

I. Key Highlights

- ◆ The number of new cases remains low, with no confirmed cases being reported this week. MSF reported an increase in the number of hospital admissions of cases suspected of yellow fever in Benguela. Confirmation of diagnosis of these cases is under way.
- ◆ The objectives of the response during this phase are to maintain a strong surveillance and case finding system complete vaccination in strategic districts and improve vector control, until the rainy season arrives.
- ◆ The Joint Technical and Operational Review Mission-Angola completed the evaluation process at central level and visited Huambo (Londumbale and Longonjo) and Uige (Maquela do zombo), in addition to Lunda province. The mission debriefed with IMS partners and Angola MoH. A report is expected this week
- ◆ ICG approved **4,986,260 doses** of yellow fever vaccine for Angola, with immediate release of **1,490,902 doses** for districts at the DRC border; **740,756 doses** in districts with past proven transmission and high risk; as well as **817,047 doses** for Lubango, the largest urban center on the south
- ◆ Luanda vaccinated additional 105,149 people as part of a focused mop-up campaign

II. Epidemiological Situation as of 2016

⇒ Week 29 statistics (16 to 21 July):

- Of **66** suspected cases reported, **47** samples were laboratory tested. **None** were positive to yellow fever
- **3** deaths were reported among the suspected cases
- **26** districts in **10** provinces reported suspected cases of yellow fever. A case from June was the first to be documented as local transmission in Cambambe, (Cuanza Norte). The district of Milunga (Uige) reported suspected cases for the first time, but none of them were laboratory confirmed

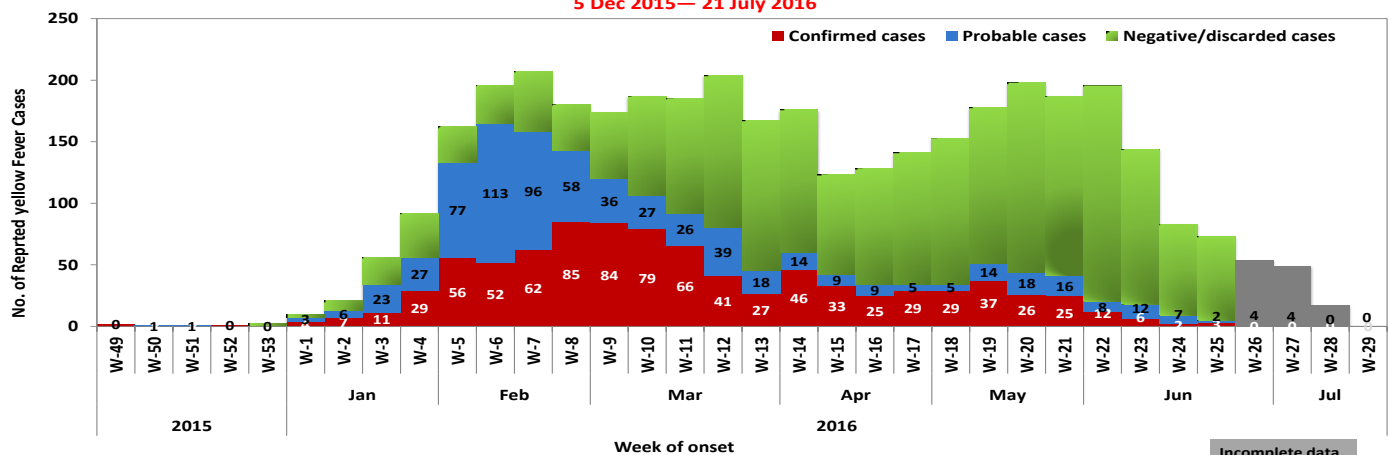
⇒ Cumulative statistics since 05 December:

- A total of **879 laboratory confirmed cases** have been reported out of **3,748** suspected cases and **3,224** laboratory tests
- Overall, **364 (CFR 9.7%)** deaths were reported among suspected cases and **119 (CFR 13.5%)** among confirmed cases
- Laboratory confirmed cases were reported for **16** out of **18** provinces and for **80** out of **126** reporting districts. Luanda province reported the majority of the confirmed cases **487 (55.5%)**, followed by Huambo **127 (14.5%)** and Benguela **116 (13.2%)**
- No laboratory confirmed cases of yellow fever have been reported in Luanda or Huambo since May
- Local transmission has been documented in **45** districts in **12** provinces
- The majority of the confirmed cases are in males **15—19 yrs; 215 (20.8%)**, followed or **20—24 yrs; 173 (16.7%)**

Table 1: National Summary of Yellow Fever Outbreak

Yellow Fever Outbreak Summary 16 — 21 July 2016, (W29)	
Reported cases	66
Samples tested	47
Confirmed cases	0
Total Deaths	3
Total provinces that reported cases	10
New provinces with confirmed cases	0
Total districts with reported cases	26
New districts with confirmed cases	0
New districts with documented local transmission	1
Yellow Fever Outbreak Summary from 5 Dec 2015— 21 July 2016	
Total cases reported to central level	3,748
Total Samples Tested	3,224
Total confirmed cases	879
Total deaths	364
Total deaths among confirmed cases	119
Total provinces that have reported cases	18
Total provinces with confirmed cases	16
Total districts that have reported cases	126
Total districts with confirmed cases	80
Total provinces with documented local transmission	12
Total districts with documented local transmission	45
Total number of provinces in Angola	18
Total number of districts in Angola	166

Fig.1. Yellow Fever Suspected and Confirmed Cases - Angola
5 Dec 2015— 21 July 2016



Source: MOH, Angola

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Fig.2 Yellow Fever Suspected and Confirmed Cases - Luanda province
5 Dec 2015— 21 July 2016

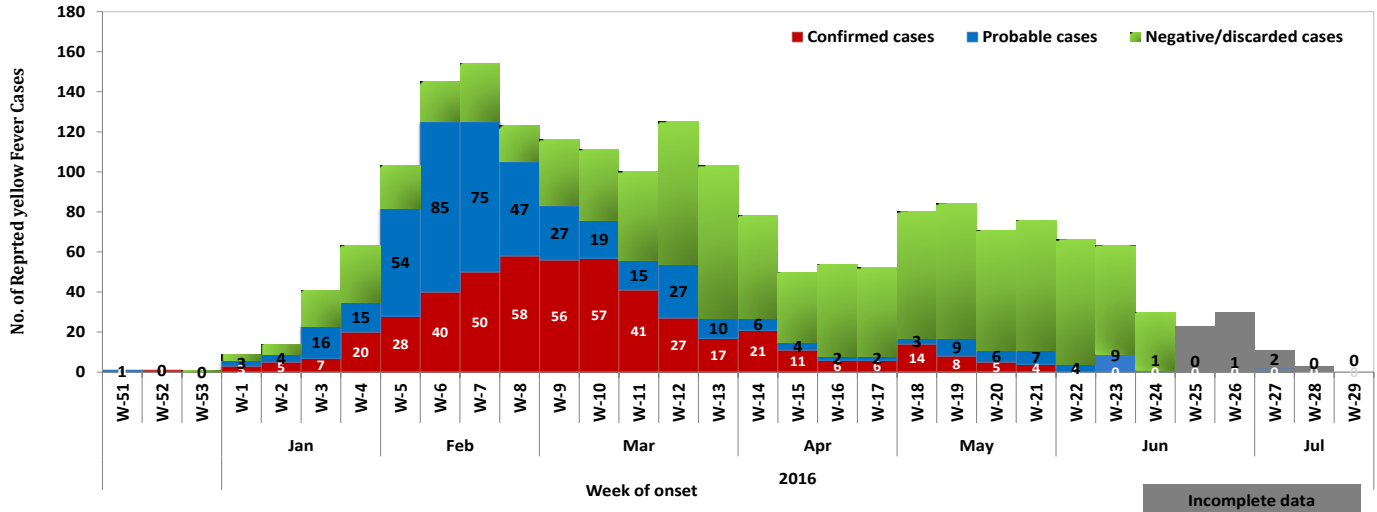


Fig.3 Yellow Fever Suspected and Confirmed Cases - Huambo province
5 Dec 2015— 21 July 2016

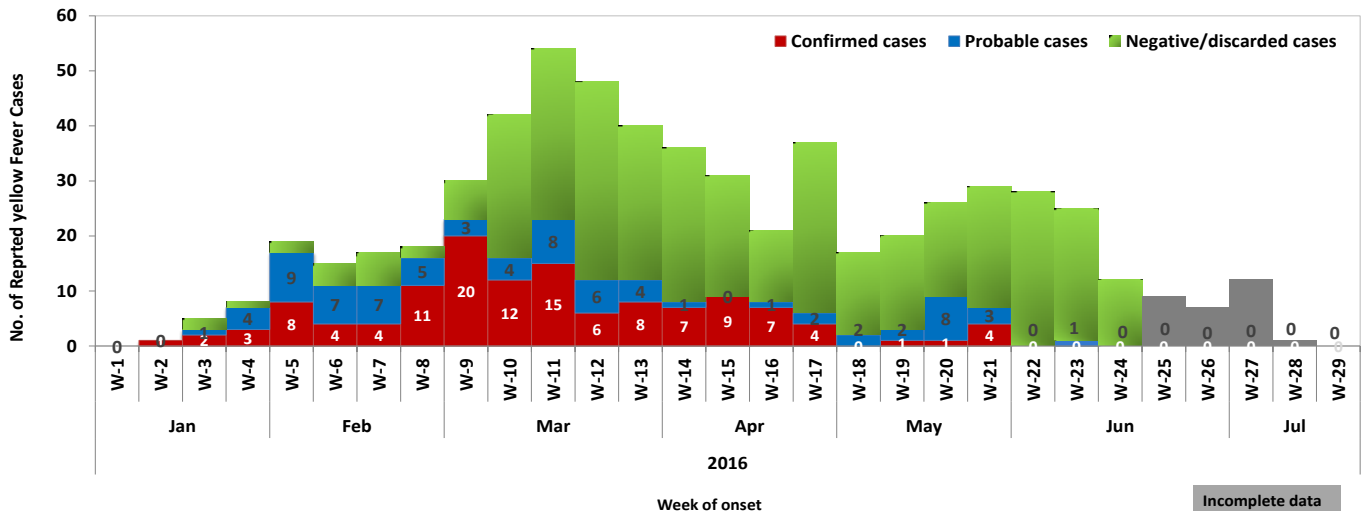
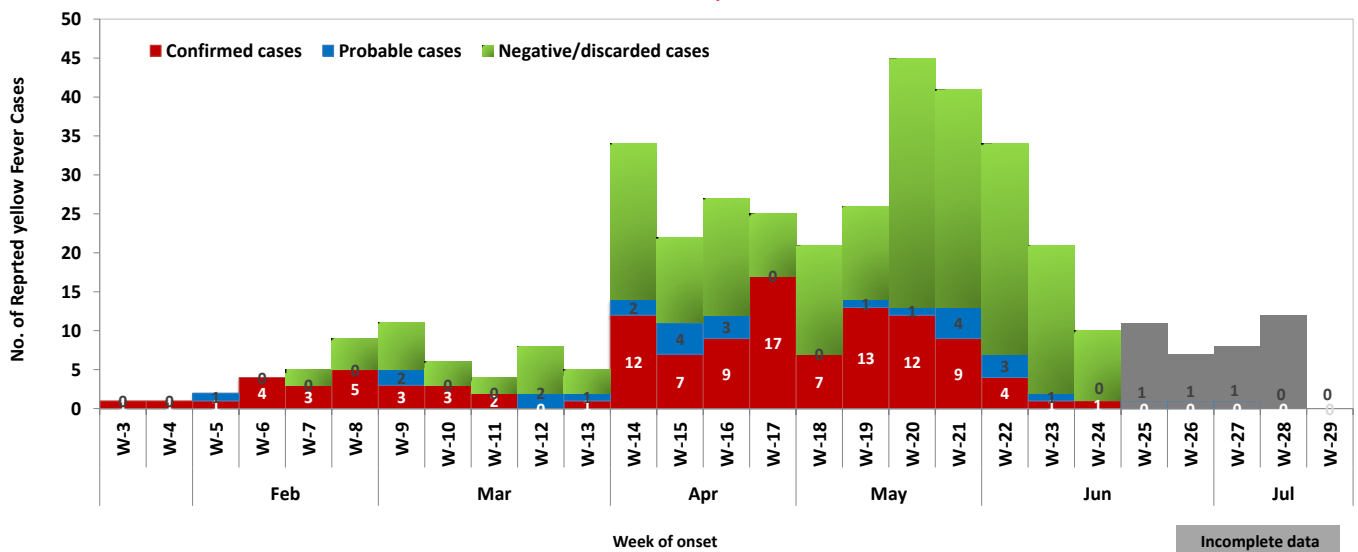


Fig.4 Yellow Fever Suspected and Confirmed Cases - Benguela province
5 Dec 2015— 21 July 2016



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Table 2. Provinces with Yellow Fever Laboratory Confirmation up to 21 July, 2016

Province	Cumulative (5 Dec 2015— 21 July 2016)					Discarded, Lab with Vacc. History
	Notified Cases	Tested		Confirmed		
		No	%	No	%	
Luanda	1984	1623	82	487	25	124
Bengo	25	25	100	6	24	0
Benguela	401	382	95	116	29	22
Bie	36	34	94	16	44	0
Cabinda	43	37	86	1	2	0
Cuando Cubango	9	8	89	1	11	0
Cuanza Norte	71	61	86	11	15	1
Cuanza Sul	128	124	97	16	13	0
Cunene	58	57	98	15	26	0
Huambo	608	551	91	127	21	26
Huila	142	93	65	33	23	0
Lunda Norte	67	66	99	26	39	1
Lunda Sul	11	10	91	0	0	1
Malange	28	27	96	7	25	0
Moxico	5	5	100	0	0	0
Namibe	14	14	100	2	14	0
Uige	81	78	96	9	11	0
Zaire	37	29	78	6	16	0
TOTAL	3748	3224	86	879	23	175

Fig.5: Yellow Fever Cases with Local Transmission and Vaccination Provinces & Districts in Angola, 5 Dec 2015— 21 July 2016

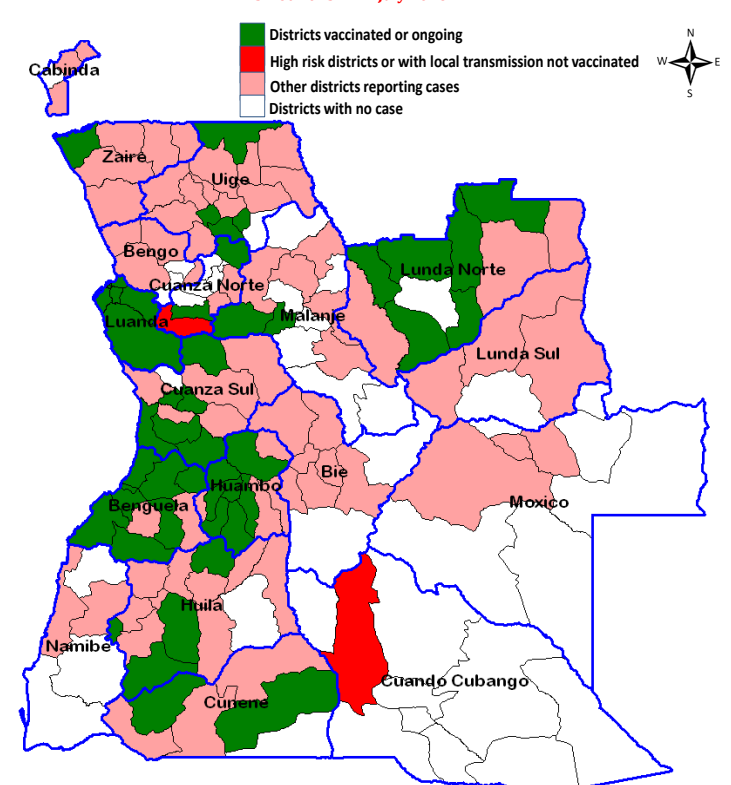


Fig. 6. Age group distribution of Yellow Fever cases in Angola

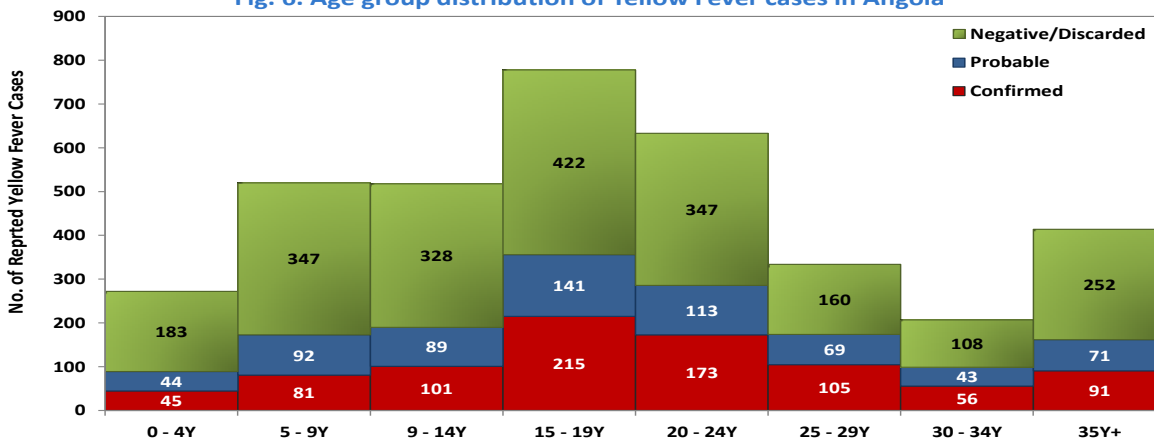
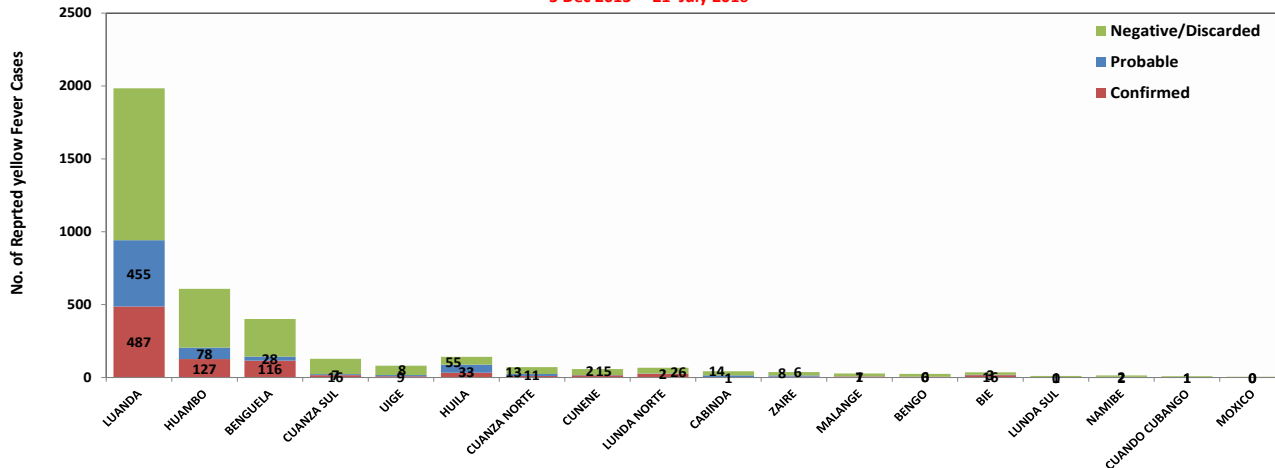


Fig.7: National Trend of Yellow Fever Suspected and Confirmed Cases in Angola out of Luanda Province 5 Dec 2015— 21 July 2016



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**Table 3.1: Yellow Fever Reported and Confirmed Cases per Angola Provinces and Districts, 2016
5 Dec 2015— 21 July 2016**

Province	Cases notified during the period (16 — 21 July 2016)			Cumulative Cases (5 Dec 2015— 21 July 2016)			Documented Local Transmission *	Date of onset first confirmed case*	Date of onset of last confirmed case	Date of last report at central level	Average days of reporting delay	Days since last case reported to central level	Days since last confirmed case
	Reported	Confirmed	Deaths	Reported	Confirmed	Deaths							
Belas	5	0	0	223	54	25	Y	15-01-16	26-05-16	20-07-16	3	1	55
Cacuaco	1	0	0	231	78	22	Y	28-01-16	12-05-16	20-07-16	2	1	70
Cazenga	6	0	0	436	109	33	Y	18-01-16	27-05-16	18-07-16	2	3	55
Icolo e bengo	0	0	0	7	1	0	Y	08-03-16	08-03-16	21-06-16	3	30	135
Ingombota	0	0	0	18	4	0	Y	01-02-16	15-03-16	15-07-16	2	6	128
Kilamba kiaxi	3	0	1	267	68	20	Y	06-12-15	18-05-16	21-07-16	3	0	64
Maianga	1	0	0	124	28	11	Y	08-02-16	26-05-16	20-07-16	2	1	56
Quissama	0	0	0	1	1	0	N	24-04-16	24-04-16	27-04-16	1	85	88
Rangel	0	0	0	45	14	2	Y	29-01-16	02-05-16	21-06-16	3	30	80
Samba	0	0	0	24	5	2	Y	10-02-16	11-05-16	10-06-16	2	41	71
Sambizanga	0	0	0	98	30	13	Y	23-01-16	21-05-16	12-07-16	4	9	61
Viana	3	0	0	510	95	85	Y	05-12-15	14-05-16	18-07-16	2	3	68
LUANDA	19	0	1	1984	487	213	Y	05-12-15	27-05-16	21-07-16	2	0	55
Ambriz	0	0	0	4	1	0	N	04-04-16	04-04-16	30-06-16	4	21	108
Bula Atumba	0	0	0	1	0	0	N			14-03-16	3	129	
Dande	0	0	0	13	5	1	N	05-02-16	19-05-16	15-07-16	7	6	63
Nambuagongo	0	0	0	7	0	0	N			12-07-16	8	9	
BENGO	0	0	0	25	6	1	N	05-02-16	19-05-16	15-07-16	6	6	63
Baia Farta	4	0	1	19	10	5	Y	08-04-16	01-06-16	21-07-16	7	0	50
Balombo	0	0	0	30	8	2	Y	22-04-16	30-05-16	10-06-16	10	41	52
Benguela	15	0	1	198	62	20	Y	15-02-16	13-06-16	21-07-16	9	0	38
Bocoio	0	0	0	6	1	0	N	02-05-16	02-05-16	14-07-16	8	7	80
Caimbambo	0	0	0	6	1	0	N	26-02-16	26-02-16	14-07-16	6	7	146
Catumbela	0	0	0	38	8	1	Y	15-04-16	26-05-16	04-07-16	10	17	56
Chongoroi	0	0	0	6	5	1	Y	26-02-16	25-05-16	05-06-16	6	46	57
Cubal	0	0	0	9	4	1	Y	05-02-16	03-06-16	21-06-16	6	30	48
Ganda	0	0	0	8	3	0	N	10-02-16	28-02-16	24-06-16	8	27	144
Lobito	5	0	0	81	14	5	Y	22-01-16	19-05-16	20-07-16	8	1	63
BENGUELA	24	0	2	401	116	35	Y	22-01-16	13-06-16	21-07-16	9	0	38
Andulo	0	0	0	16	6	1	N	14-02-16	27-03-16	20-06-16	7	31	116
Camacupa	0	0	0	2	1	0	N	19-03-16	19-03-16	13-06-16	5	38	124
Catabola	0	0	0	2	0	0	N			20-06-16	4	31	
Chinguar	0	0	0	7	3	0	N	02-02-16	22-05-16	04-07-16	6	17	60
Cuito	0	0	0	5	4	1	N	30-01-16	18-04-16	09-05-16	6	73	94
Cunhinga	0	0	0	3	1	0	N	01-03-16	01-03-16	18-04-16	7	94	142
Nharea	0	0	0	1	1	0	N	22-02-16	22-02-16	04-03-16	11	139	150
BIE	0	0	0	36	16	2	N	30-01-16	22-05-16	04-07-16	6	17	60
Belize	0	0	0	1	0	0	N			10-06-16	4		
Buco Zau	0	0	0	1	0	0	N			30-01-16	0	173	
Cabinda	0	0	0	41	1	1	N	25-01-16	25-01-16	14-07-16	6	7	178
CABINDA	0	0	0	43	1	1	N	25-01-16	25-01-16	14-07-16	6	7	178
Menongue	0	0	0	9	1	1	Y	18-04-16	18-04-16	12-07-16	7	9	94
CUANDO CUBANGO	0	0	0	9	1	1	Y	18-04-16	18-04-16	12-07-16	7	9	94
Ambaca	0	0	0	27	2	0	N	21-03-16	10-06-16	08-07-16	9	13	41
Cambambe	0	0	0	9	1	1	Y	23-06-16	23-06-16	12-07-16	10	9	28
Cazengo	0	0	0	32	8	9	Y	23-02-16	14-06-16	12-07-16	18	9	37
Lucala	0	0	0	2	0	0	N			23-06-16	32	28	
Samba Caju	0	0	0	1	0	0	N			09-06-16	0	42	
CUANZA NORTE	0	0	0	71	11	10	Y	23-02-16	23-06-16	12-07-16	14	9	28
Amboim	0	0	0	12	2	1	Y	23-01-16	05-04-16	14-07-16	6	7	107
Cassongue	0	0	0	4	2	0	Y	02-02-16	02-02-16	25-06-16	13	26	170
Cela	0	0	0	7	1	0	N	04-02-16	04-02-16	26-04-16	5	86	168
Conda	1	0	0	3	0	0	N			18-07-16	6	3	
Ebo	2	0	0	46	4	1	Y	17-01-16	16-04-16	18-07-16	7	3	96
Libolo	0	0	0	4	1	1	Y	05-04-16	05-04-16	20-05-16	6	62	107
Mussende	0	0	0	2	0	0	N			28-04-16	4	84	
Porto amboim	0	0	0	6	0	2	N			23-06-16	2	28	
Quibala	0	0	0	2	0	0	N			21-06-16	10	30	
Quilenda	0	0	0	9	0	0	N			13-07-16	6	8	
Seles	0	0	0	22	5	2	Y	05-02-16	11-05-16	17-06-16	6	34	71
Sumbe	1	0	0	11	1	2	Y	02-03-16	02-03-16	18-07-16	4	3	141
CUANZA SUL	4	0	0	128	16	9	Y	17-01-16	11-05-16	18-07-16	6	3	71
Cahama	1	0	0	18	5	0	Y	28-02-16	13-05-16	21-07-16	7	0	69
Cuanhama	1	0	0	22	5	1	Y	24-02-16	23-06-16	21-07-16	14	0	28
Curoca	0	0	0	3	0	0	N			25-05-16	12	57	
Cuvelai	0	0	0	2	0	0	N			25-05-16	7	57	
Ombudja	1	0	0	13	5	1	N	01-02-16	17-04-16	21-07-16	7	0	95
CUNENE	3	0	0	58	15	2	Y	01-02-16	23-06-16	21-07-16	10	0	28

Average days of reporting delay: average of difference between date of receipt of case report at national level and date of case notification
Days since last case reported to central level: difference between last day of reporting period (10/06/2016) and date of receipt at national level of report of last suspected case
Days since last confirmed case: difference between last day of reporting period (10/06/2016) and date of onset of last confirmed case.

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**Table 3.2: Yellow Fever Reported and Confirmed Cases per Angola Provinces and Districts, 2016
5 Dec 2015— 25 July 2016**

Province	Cases notified during the period (16 — 21 July 2016)			Cumulative Cases (5 Dec 2015 — 21 July 2016)			Documented Local Transmission	Date of onset first confirmed case	Date of onset of last confirmed case	Date of last report at central level	Average days of reporting delay	Days since last case reported to central level	Days since last confirmed case
	Reported	Confirmed	Deaths	Reported	Confirmed	Deaths							
Bailundo	0	0	0	115	11	4	Y	05-02-16	24-03-16	13-07-16	5	8	119
Caala	0	0	0	92	25	7	Y	28-01-16	16-05-16	12-07-16	4	9	66
Catchiungo	0	0	0	33	2	0	N	18-03-16	29-04-16	12-07-16	5	9	83
Ecunha	0	0	0	71	20	4	Y	17-01-16	24-05-16	01-06-16	4	50	58
Huambo	0	0	0	179	42	12	Y	20-01-16	29-05-16	07-07-16	4	14	53
Londuimbale	0	0	0	39	7	7	Y	17-02-16	27-04-16	07-07-16	5	14	85
Longonjo	1	0	0	25	10	4	N	09-02-16	15-04-16	18-07-16	7	3	97
Mungo	0	0	0	19	2	2	N	06-02-16	01-03-16	04-07-16	5	17	142
Tchikala tcholohanga	0	0	0	15	3	0	N	16-03-16	07-04-16	13-07-16	4	8	105
Tchinjenje	0	0	0	3	1	0	N	01-04-16	01-04-16	19-05-16	5	63	111
Ukuma	0	0	0	17	4	4	Y	22-02-16	19-04-16	21-06-16	4	30	93
HUAMBO	1	0	0	608	127	44	Y	17-01-16	29-05-16	18-07-16	5	3	53
Caconda	0	0	0	28	10	4	Y	05-01-16	30-03-16	28-05-16	11	54	113
Cacula	0	0	0	8	4	1	N	23-02-16	15-05-16	28-05-16	6	54	67
Caluquembe	0	0	0	11	2	6	N	04-03-16	21-03-16	11-06-16	4	40	122
Chibia	0	0	0	2	1	0	N	08-02-16	08-02-16	22-02-16	5	150	164
Chicomba	0	0	0	11	1	0	N	02-02-16	02-02-16	01-06-16	5	50	170
Chipindo	0	0	0	2	0	1	N			11-06-16	8	40	
Cuvango	0	0	0	2	0	0	N			18-04-16	4	94	
Gambos	0	0	0	5	1	1	N	24-02-16	24-02-16	11-03-16	4	132	148
Humpata	0	0	0	11	2	0	Y	22-03-16	28-04-16	11-05-16	5	71	84
Lubango	1	0	0	19	5	4	N	30-01-16	01-06-16	20-07-16	6	1	50
Matala	0	0	0	2	0	1	N			21-03-16	4	122	
Quilengues	0	0	0	10	4	2	N	21-02-16	10-03-16	19-03-16	1	124	133
Quipungo	0	0	0	31	3	3	Y	02-02-16	05-02-16	03-06-16	5	48	167
HUILA	1	0	0	142	33	23	Y	05-01-16	01-06-16	20-07-16	6	1	50
Cambulo	0	0	0	2	0	0	N			17-06-16	22	34	
Capenda Camulemba	0	0	0	7	0	0	N			27-06-16	6		
Chitato	0	0	0	21	1	1	N	08-05-16	08-05-16	28-06-16	9	23	74
Cuango	0	0	0	32	24	8	Y	02-05-16	06-06-16	17-06-16	7	34	45
Cuilo	0	0	0	1	1	0	N	20-05-16	20-05-16	10-06-16	9		62
Lucapa	0	0	0	1	0	0	N			23-05-16	26	59	
Xa Muteba	0	0	0	3	0	0	N			13-06-16	20	38	
LUNDA NORTE	0	0	0	67	26	9	Y	02-05-16	06-06-16	28-06-16	9	23	45
Cacolo	0	0	0	2	0	0	N			30-06-16	3		
Muconda	1	0	0	2	0	0	N			16-07-16	4	5	
Saurimo	0	0	0	7	0	0	N			17-06-16	3	34	
LUNDA SUL	1	0	0	11	0	0	N			16-07-16	3	5	
Cacuso	0	0	0	5	2	0	Y	21-04-16	09-06-16	26-06-16	9	25	42
Cahombo	0	0	0	1	1	1	N	20-03-16	20-03-16	31-03-16	9	112	123
Calandula	0	0	0	4	0	1	N			06-06-16	5	45	
Cambundi Catembo	0	0	0	1	0	1	N			28-05-16	5	54	
Malange	3	0	0	15	3	0	Y	21-02-16	19-05-16	21-07-16	4	0	63
Marimba	0	0	0	1	0	0	N			30-06-16	0	21	
Quela	0	0	0	1	1	0	N	07-05-16	07-05-16	18-05-16	4	64	75
MALANGE	3	0	0	28	7	3	Y	21-02-16	09-06-16	21-07-16	5	0	42
Cameia	0	0	0	2	0	0	N			16-06-16	8	35	
Leua	0	0	0	1	0	0	N			07-05-16	5	75	
Moxico	0	0	0	2	0	0	N			19-05-16	2	63	
MOXICO	0	0	0	5	0	0	N			16-06-16	5	35	
Bibala	0	0	0	1	0	0	N			16-06-16	7	35	
Namibe	0	0	0	13	2	1	N	17-04-16	14-05-16	05-07-16	5	16	68
NAMIBE	0	0	0	14	2	1	N	17-04-16	14-05-16	05-07-16	6	16	68
Ambuila	0	0	0	5	0	0	N			17-06-16	5	34	
Bembe	0	0	0	3	0	0	N			10-06-16	6	41	
Buengas	0	0	0	1	0	0	N			14-05-16	4	68	
Bungo	0	0	0	1	0	0	N			20-03-16	3	123	
Damba	1	0	0	10	0	0	N			18-07-16	6	3	
Maquela do zombo	0	0	0	1	0	1	N			22-02-16	0	150	
Milunga	3	0	0	3	0	0				16-07-16	13		
Mucaba	0	0	0	1	0	0	N			21-05-16	4	61	
Negage	1	0	0	18	3	0	Y	03-02-16	15-05-16	18-07-16	4	3	67
Puri	0	0	0	2	1	0	N	10-05-16	10-05-16	05-07-16	6	16	72
Quimbele	1	0	0	5	0	0	N			18-07-16	5	3	
Quitexe	0	0	0	1	0	0	N			09-05-16	10	73	
Sanza pombo	1	0	0	3	0	0	N			16-07-16	7	5	
Songo	0	0	0	1	0	0	N			03-06-16	4	48	
Uige	0	0	0	26	5	4	Y	02-02-16	08-05-16	17-06-16	5	34	74
UIGE	7	0	0	81	9	5	Y	02-02-16	15-05-16	18-07-16	5	3	67
Cuimba	0	0	0	2	1	2	N	24-03-16	24-03-16	19-04-16	11	93	119
Mbanza congo	2	0	0	8	0	0	N			20-07-16	13	1	
Noqui	0	0	0	2	0	0	N			14-04-16	32	98	
Nzeto	0	0	0	2	1	0	N	05-02-16	05-02-16	02-03-16	10	141	167
Soyo	1	0	0	21	4	3	Y	10-02-16	22-06-16	20-07-16	4	1	29
Tomboco	0	0	0	2	0	0	N			27-06-16	4	24	
ZAIRE	3	0	0	37	6	5	Y	05-02-16	22-06-16	20-07-16	8	1	29
Angola	66	0	3	3748	879	364	Y	05-12-15	23-06-16	21-07-16	4	0	28

* 1. For cases with date of onset

* 2. Y = Yes confirmed Local Transmission, N= Not Confirmed Local Transmission

Newly affected districts in W29

Newly districts with confirmed cases in W29

New documented local transmission in W29

YELLOW FEVER OUTBREAK WEEKLY SITUATION REPORT, INCIDENT MANAGEMENT TEAM—ANGOLA

Table:4 Distribution of Yellow Fever Vaccination Coverage in Angola as of 21 July 2016

Province	Target population	Launching date	Population vaccinated	Administrative coverage (%)	IM Percent vaccinated*
Belas	1,071,662	19-Feb-16	1,292,404	121%	88.2%
Cacuaco	887,829	29-Feb-16	776,075	87%	87.8%
Cazenga	867,659	29-Feb-16	825,793	95%	94.3%
Icolo e Bengo	75,103	28-Mar-16	46,309	62%	81.5%
Ingombota	89,556	24-Mar-16	65,083	73%	91.3%
K. Kiaxi	640,006	10-Mar-16	241,812	38%	79.0%
Maianga	660,884	14-Mar-16	489,998	74%	99.8%
Quissama	25,240	28-Mar-16	15,572	62%	91.1%
Rangel	136,031	28-Mar-16	48,021	35%	94.4%
Samba	160,174	24-Mar-16	58,535	37%	91.3%
Sambizanga	433,970	20-Mar-16	146,149	34%	79.7%
Viana	1,535,102	02-Feb-16	2,130,549	139%	86.3%
Luanda	6,583,216		6,136,300	93%	
Baia Farta	103,623	16-May-16	105,116	101%	
Balombo	99,932	16-May-16	101,700	102%	
Benguela	598,902	12-Apr-16	563,250	94%	80%
Bocoio	155,397	30-Jun-16	138,747	89%	
Catumbela	173,601	13-Apr-16	188,421	109%	95%
Chongoroi	81,977	30-Jun-16	85,175	104%	
Cubal	289,703	16-May-16	297,264	103%	94%
Lobito	335,601	13-Apr-16	356,144	106%	
Benguela	1,838,736		1,835,817	100%	
Menongue	308,509				
Cuango Cubango	308,509				
Ambaca	61,209				
Cazengo	166,860	30-Jun-16	141,851	85%	
Cuanza Norte	228,069		141,851		
Amboim	236,339	16-May-16	228,060	96%	
Cassongue	145,579	16-May-16	135,907	93%	
Ebo	159,024	16-May-16	159,495	100%	
Libolo	85,630	16-May-16	88,897	104%	
Seles	176,058	16-May-16	170,883	97%	
Sumbe	269,341				
Cuanza Sul	1,071,971		783,242	73%	
Cahama	69,519	22-Jun-16	65,132	94%	
Cuanhama	362,710	22-Jun-16	329,772	91%	
Cunene	432,229		394,904	91%	
Bailundo	283,887	16-May-16	270,735	95%	
Caala	268,734	13-Apr-16	222,811	83%	96%
Ekunha	79,334	16-May-16	75,022	95%	
Huambo	689,301	13-Apr-16	558,150	81%	95%
Londumbali	125,214	02-Jul-16	114,709	92%	
Longonjo	87,329	02-Jul-16	88,328	101%	
Ukuma	42,950	16-May-16	47,348	110%	
Huambo	1,576,749		1,377,103	87%	
Caconda	160,892	16-May-16	167,102	104%	
Gambos	76,456	29-Jun-16	81,982	107%	
Humpata	83,267	28-Jun-16	83,731	101%	
Lubango	736,077				
Quipungo	147,818	16-May-16	168,781	114%	
Huila	1,204,510		501,596	42%	
Capenda Camulemba	54,098	03-Jul-16	38,534	71%	
Caungula	27,266	02-Jul-16	20,469	75%	
Chitato	196,869	11-Jun-16	203,794	104%	
Cuango	174,429	04-Jun-16	187,504	107%	
Cuilo	19,841	01-Jul-16	17,479	88%	
Lunda Norte	472,503		467,780	99%	
Cacuso	71,981	08-Jul-16	56,817	79%	
Malange	489,867	14-Jul-16	254,024	52%	
Malange	561,848		310,841	55%	
Maquela do Zombo	123,073	01-Jul-16	117,896	96%	
Negage	136,323	16-May-16	129,732	95%	
Puri	35,710	23-Jun-16	36,137	101%	
Uige	496,567	16-May-16	624,138	126%	
Uige	791,673		907,903	115%	
Soyo	219,536	42,537	168,537	77%	
Zaire	219,536		168,537	77%	
GRAND TOTAL	15,289,549		13,025,874	85%	

*IM Percent vaccinated calculated using the proportion of people found to be not vaccinated during the Independent Monitoring Survey

III. Response Interventions

IM/Coordination

- ◆ The MoH led Yellow Fever coordination meeting will now happen once a week, on Fridays. The MoH Weekly Bulletin will cover the period from Friday to Thursday and will be distributed on Friday morning. Epidemiological weeks used for reported remain standard (Monday to Sunday)
- ◆ The Joint Technical and Operational Review Mission-Angola completed the evaluation process at central level and visited Huambo (Londumbale and Longonjo) and Uige (Maquela do zombo), in addition to Lunda province. The mission debriefed with IMS partners and Angola MoH. A report is expected this week
- ◆ Epidemiology and logistic staff is deployed to the provinces of Cunene, Uige, Cabinda, Cuanza Norte, Cuanza Sul, Lunda Norte, Benguela, Malange and Zaire, as part of the plans to provide sustained support to province health systems

Surveillance, Laboratory and Data management

- ◆ WHO and CDC are continue supporting the surveillance system and case investigation in Benguela, Cunene, Lunda Norte, Malange, and Zaire provinces
- ◆ MSF reported increase in the number of the suspected yellow fever admissions in Benguela hospitals
- ◆ A new senior epidemiologist from AFRO will be deployed to Benguela to coordinate surveillance and reporting activities at the province
- ◆ WHO and CDC developed a needs assessment survey instrument to assess province logistical needs for sample collection and identify the gaps in the distribution system of sample collection supplies to the provinces
- ◆ WHO and CDC developed a system for tracking samples being sent to the central level and redistribution of sampling materials to the provinces
- ◆ WHO will centralize the payment of sample transportation to reduce sending time and reduce bottlenecks
- ◆ WHO and MoH developed a system to improve feedback of laboratory test results to the provinces

Vaccination

- ◆ ICG approved **4,986,260 doses** of yellow fever vaccine for Angola, with immediate release of **1,490,902 doses** for districts at the DRC border; **740,756 doses** in districts with past proven transmission and high risk; as well as **817,047 doses** for Lubango (Huila), the largest urban center on the south
- ◆ Mass vaccination campaigns were completed in Capenda Camulemba, Cuilo and Cahungula (Lunda Norte); Maquela de Zombo (Uige); Cazengo (Cuanza Norte); Cacuso (Malange); Londumbali and Longonjo (Huambo); Bocoio and Chongoroi (Benguela), Humpata and Gambos (Huila). A mop-up campaign in Luanda was completed in one week
- ◆ Some limitations were reported in Luanda mop-up vaccination campaign, including no-show of some vaccination teams, insufficient mobilization during campaign and lack of advanced posts in some areas. In Kilamba Kiaxi, the move to advanced posts, location near transportation hubs and extension of vaccination hours into the evening resulted in large increases in number vaccinated per day
- ◆ After resolution of a problem with the delivery of syringes to Malange district, the campaign started, but achieved low vaccination coverage in the first days due to operational challenges. The National Director of Public Health visited the province to address these problems

Logistics

- ◆ The current Yellow Fever vaccine stock at **central** store is **324,270 doses**; the stocks at **provincial** level are **750,000 doses approximately**, with part of it being used in ongoing mass vaccination campaigns
- ◆ 42,000 syringes 5ml out of 60 000 distributed to Malange province to start the vaccination campaign
- ◆ 7,3 million yellow fever vaccination cards were received from South Africa and appropriate amounts were delivered to the provinces
- ◆ Local logisticians were recruited in several provinces
- ◆ A senior logistician is re-evaluating the logistical capacity and cold chain status in key provinces selected for the next vaccination round

Border Health

- ◆ CDC and WHO adapted a cross-border evaluation tool based on IHR guidelines for evaluation of surveillance performance. This is being tested in Cunene
- ◆ A cross-border meeting took place in Santa Clara border pass, Cunene, to share vaccination plans and evaluate surveillance. Similar meetings are being organized for the DRC border to take place next week
- ◆ Communication materials for air and railway travel recommendations were developed by WHO, CDC and UNICEF and are pending approval by MoH
- ◆ The Health Minister agreed to strengthen cross-border collaboration with his peers in neighbouring countries. The IMS is supporting provincial and national authorities to facilitate collaboration, share surveillance procedures and strengthen communication.
- ◆ Cunene border posts started vaccination of travelers only; local population requested to be vaccinated too. Namibia border posts are requesting yellow fever vaccination cards to all travelers

Social Mobilization, Risk Communication and Media

- ◆ WHO and MoH conducted messages for outreach through radio stations to dispel rumours against vaccination
- ◆ UNICEF consultant continues to provide technical assistance in microplanning of mop up vaccination campaign in Luanda province.
- ◆ UNICEF specialists contributed to supervision of yellow fever vaccination campaign in municipalities across the country
- ◆ WHO provided support in a training of 42 teachers in the province of in Cuanza-Sul as part of the preparation of the upcoming vaccination campaigns
- ◆ WHO and UNICEF are supporting dissemination of the Yellow fever song at national and international level radios stations
- ◆ IMS partners provided support to MoH for the elaboration of TV spots and music's on yellow fever to increase community awareness and prevention. Video packages on the yellow fever outbreak in Angola are being disseminated through social media
- ◆ A press release is being prepared focusing on achievements in Yellow fever control in Angola
- ◆ CDC support the drafting the proposal for a follow-up KAP study to assess the effectiveness of social mobilization efforts to encourage adult men to receive the YF vaccine. The proposal is under approval by MoH officials. Data collection is expected to start on Friday 29
- ◆ A joint team composed of WHO, Core Group, CDC and social mobilization focal point, meet the Health Director of Kilamba Kiaxi District (Luanda Province) to prepare for advocacy meetings with traditional leaders (sobas), school directors, fathers associations, religious leaders, heads of the private sector at municipal level and neighbourhood coordinators

Case Management

- ◆ MSF is extending its support to case management in Benguela hospitals
- ◆ MSF conducted differential diagnosis for Leptospirosis in Benguela Hospital. One out of four cases tested was positive
- ◆ INSP tested 43 samples of suspected yellow fever cases for Leptospirosis. All were negative to Leptospirosis
- ◆ A Nacional workshop will be organized in early August by the Clinical Subcommittee to finalize and validate the new Angolan yellow fever clinical guidelines. This will include development of training materials
- ◆ IMs and CDC will meet to discuss the process and protocol for differential diagnosis among negative cases for Malaria, Leptospirosis and HEV

Vector Control

- ◆ Cuban Cooperation and MoH vector control activities continued in key areas across the country
- ◆ An assessment of the Cuban cooperation in Luanda cities (Lubango, Ondjiva, Sumbe) showed that low density of the vector in these extra domiciliary settings is due to the dry season. Transmission at domiciliary level is still possible due to the home storage of water

Special Studies and Assessments

- ◆ CDC received 1000 leptospirosis kits from South Africa which are now being used at INSP national reference laboratory and the MSF yellow fever ward in Benguela
- ◆ CDC deployed one full time epidemiologist to coordinate independent monitoring of coverage studies (LQAS) in vaccinated areas
- ◆ CDC is providing technical support for the development of a LQAS manual to precise evaluation of the quality and results of the vaccination campaigns
- ◆ CDC will continue leading the coordination of population coverage, KAP and other studies

V. Key challenges

- ◆ Need to maintain engagement of authorities and partners until the end of the outbreak can be confirmed after the start of the September rainy season
- ◆ Need to maintain the same level of intensity of surveillance despite very low number of cases
- ◆ Need to keep engagement to vaccinate areas of the country at potential risk of outbreaks after the start of the September rainy season
- ◆ Need to strengthen cross-border communication, in particular in areas targeted for vaccination
- ◆ A low national stock of vaccination materials means that these need to be delivered at the same time as vaccines
- ◆ Need to strengthen the control of yellow card at airports exit points. Border health measures need to be scaled up and enforced
- ◆ The strategy for vector control must be re-assessed on the light of the dry season pattern
- ◆ Need to reduce delays in reporting in Benguela and other selected districts

Editorial note:

Starting this week, the MoH Weekly Yellow Fever Bulletin will be distributed on Fridays and will cover the period of Friday to Thursday. This IMS/WHO weekly sitrep will align to the same reporting schedule, to ensure that same statistics are reported by both instruments. Next IMS weekly sitrep will be prepared on Friday 29th July, and will cover 6 days instead of 7. Epidemiological weeks for reporting data remain standard (Monday to Sunday).

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