

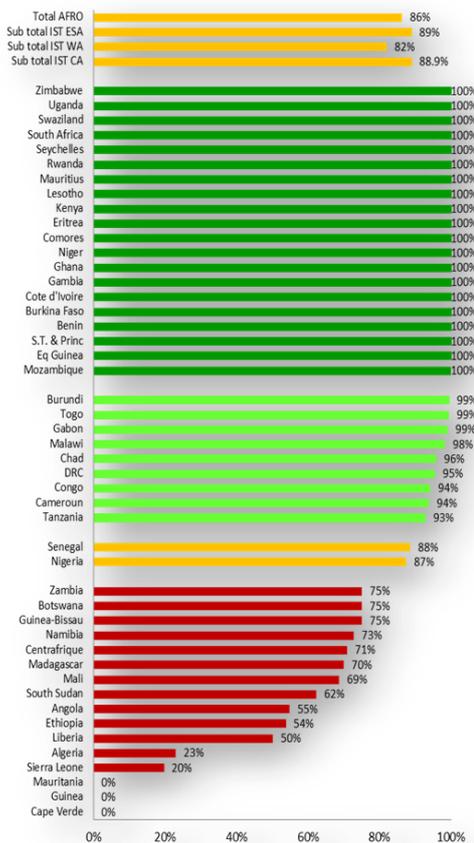


# MONTHLY IMMUNIZATION UPDATE IN THE AFRICAN REGION

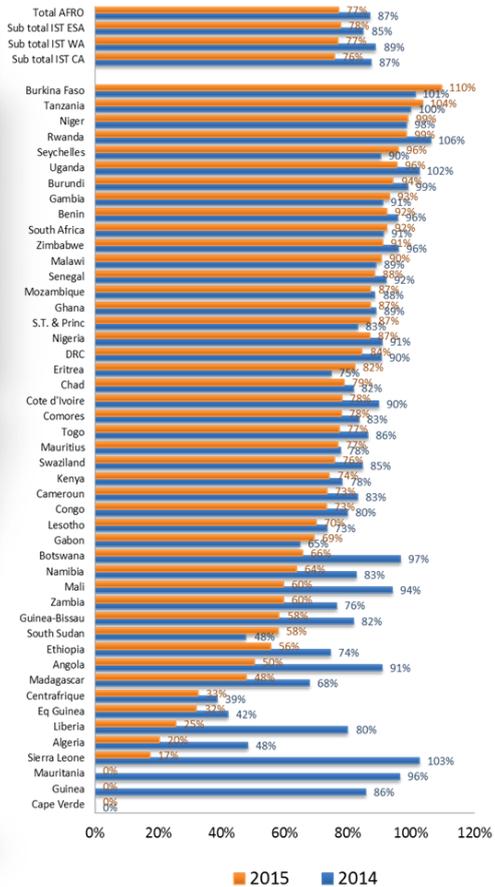
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## DTP3-containing vaccine coverage and data completeness by country in the WHO African Region: January - April 2014/2015

District reports completeness, 2015



Third dose DTP containing vaccine coverage



### Highlights

The data reported in this issue cover the period January to April 2014/2015. The completeness was 97% and 86% in 2014 & 2015 respectively with 29/47 countries reporting >90% completeness. Three countries (Cap Verde, Guinea, Mauritania) did not report for this period, neither in the previous one and 5 others (Algeria, Angola, Ethiopia, Liberia, Sierra Leone) reported a completeness less than 60%.

The regional administrative reported DTP3-containing vaccine & 1st Measles dose vaccine coverage was 77% in 2015 for both antigens compared to 87% and 88% respectively in 2014.

A total of 19/47 countries reported a coverage ≥ 80% for the DTP3 containing vaccine, among which 7 countries with a coverage between 80-89%, and 12 others with a coverage >90%. Burkina Faso and Tanzania reported coverages >100%.

Madagascar who is experiencing an expanding outbreak of circulating vaccine-derived poliovirus (cVDPV) reported a coverage of 48% with a completeness of 70%. Ongoing efforts to strengthen routine immunization still needs to be accelerated.

The drop out rate (DOR) between the 1st dose of DTP containing vaccine and 1st measles dose was 8% in 2015 compared to 6% in 2014 with 17 countries reporting a DOR >10% and 11 a negative one. DOR >20% was reported in CAR, Chad, Gambia, Cote d'Ivoire, Senegal and Kenya.

Source : RI districts monthly reports from Member States, IVD/FRH WHO AFRO

## Number children vaccinated with 3 doses of DTP containing vaccine by country in the WHO African region January—April 2014/2015

Country	2014	2015	Country	2014	2015	Country	2014	2015
Nigeria	2 013 465	1 991 845	Chad	132 077	139 422	Liberia	41 951	13 613
DRC	937 026	900 838	Zambia	174 150	135 825	Lesotho	12 794	12 177
Tanzania	529 182	549 325	Zimbabwe	135 658	133 845	Guinea-Bissau	16 398	11 831
Ethiopia	706 775	527 541	Madagascar	187 785	132 159	Botswana	16 547	11 246
Uganda	532 453	492 933	Benin	122 464	121 583	Swaziland	9 022	8 483
Kenya	394 903	374 239	Burundi	113 288	111 214	Comoros	5 669	5 585
South Africa	320 911	318 476	Rwanda	108 115	110 586	Eq Guinea	3 921	3 722
Ghana	308 343	308 617	South Sudan	62 841	62 410	Mauritius	3 422	3 313
Mozambique	288 092	291 511	Togo	81 262	74 548	S.T. & Princ	1 620	1 729
Niger	287 143	288 600	Algeria	155 757	66 717	Seychelles	474	493
Burkina Faso	242 823	267 628	Congo	48 317	45 648	Cape Verde	NA	NA
Cote d'Ivoire	242 904	218 574	Eritrea	27 954	27 619	Guinea	142 226	NA
Cameroun	225 445	203 885	Gambia	23 580	24 149	Mauritania	45 576	NA
Malawi	195 470	203 681	Namibia	21 186	16 344	IST CA	1 787 370	1 602 517
Angola	292 058	163 715	Centrafrique	19 004	16 319	IST WA	4 187 010	3 701 059
Senegal	168 661	156 393	Gabon	14 614	16 025	IST ESA	3 733 403	3 437 791
Mali	217 327	142 042	Sierra Leone	79 130	14 919	<b>Total AFR</b>	<b>9 707 783</b>	<b>8 741 367</b>

### Highlights

The reported data for the period January-April 2015 show that out of a target population of 11.3 million surviving infants, 8,741 million were vaccinated with three doses of DTP containing vaccine compared to 9,7 million during the same period in 2014.

Despite the decrease in children vaccinated observed in the region and in many countries during this period, an increase in the number of vaccinated children was observed in 12/47 countries. The highest increase (>5,000) was observed in Burkina Faso, Chad, Malawi, South Sudan & Tanzania.

Nigeria and Ethiopia reported the highest number of under immunized children (>300,000).

Source : RI districts monthly reports from Member States, IVD/FRH WHO AFRO

## Reported RI Coverage by country in the AFR , Jan-April 2014-2015

Country	districts monthly reports completeness (%)		Coverage (%)																
			BCG		OPV3		DPT3		YF		MCV1		TT2+		Pneumo 3		Rota Last		
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	
Angola	100%	55%	89%	45%	90%	50%	91%	50%	91%	47%	100%	50%	45%	44%	60%	45%	NA	38%	
Burundi	100%	99%	83%	82%	98%	94%	99%	94%	NA	NA	105%	102%	91%	65%	99%	90%	93%	93%	
Cameroun	99%	94%	83%	70%	82%	73%	83%	73%	79%	65%	80%	71%	61%	60%	83%	73%	2%	61%	
Centrafrique	79%	71%	50%	40%	39%	32%	39%	33%	46%	28%	55%	35%	42%	44%	33%	30%	NA	NA	
Chad	100%	96%	75%	91%	80%	76%	82%	79%	73%	74%	78%	78%	84%	89%	NA	NA	NA	NA	
Congo	100%	94%	87%	81%	79%	73%	80%	73%	77%	71%	78%	81%	84%	79%	79%	73%	NA	70%	
Eq Guinea	96%	100%	79%	46%	36%	31%	42%	32%	NA	NA	53%	34%	35%	26%	NA	NA	NA	NA	
Gabon	100%	99%	74%	72%	64%	69%	65%	69%	69%	67%	69%	68%	63%	61%	NA	NA	NA	NA	
DRC	100%	95%	82%	85%	91%	84%	90%	84%	63%	77%	88%	83%	87%	83%	63%	73%	NA	NA	
S.T. & Princ	100%	100%	93%	83%	83%	87%	83%	87%	94%	71%	94%	97%	78%	70%	82%	87%	NA	NA	
<b>Sub Total IST CA</b>	<b>99%</b>	<b>88.9%</b>	<b>82%</b>	<b>75%</b>	<b>87%</b>	<b>75%</b>	<b>87%</b>	<b>76%</b>	<b>71%</b>	<b>68%</b>	<b>87%</b>	<b>76%</b>	<b>75%</b>	<b>71%</b>	<b>67%</b>	<b>68%</b>	<b>29%</b>	<b>57%</b>	
Algeria	54%	23%	40%	18%	48%	20%	48%	20%	NA	NA	45%	16%	0%	0%	NA	NA	NA	NA	
Benin	100%	100%	105%	101%	95%	93%	96%	92%	101%	94%	101%	94%	77%	72%	97%	92%	NA	NA	
Burkina Faso	100%	100%	103%	102%	101%	110%	101%	110%	99%	107%	99%	107%	84%	83%	NA	NA	NA	NA	
Cape Verde	0%	0%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Cote d'Ivoire	100%	100%	88%	47%	89%	75%	90%	78%	79%	21%	85%	72%	84%	74%	NA	43%	NA	NA	
Gambia	100%	100%	87%	84%	94%	90%	91%	93%	85%	55%	85%	80%	49%	49%	77%	95%	77%	91%	
Ghana	100%	100%	100%	88%	89%	89%	91%	89%	87%	93%	96%	94%	97%	68%	66%	89%	91%	86%	87%
Guinea	100%	0%	84%	0%	65%	0%	86%	NA	90%	0%	90%	0%	32%	0%	NA	NA	NA	NA	
Guinea-Bissau	100%	75%	93%	74%	81%	58%	82%	58%	34%	50%	85%	61%	0%	36%	NA	NA	NA	NA	
Liberia	100%	50%	89%	27%	75%	25%	80%	25%	64%	27%	67%	38%	73%	24%	31%	24%	NA	NA	
Mali	97%	69%	90%	68%	99%	62%	94%	60%	85%	62%	85%	63%	66%	45%	94%	33%	NA	NA	
Mauritania	98%	0%	95%	0%	100%	0%	96%	NA	NA	0%	80%	0%	47%	0%	75%	0%	0%	0%	
Niger	100%	100%	108%	111%	97%	99%	98%	99%	96%	98%	97%	101%	NA	NA	NA	74%	NA	70%	
Nigeria	95%	87%	89%	89%	68%	87%	91%	87%	88%	90%	98%	92%	51%	50%	NA	9%	NA	NA	
Senegal	100%	88%	92%	78%	91%	88%	92%	88%	70%	66%	69%	66%	67%	46%	69%	88%	0%	75%	
Sierra Leone	100%	20%	100%	20%	102%	17%	103%	17%	97%	40%	96%	17%	134%	21%	103%	17%	8%	16%	
Togo	100%	99%	86%	76%	82%	78%	86%	77%	87%	78%	87%	78%	83%	73%	NA	NA	NA	NA	
<b>Sub Total IST WA</b>	<b>95%</b>	<b>82%</b>	<b>89%</b>	<b>77%</b>	<b>77%</b>	<b>77%</b>	<b>89%</b>	<b>77%</b>	<b>81%</b>	<b>73%</b>	<b>90%</b>	<b>79%</b>	<b>61%</b>	<b>54%</b>	<b>22%</b>	<b>30%</b>	<b>21%</b>	<b>44%</b>	
Botswana	100%	75%	93%	69%	77%	62%	97%	66%	NA	NA	96%	72%	66%	48%	78%	59%	81%	57%	
Comores	100%	100%	80%	72%	81%	78%	83%	78%	NA	NA	85%	88%	0%	0%	NA	NA	NA	NA	
Eritrea	100%	100%	67%	NA	75%	82%	75%	82%	NA	NA	70%	82%	0%	0%	NA	NA	NA	NA	
Ethiopia	88%	54%	19%	52%	7%	50%	74%	56%	NA	NA	71%	54%	4%	NA	39%	55%	27%	53%	
Kenya	100%	100%	75%	73%	78%	69%	78%	74%	NA	NA	78%	57%	51%	39%	77%	75%	0%	60%	
Lesotho	100%	100%	64%	90%	66%	69%	73%	70%	NA	NA	60%	72%	NA	7%	NA	NA	NA	NA	
Madagascar	100%	70%	72%	51%	67%	47%	68%	48%	NA	NA	68%	47%	42%	6%	67%	47%	NA	NA	
Malawi	100%	98%	95%	92%	68%	91%	89%	90%	NA	NA	85%	84%	46%	55%	87%	91%	82%	85%	
Mauritius	100%	100%	84%	82%	79%	78%	78%	77%	NA	NA	89%	67%	65%	66%	NA	NA	NA	NA	
Mozambique	100%	100%	101%	95%	87%	86%	88%	87%	NA	NA	84%	80%	0%	0%	82%	84%	NA	NA	
Namibia	100%	73%	89%	69%	83%	63%	83%	64%	NA	NA	80%	59%	NA	8%	NA	51%	NA	56%	
Rwanda	100%	100%	109%	99%	106%	98%	106%	99%	NA	NA	108%	104%	87%	78%	105%	98%	105%	100%	
Seychelles	100%	100%	97%	111%	90%	96%	90%	96%	NA	NA	105%	92%	NA	NA	NA	NA	NA	NA	
South Africa	100%	100%	93%	90%	91%	92%	91%	92%	NA	NA	90%	97%	NA	NA	89%	96%	89%	93%	
South Sudan	78%	62%	52%	58%	49%	60%	48%	58%	NA	NA	62%	69%	NA	45%	NA	NA	NA	NA	
Swaziland	100%	100%	49%	59%	80%	75%	85%	76%	NA	NA	77%	71%	58%	51%	NA	76%	NA	NA	
Tanzania	100%	93%	144%	138%	99%	104%	100%	104%	NA	NA	111%	111%	107%	104%	95%	99%	100%	104%	
Uganda	100%	100%	90%	91%	102%	110%	102%	96%	NA	NA	98%	84%	56%	56%	12%	82%	NA	NA	
Zambia	100%	75%	84%	65%	77%	58%	76%	60%	NA	NA	75%	61%	74%	0%	0%	52%	67%	50%	
Zimbabwe	100%	100%	137%	10%	96%	91%	96%	91%	NA	NA	99%	95%	4%	32%	95%	91%	0%	88%	
<b>Sub Total IST ESA</b>	<b>98%</b>	<b>89%</b>	<b>79%</b>	<b>64%</b>	<b>69%</b>	<b>77%</b>	<b>85%</b>	<b>78%</b>	NA	NA	<b>85%</b>	<b>75%</b>	<b>30%</b>	<b>32%</b>	<b>61%</b>	<b>76%</b>	<b>51%</b>	<b>78%</b>	
<b>Total AFRO</b>	<b>97%</b>	<b>86%</b>	<b>84%</b>	<b>71%</b>	<b>76%</b>	<b>77%</b>	<b>87%</b>	<b>77%</b>	<b>72%</b>	<b>67%</b>	<b>88%</b>	<b>77%</b>	<b>49%</b>	<b>48%</b>	<b>46%</b>	<b>55%</b>	<b>40%</b>	<b>65%</b>	

Source : RI districts monthly reports from Member States, IVD/FRH WHO AFRO

### Highlights

31/34 and 19/25 countries that have introduced pneumococcal (PCV) & Rotavirus vaccines respectively by December 2014, reported data on children vaccinated with these antigens. Burkina Faso, Mauritania, & Togo who introduced both vaccines did not report for this period, neither in the previous one. Benin, Eritrea, Madagascar & Mali did not report for Rotavirus vaccine.

Thirteen countries reported coverage  $\geq 80\%$  for the 3rd dose of PCV among which 9 with coverage  $\geq 90\%$ . Coverage  $<50\%$  were observed in 9 countries for the last dose of PCV and in 3 countries for rotavirus. Major coverage discrepancies ( $>10\%$ ) between DTP3 containing vaccine and PCV3 were observed in DRC, Cote d'Ivoire, Nigeria, Namibia & Zambia.

For the period, total number of 5,759,376 and 3,535,440 children have received the last dose of pneumococcal and rotavirus vaccine respectively.

## East African Regional meeting on Pneumococcal Vaccine: Evidence for vaccine policy: Nairobi, Kenya, 22 -24th June 2015



### Key outputs

- ⇒ Increased awareness of the costs, benefits and safety of PCV vaccination in the East African region by MOH policy makers, public health experts, physicians and the media
- ⇒ Wider appreciation of the cost-effectiveness of PCV compared to other major interventions by health economists and EPI programme directors.
- ⇒ Preliminary results of PCV impact studies in some low-income African countries such as Kenya, The Gambia, and Malawi show very good effectiveness against vaccine and all IPD in children under 5.

### Highlights

The World Health Organization recommended the introduction of Pneumococcal Conjugate Vaccines (PCV) in all countries with an under 5 mortality ratio of 50/1000 or greater in 2008. This was based on the evidence of randomized controlled trials of PCV in both The Gambia and South Africa, which showed that the vaccine was efficacious against radiological-confirmed pneumonia and invasive pneumococcal disease (IPD) and had a substantial impact on childhood mortality. The vaccine had good efficacy even in children infected with HIV.

This meeting was convened to review emerging evidence of PCV impact in African and to discuss relevant policy questions to sustain roll out of PCV in the African countries.

Some of the following policy questions were discussed and addressed:

- ◆ The relative cost-effectiveness of PCV with respect to other major interventions, the effectiveness of the currently available vaccines (PCV10 & PCV13) against invasive pneumococcal disease (IPD) prevalent in Africa,
- ◆ The impact of PCV against pneumonia and meningitis, the indirect protection observed in an African setting and how much does that contribute towards the cost-effectiveness (CE) of PCV,
- ◆ What is the optimal schedule and the optimal formulation for PCV vaccines in an African setting?

## Meeting of the 6 AFR focus countries to review Routine Immunization indicators for the monitoring of objective 2 of Polio Eradication and Endgame Strategic Plan 2013-2018. Kinshasa, 23-25 June 2015.



### Key outputs

- ⇒ Countries presented their previously calculated score cards and raw data available for the workshop
- ⇒ All 6 countries harmonised their list of high risk districts for 2014 and 2015
- ⇒ Each indicator was explained, the formula discussed and agreed upon by all participants
- ⇒ All 6 countries successfully used the job aid tool and were able to produce score card for Q1, Q2, Q3 and Q4 2014 as well as Q1 2015. all this was shared with AFRO the last day of the workshop
- ⇒ Agreement was reached in term of next steps with regards to timelines, flow, and responsibility of score cards sharing for the coming quarters and years.

### Highlights

In the framework of the objective 2 of Polio Eradication and Endgame Strategic Plan 2013 -2018, 10 focus countries should strengthen their routine immunization systems and achieve an increase of their routine immunization coverage by 10% each year in their high risk districts. Six of the 10 focus countries are in the AFR: Angola, Chad, DR Congo, Ethiopia, Nigeria and South Sudan.

In order to adequately monitor this achievement, a set of indicators was agreed upon by the Routine Immunization subgroup of the global Immunization Management Group (IMG-RI).

This workshop took place in Kinshasa targeting immunization data managers in the Ministry of health and routine immunization officers in the WHO country offices of the 6 focus countries in the African Region. Two colleagues from Unicef country office in DR Congo also attended the workshop.

Objectives of the 3 day workshop were to:

- ◆ Agree on the high risk district inclusion rules/criteria overtime
- ◆ Provide clarity on the selected IMG score card indicators
- ◆ Build capacity of EPI/RI data manager and RI focal points on IMG score cards indicators
- ◆ Set and agree on the data and indicators sharing timelines and responsibilities

Facilitators came from WHO AFRO and the 3 sub regions (IST Central, West, Eastern and Southern Africa), CDC Atlanta and BMGF, this workshop was a success as stated by participants both from the words of their representative and the final workshop evaluation by participants and partners.

Participants were trained among others on the use of the Job aid for IMG -RI score card calculation developed by AFRO.

## Multi-stakeholder National Planning workshop for Vaccine safety for 7 Anglophone countries; Livingstone, Zambia, 22-24 June 2015



A view of participants in group work per country during the workshop in Livingstone, Zambia

### Key outputs

- ⇒ After the participants have reached a consensus on what expectations could be met within the 3 days, they discussed the need for functional pharmacovigilance systems in Africa. This was followed by sharing of experiences by Tanzania and Zimbabwe, who took part in a similar workshop last year and have since made very good progress in AEFI monitoring.
- ⇒ Subsequent sessions discussed WHO tools and resources available and how they can be used in the local context. Countries presented the status of their vaccine safety monitoring systems.
- ⇒ The next day planning began in earnest in groups. At the end of the meeting, each country developed a plan including defined responsibilities and the flow of information and data from periphery to national level. The plans were thoroughly discussed, finalized and 3 immediate priority activities identified for implementation in 2015.
- ⇒ A plan for joint monitoring was agreed to and dates set for teleconferences with each country to ascertain progress and to provide support where needed.

### Highlights

According to data reported by countries in the 2014 WHO/UNICEF Joint Report Form, the WHO AFR responsible for about 24% of global births but only reports a mere 1% of AEFIs. This calls for increased surveillance and consistent reporting of AEFIs.

In line with this WHO HQ and AFRO in collaboration with GAVI, PATH and other partners is providing technical support to countries to develop plans for vaccine safety monitoring through a series of workshops, which began in 2014. The objectives of the workshop in Zambia were to:

- ◇ Map national vaccine pharmacovigilance capacities,
- ◇ Introduce participants to WHO training/capacity building resources for vaccine pharmacovigilance and their applications to the local context,
- ◇ Support countries to develop national work plans for vaccine safety for 2015 and 2016, and to identify three immediate priorities to tackle before the end of the year.

Participants came from the National Regulatory Authority and the national immunization programmes of the seven countries: Botswana, Eritrea, Gambia, Lesotho, Namibia, South Sudan and Zambia were targeted. Facilitators were from WHO HQ, AFRO, PATH, Tanzania Food and Drugs Authority and Medicines Council of Zimbabwe.

## WHO African Task Force on Immunization Meeting; Addis Ababa, 30 June –1st July 2015



Group picture of participants of the TFI meeting, in Addis Ababa

Dr Pierre M'pele (WHO), Prof Helen Rees (TFI) and Dr Gillian Mellso (UNICEF) at the opening of the meeting

### Highlights

- ⇒ The international advisory group, which consists of senior experts in immunization and is chaired by Professor Helen Rees from University of the Witwatersrand in Johannesburg, discussed several topics among which challenges to sustained increased immunization coverage, improve data quality, demand creation and country ownership,
- ⇒ Other topics discussed included measles and rubella elimination, meningitis outbreaks, revitalization of immunization services in EVD affected countries and NITAG strengthening/establishment as well as polio eradication and legacy. In this area updates were provided by the polio chairs of the Technical Advisory Groups (TAG) of Horn of Africa and Chad.
- ⇒ A detailed analysis of the status of achievement of the GVAP indicators was presented per objective using the final estimates of the 2014 country /WHO/UNICEF report.

### Highlights

The Task Force on Immunization (TFI) is the principal technical advisory group to the World Health Organization's Regional Office for Africa (WHO AFRO) on overall regional policies and strategies related to vaccines and immunization. The group met in Addis Ababa, Ethiopia from 30 June to 1 July to review the progress made in improving immunization in the African region and to strategize for the future

The two day meeting was attended by several Global EPI partners and the Federal Ministry of Health of Ethiopia.

The meeting concluded among others that the African region must make use of the polio "legacy" and lessons learnt to strengthen efforts to eliminate other vaccine preventable diseases like measles and rubella.

A key message that came across during the meeting was that health systems need to be strengthened and routine immunization improved in order to sustain gains made and improve child survival interventions.