of 42 out of 47 (89%) countries achieved the recommended operational NP-AFP rate of at least 2/100,000. (Data source – WHO/AFRO, 2016, last update 17<sup>th</sup> April 2017).

### Distribution of cVDPV and aVDPV cases by serotype in AFR , 2014-2017

Serotype Classification	2015				2016				2017				Total									
	type 1		type 2		type 3		type 1		type 2		type 3		type 1		type 2		type 3					
	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV	aVDPV	cVDPV				
CAMEROON																	0	0	0	0	0	0
CHAD			1														0	0	1	0	0	0
DRC			2				1										1	0	2	0	0	0
ETHIOPIA			1														0	0	1	0	0	0
GUINEA				7													0	0	0	7	0	0
KENYA																	0	0	0	0	0	0
MADAGASCAR	1	10															1	10	0	0	0	0
NIGER																	0	0	0	0	0	0
NIGERIA				1			1			1							1	0	0	2	0	0
UGANDA																	0	0	0	0	0	0
SOUTH SUDAN				1													0	0	1	0	0	0
<b>TOTAL</b>	<b>1</b>	<b>10</b>	<b>5</b>	<b>8</b>			<b>2</b>			<b>1</b>						<b>3</b>	<b>10</b>	<b>5</b>	<b>9</b>	<b>0</b>	<b>0</b>	



# Synchronized SIAs in Lake chad countries, August 2016—March 2017



## Highlights

In response to the Polio outbreak in Lake Chad Basin, the WHO African Region decided to organize the response in conducting 9 rounds of Supplementary Immunization activities (SIAs) in the 4 countries of Lake Chad Basin (Nigeria, Niger, Cameroon and Chad) and Central African Republic from August 2016 to March 2017. CAR had been included in this response due to movement of population with Lake Chad countries.

Nigeria organized more than 9 SIAs as it is the epicenter of outbreak and also because new cVDPVs were detected after December 2016.

The following vaccines were used: **tOPV** in 2 rounds before the switch., **bOPV** for the WPV1 outbreak response and **mOPV2** for the cVDPV2 outbreak response.

Results showed that a total of 544,005,416 children < 5 were vaccinated out of 468,453,603 targeted. The quality of Polio SIAs has improved across the rounds with a reduction in the number of missed children as shown during independent monitoring. However, the percentage of parents not informed before the campaign is still 5% for most of the countries.

Action points to improve quality of SIA's include:

1. Conduct Outbreak Response Assessment (OBRA) in the 5 countries
2. Update the polio outbreak response plan according to OBRA recommendations.

Synchronized SIAs Results in Lack Chad COUNTRIES 2016-2017

Country	Period		Type	VPO used	Population		Administrative Coverage (%)	Independent Monitoring		
	Start Dates	End Dates			Targeted	Vaccinated		IM IN HOUSE	Out of House	% parents not informed
Cameroon	2/26/2016	2/28/2016	JNV	VPOt	6,221,136	6,195,281	99	4	6	14
	4/15/2016	4/17/2016	JNV	VPOt	6,221,136	6,086,705	97	3	4.5	12
	8/27/2016	8/29/2016	JLV	VPOb	2,643,919	2,630,546	98	2	4	7
	9/17/2016	9/20/2016	JLV	VPOb	3,656,953	3,537,625	96	3	4	8
	10/8/2016	10/11/2016	JLV	VPOb	3,656,953	3,603,867	97	3	3	8
	11/2/2016	11/5/2016	JLV	VPOb	3,656,953	3,612,087	100	3	3	9
	12/3/2016	12/6/2016	JLV	VPOb	3,656,953	3,605,929	99	2	3	8
	12/16/2016	12/18/2016	JLV	VPOm2	239,760	247,515	6	2	3	6
	1/28/2017	1/31/2017	JLV	VPOm2	3,608,764	3,602,907	100	2	3	10
	3/25/2017	3/28/2017	JLV	VPOb	3,155,641	3,143,561	98	2	2	17
4/22/2017	4/25/2016	JLV	VPOb	6,318,984						
Tchad	2/26/2016	2/28/2016	JNV	VPOt	4,154,730	3,909,380	94	3	5	11
	3/25/2016	3/27/2016	JNV	VPOt	4,154,730	4,274,937	103	3	4.9	9
	8/27/2016	8/30/2016	JLV	VPOb	1,289,444	1,444,256	111	4	5	13
	9/17/2016	9/20/2016	JLV	VPOb	3,287,132	3,558,181	105	3	5	12
	10/8/2016	10/11/2016	JLV	VPOb	3,287,132	3,525,652	104	3	5	12
	11/2/2016	11/5/2016	JLV	VPOb	3,287,132	3,479,828	94	3	4	9
	12/3/2016	12/6/2016	JLV	VPOb	3,287,132	3,639,300	108	3	3	9
	12/16/2016	12/18/2016	JLV	VPOm2	234,290	225,538	96			
	1/28/2017	1/31/2017	JLV	VPOm2	1,691,689	1,824,596	108	3	4	10
	3/25/2017	3/28/2017	JLV	VPOb	4,167,721	4,471,855	107	3	4	8
4/22/2017	4/25/2016	JLV	VPOb	2,605,578						
RCA	3/4/2016	3/6/2016	JNV	VPOt	874,034	805,291	88	7	10	24
	8/27/2016	8/30/2016	JLV	VPOb	218,232	219,776	101	5	9	19
	9/17/2016	9/20/2016	JLV	VPOb	332,607	319,612	96	10	9	38
	10/8/2016	10/11/2016	JLV	VPOb	332,607	342,807	103	4	6	9
	11/2/2016	11/5/2016	JLV	VPOb	332,607	364,364	110	4	5.0	8
	12/3/2016	12/6/2016	JLV	VPOb	332,607	369,649	111	4	5	6
	3/25/2017	3/28/2016	JLV	VPOb	869,344	927,378	102	4	6	7
	3/10/2016	3/12/2016	JNV	VPOt	6,109,148	6,195,498	100.71	4	6	33
	4/8/2016	4/10/2016	JNV	VPOt	6,109,148	6,128,170	99.62	3	4	22
	8/27/2016	8/30/2016	JLV	VPOb	1,501,649	1,536,046	102	4		17
Niger	9/17/2016	9/20/2016	JLV	VPOb	2,731,471	2,773,272	102	3	5	26
	10/15/2016	10/18/2016	JLV	VPOb	2,731,471	2,797,138	102	4	5	29
	11/2/2016	11/5/2016	JLV	VPOb	2,731,471	2,788,577	102	5	4	20
	12/3/2016	12/6/2016	JLV	VPOb	2,731,471	2,853,640	104	3	4	25
	12/16/2016	12/18/2016	JLV	VPOm2	256,665	262,476	102	3	2	21
	1/28/2017	1/31/2017	JLV	VPOm2	4,632,028	4,703,870	102	3	4	12
	3/25/2017	3/28/2017	JLV	VPOb						
	4/22/2017	4/25/2016	JNV	VPOb						
	8/27/2016	8/30/2016	JLV	VPOb	5,458,128	5,787,177	106	2	3	2
	9/17/2016	9/20/2016	JLV	VPOb	31,540,054	31,702,527	101	1	2	6
10/15/2016	10/18/2016	JLV	VPOb	31,540,054	31,422,237	100	1	2		
11/2/2016	11/5/2016	JLV	VPOb	31,540,054	32,511,709	103	1	2		
12/3/2016	12/6/2016	JLV	VPOb	31,540,054	32,449,576	103	1	2	7	
12/16/2016	12/18/2016	JLV	VPOm2	10,078,884	9,977,377	99	1	2	5	
1/28/2017	1/31/2017	JLV	VPOm2	33,478,035	32,360,509	97	1	2	5	
2/25/2017	2/28/2017	JLV	VPOb	26,256,251	25,350,055	97	1	2	7	
3/25/2017	3/28/2017	JLV	VPOb							
4/22/2017	4/25/2016	JNV	VPOb							
Total					308,741,936	301,568,337				

	MI < 5 child non vaccinated
	5 < MI < 10 child non vaccinated
	MI >=10 child non vaccinated