

YELLOW FEVER OUTBREAK IN ANGOLA INCIDENT MANAGEMENT

SITUATION REPORT W25, 27th June 2016

Vol: 6-04

I. Key Highlights

- ♦ A new phase of the vaccination response will start on June 29th including 6 districts with local transmission as Bocoio (Benguela), Londuinbali and Longojo (Huambo), Gambos and Humpata (Huila), Cazengo (Cuanza Norte); and 4 districts bordering the DRC: Maquela do Zombo (Uige); Capenda Camulenga, Caungula and Cuilo (Lunda Norte).
- ♦ The Minister of Health is calling for a meeting with provincial and districts authorities from across the country as well as authorities from related Ministers, with the objective of reviewing the current situation and harness support for the final phase of outbreak control. The meeting is expected to take place on the 5th—6th July
- ♦ A ten days **Process Review Mission** of the yellow fever response in Angola will start on the 4th of July. TORs were agreed with partners and presented to the Health Minister by the WHO Representative and the Incident Manager
- ♦ The Minister of Health approved the deployment of several technical staff to increase the direct technical support to the provinces by joint teams from the MOH and health partners involved in the YF response. Deployments started this week under MoH and IMS coordination
- ♦ Border health, vector control and case management intervention pillars proposed adapted strategies and new guidance

II. Epidemiological Situation as of 24 June 2016

⇒ Week 25 statistics (18 June to 24 June):

- Of 170 cases reported, 160 samples were tested by the laboratory and 3 were found positive to yellow fever
- 6 deaths were reported among suspected cases, none were confirmed cases
- Cases were reported from 39 districts in 13 provinces
- One district reported cases for the first time (Tomboco, Zaire province)
- No new districts with local transmission was reported this week (Table 3.1 & 3.2)

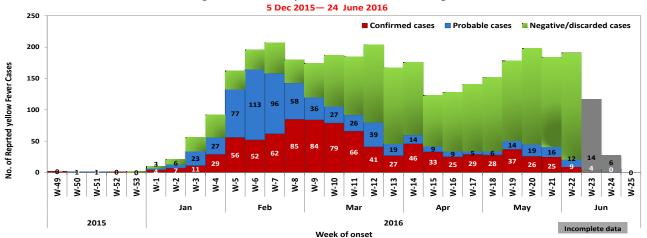
\Rightarrow Cumulative statistics since 05 December:

- A total of 3,464 suspected cases have been reported of which 868 are laboratory confirmed cases. Overall, 353 (CFR 10.0%) deaths are reported among suspected cases and 116 (CFR 13.4%) have died among confirmed cases
- Laboratory confirmed cases were reported for **16** out of **18** provinces and for **79** out of **124** reporting districts (Table 2). Luanda province reported the majority of the confirmed cases **487** (**56.1%**), followed by Huambo **127** (**14.6%**) and Benguela **111** (**12.7%**), (Table.2 & Figure.2—4)
- Local transmission has been documented in **43** districts in **11** provinces (Table 3.1 & 3.2)
- The majority of the confirmed cases are in males 09—14 yrs; 213 (21.3%), followed or 15—19 yrs; 170 (16.4%), (Figure 6).

Table 1: National Summary of Yellow Fever Outbreak

Valley Form Outbreak Symmetry 40 km and 24 km and	
Yellow Fever Outbreak Summary 18 June — 24 June 20	
Reported cases	170
Samples tested	160
Confirmed cases	3
Total Deaths	6
Total provinces that reported cases	13
New provinces with confirmed cases	0
Total districts with reported cases	39
New districts with confirmed cases	0
New districts with documented local transmission	0
Yellow Fever Outbreak Summary from 5 Dec 2015— 2	4 June 2016
Total cases reported to central level	3,464
Total Samples Tested	2,958
Total confirmed cases	868
Total deaths	353
Total deaths among confirmed cases	116
Total provinces that have reported cases	18
Total provinces with confirmed cases	16
Total districts that have reported cases	124
Total districts with confirmed cases	79
Total provinces with documented local transmission	11
Total districts with documented local transmission	43
Total number of provinces in Angola	18





Source: MOH, Angola

Fig.2 Yellow Fever Suspected and Confirmed Cases - Luanda Province 5 Dec 2015— 24 June 2016

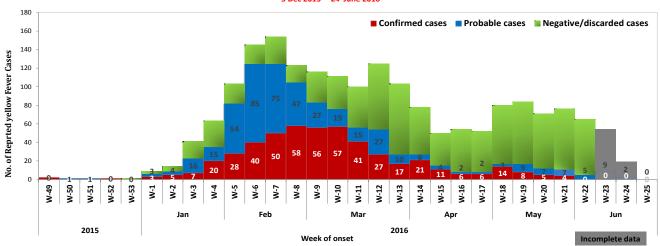
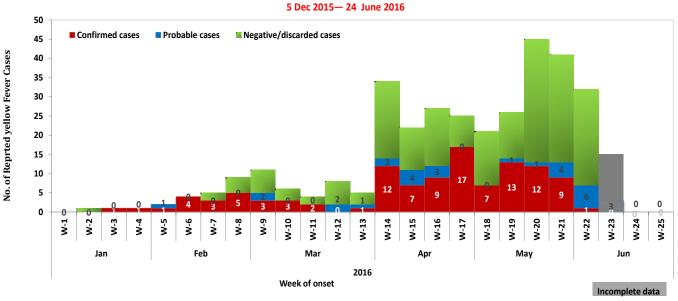


Fig.3. Yellow Fever Suspected and Confirmed Cases - Huambo province

5 Dec 2015 - 24 June 2016 60 ■ Confirmed cases ■ Probable cases ■ Negative/discarded cases 50 No. of Reprted yellow Fever Cases 40 30 20 10 0 W-10 W-13 W-15 W-16 W-17 W-18 W-19 W-25 W-5 9-M W-8 W-12 W-14 W-20 W-21 W-22 W-23 W-24 W-2 W-3 W-4 W-7 ₩-9 W-11 ₹-1 Feb May Jan Mar Apr lun 2016



Week of onset



Incomplete data

Table 2. Provinces with Yellow Fever Laboratory Confirmation up to 24 June, 2016							
		Discarded,					
Province	Notified	Tes	ted	Confi	rmed	Lab with Vacc. History	
	Cases	No	%	No	%	,	
Luanda	1896	1545	81	487	26	122	
Bengo	22	22	100	6	27	0	
Benguela	345	328	95	111	32	18	
Bie	35	33	94	16	46	0	
Cabinda	37	31	84	1	3	0	
Cuando Cubango	7	6	86	1	14	0	
Cuanza Norte	62	52	84	9	15	1	
Cuanza Sul	114	110	96	16	14	0	
Cunene	49	49	100	14	29	0	
Huambo	564	507	90	127	23	22	
Huila	141	92	65	33	23	0	
Lunda Norte	56	55	98	25	45	1	
Lunda Sul	9	8	89	0	0	1	
Malange	22	22	100	6	27	0	
Moxico	5	5	100	0	0	0	
Namibe	13	13	100	2	15	0	
Uige	65	63	97	9	14	0	
Zaire	22	17	77	5	23	0	
TOTAL	3464	2958	85	868	25	165	

Fig.5: Yellow Fever Cases with Local Transmission and Vaccination Provinces & Districts in Angola, 5 Dec 2015— 24 June 2016

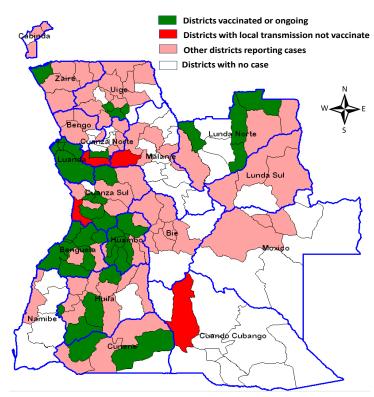


Fig. 6. Age group distribution of Yellow Fever cases in Angola

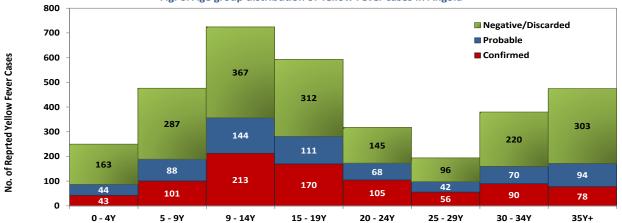


Fig.7: National Trend of Yellow Fever Suspected and Confirmed Cases in Angola out of Luanda Province

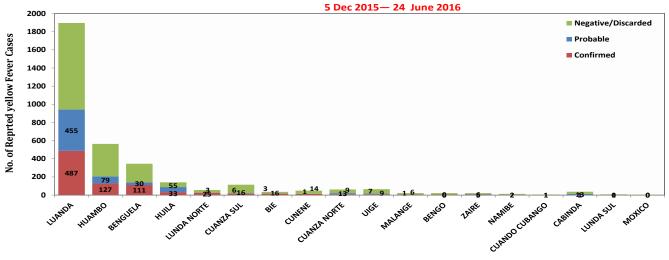


Table 3.1: Yellow Fever Reported and Confirmed Cases per Angola Provinces and Districts, 2016
5 Dec 2015—24 June 2016

Company Conformer Confor	Province		otified duri period e — 24 June	_		nulative Cas 015— 24 Jun		Documented Local Transmission	Date of onset first confirmed	Date of onset of last confirmed	Date of last report at	Average days of reporting	Days since last case reported to	Days since last
Caccarego		Reported	Confirmed	Deaths	Reported	Confirmed	Deaths	*	case*		central level			case
Cacenga	Belas	5	0	0	199	54	25	Υ	15-01-16	26-05-16	23-06-16	3	1	28
Isola telenge 2	Cacuaco	7	0	0	227	78	22	Υ	28-01-16	12-05-16	23-06-16	2	1	43
Ingembeta	Cazenga	11	0	0	418	109	33	Υ	18-01-16	27-05-16	23-06-16	2	1	28
Silamba kiaki	Icolo e bengo	2	0	0	7	1			08-03-16	08-03-16	21-06-16	3	3	108
Mailange													21	101
Guissama 0 0 0 0 1 1 1 0 0 N 24-04-16 27-04-16 1 58 6 18 Rangel 1 0 0 45 14 2 Y 20-01-16 02-05-16 12-05-16 1 1 58 6 18 Rangel 1 0 0 0 524 5 12 Y 10-02-16 12-05-16														37
Find														
Sambla														
Sambiangs														
Vana														
LIANDA														41
Ambrir 0														
Sula Attumba														81
Dande									0.0.1	0.0.10				
BENGUEL 1 0	Dande	1	0	1	12	5	1	N	05-02-16	19-05-16	21-06-16	6	3	36
BENGO								N						
Balombo		1		1		6	1	N	05-02-16	19-05-16				36
Benguela 30 0 3 158 59 16 Y 15-02-16 29-05-16 24-06-16 8 0 25 25 25 25 25 25 25	Baia Farta	2	0	1	15	9	4	Υ	08-04-16	12-05-16	24-06-16	7	0	43
Becole	Balombo	0	0	0	30	8	2	Υ	22-04-16	30-05-16	10-06-16	10	14	25
Catimbels	Benguela	30	0	3	158	59	16	Υ	15-02-16	29-05-16	24-06-16	8	0	26
Catumbels	Bocoio	0	0	0	5	1	0	N	02-05-16	02-05-16	21-05-16	8	34	53
Changoroi	Caimbambo	0	0	0	5	1	0	N	26-02-16	26-02-16	09-05-16	4	46	119
Cubal 3 0 0 9 3 1 Y 05-02-16 10-3-16 2-10-16 6 3 10-10 Canada 3 0 0 8 3 0 N 10-02-16 28-02-16 28-02-16 28-02-16 28-02-16 28-02-16 7 0 36 BENGUELA 5 1 1 5 345 111 30 Y 22-01-16 39-05-16 24-06-16 8 0 23-04 Andulo 1 0 0 16 6 1 N 14-02-16 27-03-16 13-06-16 5 1 4 4 89 Catabola 1 0 0 2 0 0 N 19-03-16 13-06-16 5 11 39 Cubingar 0 0 0 3 1 0 N 02-03-16 13-04-16 6 6 9 11 11 12 12	Catumbela	4	1	0	37	8	1	Υ	15-04-16	26-05-16	21-06-16	10	3	29
Canada	Chongoroi	0	0	0	6	5	1	Υ	26-02-16	25-05-16	05-06-16	6	19	30
Indition 12	Cubal	3	0	0	9	3	1	Υ	05-02-16	10-03-16	21-06-16	6	3	106
BENGUELA 54	Ganda	3	0	0	8	3	0	N	10-02-16	28-02-16	24-06-16	8	0	117
Andulo	Lobito										24-06-16		_	36
Catabola													_	25
Catabola	Andulo													89
Chinguar	· ·								19-03-16	19-03-16				97
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CUNENE 0 0 0 49 14 2 Y 01-02-16 15-05-16 17-06-16 11 7 40														40

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.

Table 3.2: Yellow Fever Reported and Confirmed Cases per Angola Provinces and Districts, 2016

5 Dec 2015— 24 June 2016

Province		otified duri period e — 24 June	_		mulative Cas 015— 24 Jur		Documented Local Transmission	Date of onset first confirmed case*	Date of onset of last confirmed	Date of last report at central level	Average days of reporting	Days since last case reported to	Days since last confirmed
F	Reported	Confirmed	Deaths	Reported	Confirmed	Deaths	*	case	case	central level	delay	central level	case
Bailundo	5	0	0	94	11	4	Y	05-02-16	24-03-16	21-06-16	5	3	92
Caala	1	0	0	89	25	7	Y	28-01-16	16-05-16	20-06-16	3	4	39
Catchiungo	0	0	0	31	2	0	N	18-03-16	29-04-16	05-06-16	5	19	56
Ecunha	0	0	0	71	20	4	Y	17-01-16	24-05-16	01-06-16	4	23	31
Huambo	10	0	0	170	42	12	Y	20-01-16	29-05-16	24-06-16	4	0	26
Londuimbale	2	0	0	34	7	7	Y	17-02-16	27-04-16	21-06-16	4	3	58
Longonjo	0	0	0	24	10	4	N	09-02-16	15-04-16	31-05-16	7	24	70
Mungo	2	0	0	18	2	2	N	06-02-16	01-03-16	20-06-16	5	4	115
Tchikala tcholohanga	0	0	0	13	3	0	N	16-03-16	07-04-16	16-06-16	4	8	78
Tchinjenje	0	0	0	3	1	0	N	01-04-16	01-04-16	19-05-16	5	36	84
Ukuma	1	0	0	17	4	4	Y	22-02-16	19-04-16	21-06-16	4	3	66
HUAMBO	21	0	0	564	127	44	Υ	17-01-16	29-05-16	24-06-16	4	0	26
Caconda	0	0	0	28	10	4	Υ	05-01-16	30-03-16	28-05-16	10	27	86
Cacula	0	0	0	8	4	1	N	23-02-16	15-05-16	28-05-16	6	27	40
Caluquembe	0	0	0	11	2	6	N	04-03-16	21-03-16	11-06-16	3	13	95
Chibia	0	0	0	2	1	0	N	08-02-16	08-02-16	19-02-16	0	126	137
Chicomba	0	0	0	11	1	0	N	02-02-16	02-02-16	01-06-16	5	23	143
Chipindo	0	0	0	2	0	1	N			11-06-16	8	13	
Cuvango	0	0	0	2	0	0	N			18-04-16	4	67	
Gambos	0	0	0	5	1	1	N	24-02-16	24-02-16	11-03-16	3	105	121
Humpata	0	0	0	11	2	0	Υ	22-03-16	28-04-16	11-05-16	5	44	57
Lubango	4	1	0	18	5	4	N	30-01-16	01-06-16	21-06-16	4	3	23
Matala	0	0	0	2	0	1	N			21-03-16	4	95	
Quilengues	0	0	0	10	4	2	N	21-02-16	10-03-16	19-03-16	1	97	106
Quipungo	0	0	0	31	3	3	Υ	02-02-16	05-02-16	03-06-16	4	21	140
HUILA	4	1	0	141	33	23	Y	05-01-16	01-06-16	21-06-16	5	3	23
Cambulo	0	0	0	2	0	0	N			17-06-16	22	7	
Capenda-Camulemba	1	0	0	5	0	0	N			23-06-16	5		
Chitato	0	0	0	12	1	1	N	08-05-16	08-05-16	17-06-16	10	7	47
Cuango	0	0	0	32	23	8	Υ	02-05-16	06-06-16	17-06-16	7	7	18
Cuilo	0	0	0	1	1	0	N	20-05-16	20-05-16	10-06-16	9		35
Lucapa	0	0	0	1	0	0	N			23-05-16	26	32	
Xa Muteba	0	0	0	3	0	0	N			13-06-16	20	11	
LUNDA NORTE	1	0	0	56	25	9	Y	02-05-16	06-06-16	23-06-16	9	1	18
Cacolo	0	0	0	1	0	0	N			08-06-16	1		
Muconda	0	0	0	1	0	0	N			27-05-16	4	28	
Saurimo	0	0	0	7	0	0	N			17-06-16	3	7	
LUNDA SUL	0	0	0	9	0	0	N			17-06-16	3	7	
Cacuso	0	O	0	3	1	0	Y	21-04-16	21-04-16	06-06-16	9	18	64
Cahombo	0	0	0	1	1	1	N	20-03-16	20-03-16	31-03-16	9	85	96
Calandula	0	0	0	4	0	1	N			06-06-16	5	18	
Cambundi Catembo	0	0	0	1	0	1	N			28-05-16	5	27	
Malange	1	O	0	12	3	0	Y	21-02-16	19-05-16	20-06-16	4	4	36
Quela	0	O	0	1	1	0	N	07-05-16	07-05-16	18-05-16	4	37	48
MALANGE	1	0	0	22	6	3	Y	21-02-16	19-05-16	20-06-16	5	4	36
Cameia	0	0	0	2	0	0	N			16-06-16	8	8	
Leua	0	0	0	1	0	0	N			07-05-16	5	48	
Moxico	0	0	0	2	0	0	N			19-05-16	2	36	
MOXICO	0	0	0	5	0	0	N			16-06-16	5	8	
Bibala	0	0	0	1	0	0	N			16-06-16	7	8	
Namibe	0	0	0	12	2	1	N	17-04-16	14-05-16	16-06-16	5	8	41
NAMIBE	0	0	0	13	2	1	N	17-04-16	14-05-16	16-06-16	5	8	41
Ambuila	0	0	0	5	0	0	N			17-06-16	5	7	
Bembe	0	0	0	3	0	0	N			10-06-16	6	14	
Buengas	0	0	0	1	0	0	N			14-05-16	4	41	
Bungo	0	0	0	1	0	0	N			20-03-16	3	96	
Damba	2	0	0	4	0	0	N			20-06-16	5	4	
Maquela do zombo	0	0	0	1	0	1	N			22-02-16	0	123	
Mucaba	0	0	0	1	0	0	N			21-05-16	4	34	
Negage	0	0	0	15	3	0	Y	03-02-16	15-05-16	17-06-16	4	7	40
Puri	0	0	0	1	1	0	N	10-05-16	10-05-16	21-05-16	3	34	45
Quimbele	0	0	0	4	0	0	N			17-06-16	5	7	
Quitexe	0	0	0	1	0	0	N			09-05-16	10	46	
Sanza pombo	0	0	0	1	0	0	N			14-05-16	4	41	
Songo	0	0	0	1	0	0	N			03-06-16	4	21	
Uige	0	0	0	26	5	4	Y	02-02-16	08-05-16	17-06-16	5	7	47
UIGE	2	0	0	65	9	5	Y	02-02-16	15-05-16	20-06-16	5	4	40
Cuimba	0	0	0	2	1	2	N	24-03-16	24-03-16	19-04-16	11	66	92
Mbanza congo	2	0	0	6	0	0	N			23-06-16	11	1	
Noqui	0	0	0	2	0	0	N			14-03-16	16	102	
Nzeto	0	0	0	2	1	0	N	05-02-16	05-02-16	02-03-16	10	114	140
Soyo	5	1	0	9	3	1	Y	10-02-16	08-06-16	22-06-16	3	2	16
		0	0	1	0	0	N N			22-06-16	2	2	
· · · · · · · · · · · · · · · · · · ·	1	U											
Tomboco ZAIRE	8	1	0	22	5	3	Y	05-02-16	08-06-16	23-06-16	8	1	16

Newly districts with confirmed cases in W25

New documented local transmission in W25

Newly reported districts in W25

Table:4 Distribution of Yellow Fever Vaccination Coverage in Angola as of 17 June 2016

Province	Target population	Launching date	Population vaccinated	Administrative coverage (%)	IM Percent vaccinated*
▼	·	▼	▼	▼	▼
Belas	1,071,662	19-Feb-16	1,288,081	120%	88.2%
Cacuaco	887,829	29-Feb-16	772,521	87%	87.8%
Cazenga	867,659	29-Feb-16	819,320	94%	94.3%
Icolo e Bengo	75,103	28-Mar-16	39,135	52%	81.5%
Ingombota	89,556	24-Mar-16	63,271	71%	91.3%
K. Kiaxi	640,006	10-Mar-16	214,693	34%	79.0%
Maianga	660,884	14-Mar-16	486,466	74%	99.8%
Quissama	25,240	28-Mar-16	13,774	55%	91.1%
Rangel	136,031	28-Mar-16	43,366	32%	94.4%
Samba	160,174	24-Mar-16	55,358	35%	91.3%
Sambizanga	433,970	20-Mar-16	136,697	31%	79.7%
Viana	1,535,102	02-Feb-16	2,124,758	138%	86.3%
Luanda	6,583,216	16 May 16	6,057,440	92%	
Baia Farta Balombo	103,623	16-May-16 16-May-16	105,116 101,700	101% 102%	
Benguela	99,932 531,744	16-May-16 12-Apr-16	489,449	92%	80%
Catumbela	173,601	13-Apr-16	188,421	109%	95%
Cubal	289,703	16-May-16	297,264	103%	94%
Lobito	335,601	13-Apr-16	356,144	106%	
Benguela	1,771,578		1,538,094	87%	
Amboim	236,339	16-May-16	219,663	93%	
Cassongue	145,579	16-May-16	124,345	85%	
Ebo	159,024	16-May-16	158,614	100%	
Libolo	85,630	16-May-16	87,540	102%	
Seles	176,058	16-May-16	165,639	94%	
Cuanza Sul	802,630	10-Way-10	755,801	94%	
	•	22 har 46	•		
Cahama	69,519	22-Jun-16	23,539	34%	
Cuanhama	362,710	22-Jun-16	90,125	25%	
Cunene	432,229		113,664	26%	
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%
Ukuma	42,950	16-May-16	47,348	110%	
Huambo	1,364,206		1,174,066	86%	
Caconda	160,892	16-May-16	167,102	104%	
Quipungo	147,818	16-May-16	168,781	114%	
Huila	308,710		335,883	109%	
Chitato	196,869		184,607	94%	
Cuango	174,429	27-May-16	187,504	107%	
Lunda Norte	371,298	27 may 10	372,111	100%	
	136,323	16-May-16		95%	
Negage		TO-IVIAY-10	129,732		
Puri	35,710	16 May 16	16,857	47%	
Uige	496,567	16-May-16	624,138	126%	
Uige -	668,600		770,727	115%	
Soyo	219,536		120,420	55%	
Zaire	219,536		120,420	55%	
GRAND TOTAL	12,522,003		11,238,206	90%	

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

Province	Neighborhoods with more than 10% no persons surveyed							
	Inside Household	Outside Household						
Luanda	33 out of 104 (31.7%)	47 out of 104 (45.2%)						
Benguela	30 out of 82 (36.6%)	40 out of 76 (52.6.4%)						
Huambo	6 out of 43 (13.9%)	21 out of 44 (47.7%)						

Source: MOH, Angola 6

III. Response Interventions

IM/Coordination

- ◆ Angola MOH National Director of Public Health conducted a meeting to agree on next vaccination phase dates and prioritize districts.
- ♦ The MOH –Angola is organizing a high national level meeting to be held on the 5th—6th July, 2016 in Luanda to evaluate YF outbreak situation in the country and discuss the way forward and recommendations to end with the epidemic.
- ♦ Angola Minister of Health approved deployments of technical staff to increase the support to the provinces by IMS and the MoH partners. The deployments started this week under the MoH and IMS coordination
- ♦ A ten days Process Review mission of the yellow fever response will start in Angola on 4th July, 2016. The terms of reference were agreed with partners and presented to the Health Minister by the WHO Representative and the Incident Manager
- ♦ UNICEF is finalizing the contract with Angola Red Cross to reinforce social mobilization at community level. The deployment of the technical staffs started this week to Soyo, Lunda Norte and Cunene
- ♦ Angola Red Cross and IFRC expressed their ongoing commitment to support the MoH and Provincial Directorates of Health in mass vaccination campaigns and social mobilization, in coordination with the IMS and UNICEF

Surveillance, Laboratory and Data management

- ♦ One new laboratory confirmed case is reported in Ambaca, Cuanza Norte. The case was imported from Negage, Uige
- Five cases with local transmission were documented in Cambulo, Lunda Norte (bordering DRC), response vaccination plans were immediately prepared
- ♦ The epicurves for Huambo and Luanda show a slow but persistent decline in number of cases.
- ♦ The epicurve for Benguela show signs of serious reporting problems, particularly in March and April. A sudden increase in re-porting coincides with the arrival of MSF to Benguela hospital. A senior epidemiologist is working with Benguela provincial authorities to investigate and help solve reporting problems
- ◆ 72 back-dated notifications and samples were received at the central level, mostly from Benguela and Huambo provinces
- ♦ A mission to Bengo province piloted the new case investigation form and conducted a rapid assessment of the surveillance system in the province
- Underreporting of cases in Luanda province was linked to shortage of sampling kits. Lab kits and sample collection materials were sent and supply process reviewed
- ♦ Four additional epidemiologist from GOARN and 4 from CDC are joining the IM team in the coming weeks
- ♦ Four training sessions on community-based surveillance took place in Cafunfu, Lunda Norte province, involving ADECOS (Agentes de Desenvolvimento Comunitário e Sanitário) and Red Cross volunteers, for a total of 86 participants

Vaccination

- ♦ A new phase of the vaccination response will start on June 29th including 6 districts with local transmission as Bocoio (Benguela), Londuinbali and Longojo (Huambo), Gambos and Humpata (Huila), Cazengo (Cuanza Norte); and 4 districts bordering the DRC: Maquela do Zombo (Uige); Capenda Camulenga, Caungula and Cuilo (Lunda Norte).
- ♦ This phase will use 1.2 million doses received in country on previous week, and will be completed with additional districts after reception of the 1.1 million doses approved by the ICG expected to arrive this week
- ♦ Mass vaccination campaigns are currently ongoing in Soyo (Zaire), Cuanhama and Cahama (Cunene)
- ♦ Mass vaccination campaigns in Cuango and Chitato (Lunda Norte) were completed
- ♦ Some challenges to vaccination activities were reported; in Soyo district, funds for vaccination were insufficient to support the teams. In Cunene province, the amount of vaccine received for Cahama and Cuanhama was insufficient
- ♦ All Luanda districts prepared microplans for mop-up vaccination based on analysis of independent monitoring and new cases data, with support from IMS partners
- ♦ Main results of the independent monitoring exercise suggest that coverage is more homogenous across the province than suggested by administrative coverage figures, although a number of unvaccinated pockets have been identified. It also suggests that the population in the province is likely to be larger than what is recorded in census data

Logistics

- ♦ 1.2 million doses of vaccine arrived from France on the 21st June, 2016; no syringes. 908,600 doses are being distributed to the nine districts that will undertake the campaign from the 29th of June.
- ♦ **307,100 doses** will remain in the central stock after the above distribution.
- ♦ Additional 1.1 million doses of vaccine expecting this week (496,800 on 27th and 603,200 on 29th June respectively)
- ♦ 3 million YF cards will arrive from South Africa in coming days

Border Health

- ♦ A border health assessments was done in the districts of Soyo and Cuimba (Zaire), and Massango (Malange). The assessments documented inadequate local capacity for border health surveillance and travellers vaccination
- ♦ A new focal point for border health, from CDC, started work with an assessment of border health situation in Soyo. Standard operation procedures for border health assessment will be drafted this week
- ♦ 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
- ◆ Concerns were raised with lack of checks of yellow fever cards on airport exit from the country.
- ♦ IOM is planning to send a consultant to artisanal mining areas in Lunda Norte and Lunda Sul, for assessment of tuberculosis among workers, many of which are migrants. IMS is working with IOM to add yellow fever activities to the visit

Social Mobilization, Risk Communication and Media

- ♦ In Lunda Norte, Red Cros-Angola supported door to door visits for community involvement in response activities
- ♦ In Dundo, Lunda Norte, Social Mobilization teams were successful at convincing some religious groups that had previously refused vaccination against yellow fever on religious grounds
- ♦ IEC messages continue being disseminated through national and international media (National Radio, National TV, Provincial Radios, Reuter's agency and the Washington Post Journal). The talk on radio by the famous football players was attained in Dundo, Cuanza Sul & Uige
- WHO social mobilization experts are providing technical support to vaccination activities in Luanda, Cunene, Cuanza-Sul, Lunda-Norte and Zaire provinces
- ♦ IMS focal person for risk communication and media travelled to Lunda Norte for information gathering
- ♦ Angola Red Cross signed a partnership agreement with UNICEF to support social mobilization at community level in 8 additional provinces (Luanda, Cunene, Huila, Namibe, Huambo, Benguela, Uige and Cwanza Sul)
- ♦ UNICEF will deploy three additional Social Mobilization experts to support the Provincial Health Direction in Cunene, Huila and Namibe. In addition to 3 Social Mobilization consultants to support the vaccination campaigns in Lunda Sul, Lunda Norte and Zaire

Case Management

- ♦ The subcommittee for clinical and case management met to share experiences, discuss co-infection and differential diagnosis and provide comments to guidelines drafted by WHO HQ. The subcommittee recommended updating Angola Yellow Fever guidelines to adapt them to facilities with poor diagnostics capacity
- ◆ Two WHO case management experts visited Kapalanga hospital in Luanda and general hospital in Benguela with MSF, to asses the situation and collect information on YF patient presentation, diagnostic process and management
- ♦ MSF continued case management activities in Luanda, Huambo, Huila and Benguela provinces. The situation in Huambo seems to improve; in Luanda, MSF addressed a shortage of anti-malarial drugs

Vector Control

- Vector control missions for entomological assessment by Cuban Cooperation and IMS/WHO vector control lead were implemented in Cunene, Lunda Norte, Lunda Sul and Malange
- Translation and adaptation of the entomological SOPs for YF entomological investigations are under process
- ♦ A plan to produce more robust periodical entomological data is being drafted
- A guide to train epidemiologists and surveillance officers on entomological surveillance was drafted, to cover the lack of trained entomologists in many areas of the country and strengthen vector surveillance
- ◆ Cuban Cooperation continues to support vector control activities in several provinces across the country

Special Studies and Assessments

- ◆ CDC supported the development and implementation of guidelines for case investigation of confirmed cases with history of YF vaccination
- ♦ Two thousand rapid diagnostic tests for Leptospirosis arrived this week for the implementation of a differential diagnosis study among suspected cases, given the proportion negative for yellow fever. This study is projected to be implemented by CDC and MSF with the support of MoH National Institute of Health and provincial authorities. Additional tests for Hepatitis E are expected to follow

V. Key challenges

- ♦ The massive vaccination activities have reached more than 11.2 million people. Nevertheless, few cases continue to be reported, indicating that some pockets of unvaccinated people still exist. Up to date, the last case has a date of unset of 10th of June.
- ♦ Exit yellow card checks at airports needs to be strengthened. Border health measures need to be scaled up and enforced
- Significant surveillance and vaccination activities are being implemented across the country in collaboration with many partners. Any remaining gaps in the existing coordination and follow-up mechanism must be identified and addressed to further strengthen the response on the ground.
- ♦ Independent monitoring results are to be fully used to guide mop-up vaccination activities in line with the reasons found for persisting low coverage vaccination areas.
- ♦ The strategy for vector control must be re-assessed and its implementation accelerated to focus on eliminating gathering places and adult vectors
- ♦ Delays in reporting from some healthcare facilities in Luanda, Benguela and Huambo has been observed. That makes that the number of cases reported in province-level line lists does not always match the number of cases in the central database. These discrepancies are not reported in this SitRep. Harmonization efforts are being addressed with the NDSP
- ♦ Continuous strengthening of case investigation and surveillance activities is necessary and ongoing in all provinces
- ♦ Clinical case management activities require additional refinement and follow up
- ♦ All response activities at the provincial level require further support. The Incident Management system is recommending having similar IMS structure at the provincial level.