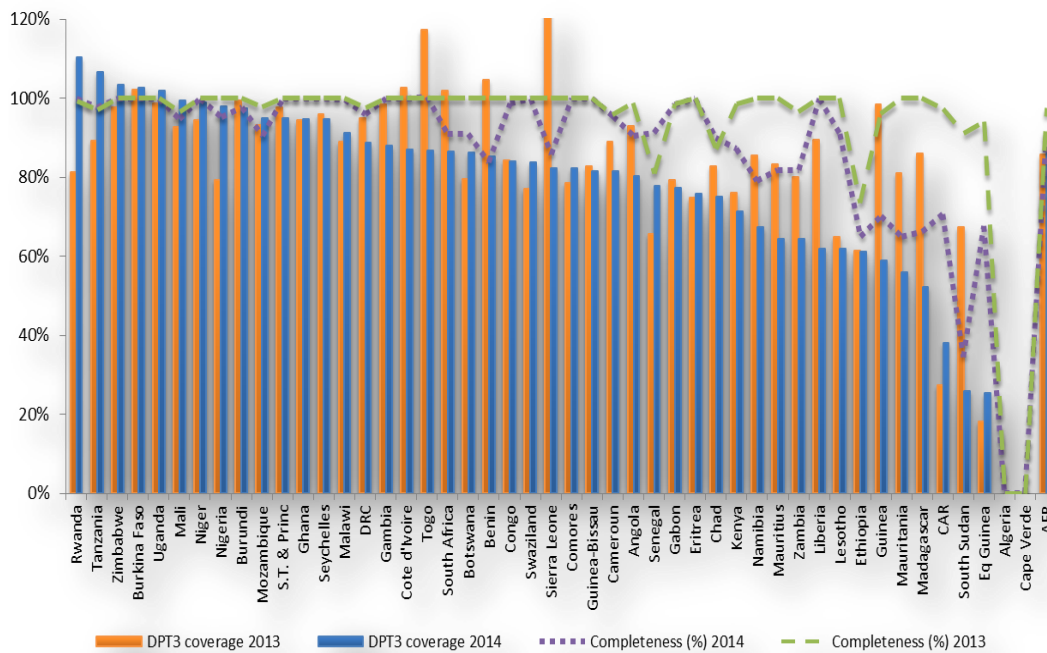


MONTHLY IMMUNIZATION UPDATE IN THE AFRICAN REGION

January 2015 (Vol 3, issue N° 1)

DTP3 coverage and data completeness by country in the AFR Jan-Nov 2013-2014



Source : WHIO AFRO, IVE Cluster. Compiled from Monthly districts routine immunization reports from Member States

Highlights

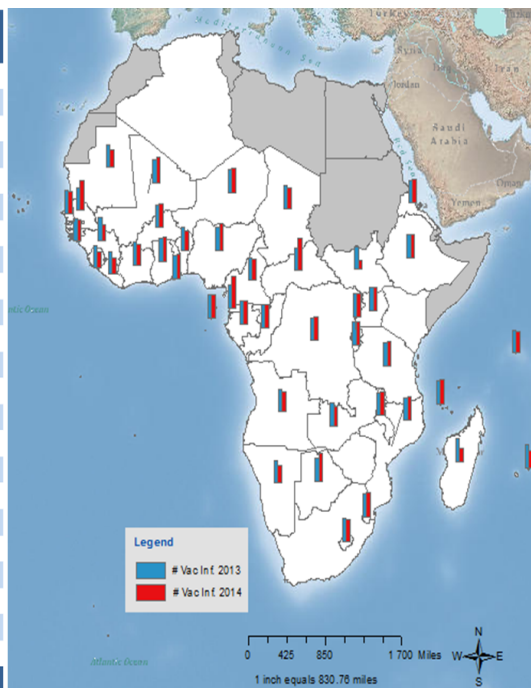
The data reported in this issue cover the period January to November 2014/2013 with a completeness of 91% & 96% in 2014 & 2013 respectively. Algeria & Cape Verde, did not report any data for the period while 05/47 countries (Equatorial Guinea, Ethiopia, Madagascar, Mauritania & South Sudan) have a completeness < 70%. The regional administrative reported DTP3-containing vaccine coverage was maintained at 86% in 2014 & 2013, while measles coverage was maintained at 84% for both years.

A total of 28/47 countries reported DTP3 coverage ≥ 80% (14 countries between 80-89%, and 14 countries with a coverage >90%). Five countries (Burkina Faso, Rwanda, Tanzania, Uganda, Zimbabwe) reported coverage >100%.

The reported DTP1/DTP3 Drop Out Rate (DOR) was maintained at 7% in 2014 & 2013. Five countries (Angola, Chad, CAR, Equatorial Guinea & South Sudan) reported a DOR ≥ 15% for the period.

Comparative number of children vaccinated per country in the AFR Jan-Nov 2013-2014

Country	# Infants vaccinated 2013	2014	Country	# Infants vaccinated 2013	2014
Algeria	NA	NA	Liberia	126 983	89 365
Angola	800 621	710 867	Madagascar	654 456	397 261
Benin	352 944	300 228	Malawi	527 164	551 331
Botswana	33 968	40 645	Mali	571 974	631 619
Burkina Faso	658 995	676 289	Mauritania	98 236	72 858
Burundi	305 469	306 888	Mauritius	10 907	8 443
Cameroon	648 062	607 159	Mozambique	811 958	850 336
Cape Verde	NA	NA	Namibia	60 309	47 560
CAR	36 424	51 482	Niger (the)	756 900	792 430
Chad	375 793	333 302	Nigeria	5 076 295	5 972 450
Comoros (the)	14 673	15 386	Rwanda	295 019	308 658
Congo (the)	136 142	139 630	STP	5 126	5 099
Cote d'Ivoire	721 782	647 338	Senegal	303 294	391 574
DRC	2 468 924	2 524 508	Seychelles	1 440	1 363
Equatorial Guinea	4 569	6 499	Sierra Leone	247 164	174 583
Eritrea	74 883	77 960	South Africa	904 417	836 757
Ethiopia	1 685 711	1 677 231	South Sudan	243 093	94 000
Gabon	48 022	48 022	Swaziland	22 372	24 561
Gambia (the)	66 517	62 770	Tanzania	1 453 811	1 551 641
Ghana	838 919	898 333	Uganda	1 367 030	1 453 609
Guinea	383 714	269 419	Togo	219 023	224 807
Guinea-Bissau	47 539	45 013	Zambia	465 341	403 342
Kenya	1 023 616	990 532	Zimbabwe	379 900	402 063
Lesotho	31 191	29 677	AFR	25 360 690	25 744 888



Highlights

The reported data for the period Jan-Nov 2014 show that nearly 26 million children have been vaccinated with DTP3 containing vaccine.

Close to 400,000 additional children were vaccinated compared to last year. An increase in the number of vaccinated children was reported in 23/47 countries. The highest increase was observed in Nigeria (>890,000) and moderate increase (>50,000) being observed in DRC, Ghana, Mali, Senegal, Tanzania and Uganda.

Angola, Guinea, Madagascar, South Sudan, South Africa & Zambia, have reported the highest number of unimmunized children for the period.

Poor implementation of data verification mechanisms at all levels including denominator issues still remain some of the major challenges the region is still facing. Appropriate strategies to address these issues are ongoing in most countries and need to be further strengthened.

Towards revitalization of immunization services in the three Ebola Virus Diseases (EVD) most affected countries

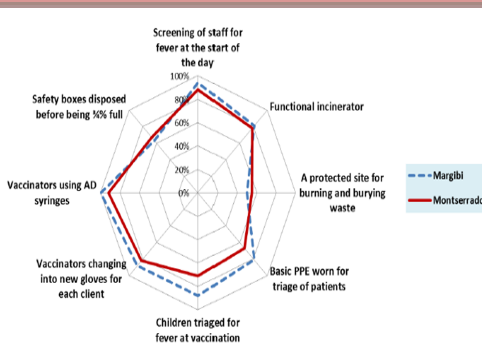
SITUATION IN LIBERIA

- ◆ An assessment on IPC (Infection Prevention Control) practices among vaccinators during service delivery in health facilities and at outreach sites was conducted in January 2015 by the Ministry of health and partners using a structured questionnaire (results shown here under). Based on the results of this assessment, the IPC guidelines for vaccinators are currently under revision.
- ◆ Immunization services have completely resumed in most of the public institutions. IPC supplies (infrared thermometer, disposable gloves & gown, soap/chlorine, etc.) have been made available for all immunization sessions. In the private-owned institutions, the pace of restarting immunization activities is much slower as these facilities have difficulties in getting IPC supplies.
- ◆ Three rounds of Periodic Intensified Routine immunization activities (PIRI) have been planned in December 2014, February & March 2015 in the all health facilities as accelerated coverage improvement activities using fixed and outreach sites. The 1st PIRI round conducted in December 2014 was not well implemented, particularly in Montserrado county. The next rounds will focus on the poor performing areas with an emphasis on social mobilization (parade, flyers...). Target populations for the PIRI activities are:
 - ⇒ Children 0-11 months for all antigens and pregnant women for TT
 - ⇒ Children 12-23 Months for penta 3, OPV, PCV (2nd and 3rd doses)
 - ⇒ Children 6-59 months for MCV and Vit A (in Lofa county) and 9-59 months in other counties.
- ◆ Plans for measles follow up campaign which are targeting 6 months to 9 years children country wide are being finalized.

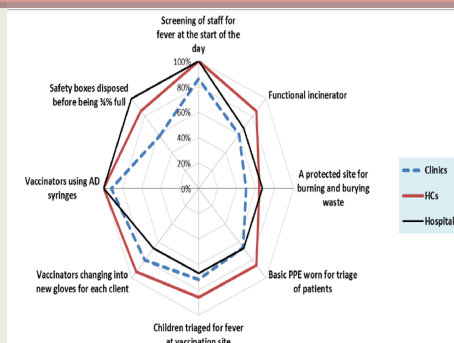
Highlights

- After months of intensive response activities by national and international partners to control the EVD outbreaks that has affected several countries in West Africa and even beyond, the epidemiological situation to date has considerably improved in the three most affected countries (Guinea, Liberia and Sierra Leone)..
- Countries are urged to develop before mid February 2015, comprehensive EPI recovery plan which include accelerated coverage improvement activities balanced with system building activities on long term.
- While those plans are being finalized, accelerated immunization activities are ongoing. As example, PIRI is being conducted in Liberia from 2-6 February targeting >160,000 children 0-11 years and >560,000 children 9-59 months.

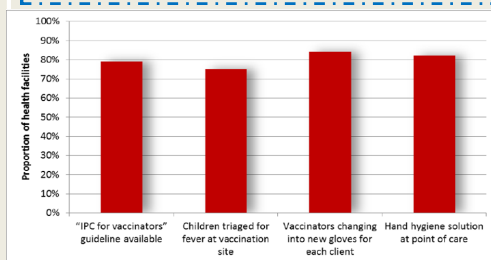
Results of the assessment of the Infection Prevention Control (IPC) practices in Liberia January 2015



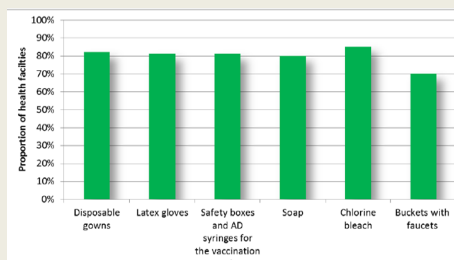
Scoring against key indicators by County [N=2]



Scoring against key indicators by type of facility [N=67]



IPC measures specific to vaccination in health facilities



Availability of IPC Supplies in health facilities

SITUATION IN GUINEA

- ◆ Immunization services were negatively affected by the current EVD outbreak due to the fear of the population to go the health facilities or to go the outreach services.
- ◆ Since January 2015 with the implementation of the "Zero Ebola case in 60 days" plan, a remarkable decrease of the number of EVD cases is observed throughout the country.
- ◆ 30/38 districts in the country have reported at least one case of Ebola to date.
- ◆ All health workers have been trained in IPC measures and all health facilities were equipped with supply to prevent infection. Supervision activities and technical support to health workers on this area are ongoing.
- ◆ A 3 year's health system strengthening (HSS) plan 2015-2017 is under development and will be submitted to European Union and to the World Bank in the coming days in order to raise additional funds.
- ◆ The EPI program is currently developing the 2015 PoA in line with the 3 years HSS plan, which includes all aspects related to the revitalization of the health system as well as activities aiming at increasing population immunity (routine immunization, 3 polio campaigns, measles and Yellow Fever campaign).
- ◆ One of the biggest challenges that the country is facing is to engage the population in Mob Soc activities.

SITUATION IN SIERRA LEONE

There is a general trend in decline of immunization coverage for all antigens. The administrative coverage figures are the lowest ever reported during the past 3-5 years (DTP3 is at 75%, MCV1 is at 72%), mainly due to decrease confidence in immunization services.

IPC practices during immunization sessions are poorly implemented due to lack of supply.

Surveillance activities for VPDs are on hold. Couriers have declined shipping of specimens to Abidjan reference laboratory. These specimens are currently being stored at national level waiting to be sent to the laboratory when the situation will permit.

A proposal is currently being developed by the country to conduct accelerated coverage improvement activities, in form of PIRI, integrated with other high impact child survival interventions (such as Vit A supplementation, growth monitoring, nutritional support, etc.). The immunization teams in the country are working with Liberia in order to benefit from their experience in planning for PIRI activities during this EVD outbreak.

Mass immunization campaigns with MenAfriVac® in 2014 in the AFR



The president of the Republic, HE Faure Gnassingbe launching the MenAfriVac® campaign in Mango in Togo, 17th October 2014



Vaccination session of MenAfriVac® in high school of Luko in SNNP region in Ethiopia

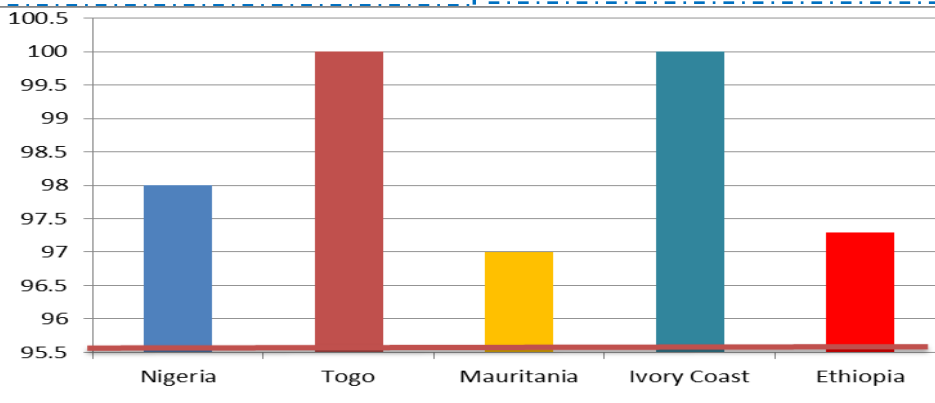
Highlights

Five countries (Cote d'Ivoire, Mauritania, Togo, Nigeria, and Ethiopia) have introduced in 2014 conjugate meningococcal A vaccine (MenAfriVac®) through mass immunization campaigns held from between October and December 2014.

The campaigns in all the 5 countries were generally well implemented. A total of 63,019,059 people aged 1 to 29 years were vaccinated with respectively 27,754,416 (98%) in Nigeria, 26,269,005 (97.31%) in Ethiopia, 4,618,564 (100%) in Ivory Coast, 2,764, 839 (100%) in Togo, and 1,561,720 (97%) in Mauritania. Around 7,000 Adverse Events Following Immunization (AEFI) cases were reported during the campaigns among which 450 were reported as serious.

During the campaigns, a Controlled Temperature Chain (CTC) approach was implemented in 14 health districts: 10 in Togo, 2 in Mauritania, and 2 in Ivory Coast, with a total of 1,368,108 people vaccinated using the approach. Only 07 serious AEFI cases were recorded. High commitment of Government authorities was observed in all the 5 countries and in Togo the campaign was launched by the Head of State.

To date, since 2010 around 218 million people have been vaccinated with MenAfriVac® in 15 countries located in the meningitis belt (Benin, Burkina Faso, Cameroon, Ivory Coast, Ethiopia, Gambia, Ghana, Mali, Mauritania, Niger, Nigeria, Senegal, Sudan, Chad, and Togo). No case of meningitis A has been observed in the vaccinated population.



Coverage achieved with MenAfriVac vaccine in Nigeria, Togo, Mauritania, Ivory Coast, and Ethiopia

Updates on the Introduction of Inactivated Polio Vaccine (IPV) in the AFR



Vice-President in charge of the Ministry of Health, Solidarity and Gender Promotion in Comoros delivering his speech



WHO Representative in Comoros delivering her speech

Highlights

All Member States in the WHO African Region, with the exception of South Africa, are expected to introduce at least one dose of IPV by end of 2015 to meet objective 2 of the Polio Eradication Endgame Strategy.

Several countries are planning to introduce the vaccine as early as 1st quarter of 2015. On January 12, 2015, the Vice President in Comoros launched the IPV vaccine in Koimbani, Oichili District, with the support of UN agencies including WHO, Unicef, UNFPA and GAVI.

A second country, Senegal, introduced the vaccine on 30 January 2015 and the launching ceremony was chaired by the Minister of health and social welfare in the Dakar Centre Health District with the participation of technical partners (WHO, UNICEF, USAID, JICA), as well as the administrative and municipal authorities.

Nigeria and DRC are expected to introduce the vaccine in a phased manner starting respectively in February and March 2015.



The Ministry of Health in Senegal, Dr Awa Marie Coll Seck delivering her speech



The Minister vaccinating a child with the Inactivated polio vaccine