



IMMUNIZATION MONTHLY UPDATE

IN THE AFRICAN REGION

Coverage of HepB0 jan-Aug 2014

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District data completeness and DTP3 coverage in the AFR Jan–August 2013-2014



Performance of Routine Immunization in Nigeria Jan-August 2014

Unimmunized children by zone Jan – Aug 2013-2014

800,000 700,000 600.000 500,00 300,00 200,000 < 50% NC SEZ ssi NWZ swz 50 -79.99% No of un-immunized Children DPT3/Penta3 Aug 13 No of un-immunized Children Penta3 Aug 14 Above 80 % Performance of the LGA for DTP3 containing vaccine Jan -Aug 2014 100% 90% 809 70% 60% 50% 40% 30% 20% 10% 0% Jigawa Kaduna Kano Katsina Kebbi Sokoto Zamfara NWZ Bayelsa ss River Delta Edo Rivers SSZ asarawa Niger Plateau NCZ Bauchi Borno Gombe Taraba Yobe NEZ Abia Anambra Ebonyi Enugu Imo SEZ Akwa-Ibom Adamawa Ekiti agos Ogun Oyo SWZ FCT Kogi Kwara Vational PILIP Nasa Cross NE SE NC NW ss sw No of LGA with Penta3 >80% No of LGA with Penta3 50-79% No of LGA with Penta3 <50%

Highlights

The data reported in this issue covers the period January to August 2014 and 2013. Data completeness was 89% compared to 98% for same period of 2013. Five countries (CAR, Equatorial Guinea, Ethiopia, Kenya, Mauritania & South Sudan) have a completeness < 70%. Algeria and Cape Verde did not report data for the this period.

The reported regional DTP3-containing vaccine & Measles coverage rates were 83% in 2014 for both antigens compared to 87% & 89% respectively for the same period of 2013. Seventeen countries have reported DTP3 coverage \geq 90% among which 4 (Rwanda, Uganda, Tanzania & Burkina Faso) with coverage >100% and 5 (CAR, Equatorial Guinea, Ethiopia, Kenya & South Sudan) with coverage <50%.

To date, out of a target population of ~ 22.5 million children for the period, more than 18 million have been vaccinated with 3 doses of DTP-containing vaccine. A significant increase in the number of vaccinated children was reported in Nigeria (~ 500.000) and Uganda >100.000. The highest number of unimmunized were reported in Ethiopia, Kenya & DRC.

Highlights

For the period Jan – Aug 2014, The national cumulative Penta3 coverage for Nigeria was 98%. The country achieved 44% (364,229) reduction in the number of unimmunized children between Jan - Aug 2014, compared to Jan - Aug 2013. Sixteen (16) states (43%) achieved > 50% reduction in 2014 compared to the same period in 2013.

The national coverage for hepb 0 was 79%. The poor performing LGAs for Hep B-0 (<50%) are in all the states in all the zones except in Niger, FCT, Nasarawa, Kwara, Osun, Ekiti, Osun & Ogun states .

Performance of the districts for the DTP3 containing vaccine is quite good in almost all the LGA except in Kogi where the personnel was on strike for about six months .

The possible reasons for the improvement in the RI coverage in the country would include the following:

- The Availability of vaccines and devices in the past two and a half years.
- The introduction of new vaccines provided an opportunity for training of health workers, improvement in the cold chain storage space and provision/ availability of the revised data tools at the health facilities.
- Improvement in the focus and support for RI in the country and also the support for the high risk 172 LGAs in the northern states.

Coverage of pneumococcal vaccine in countries in the AFR Jan-August 2014



Coverage of rotavirus vaccine in countries in the AFR Jan-August 2014



Highlights

As of October 2014, Pneumococcal vaccine was introduced in 31/47 countries among which 27 have submitted their coverage data for the period January to August 2014. Some countries are still facing challenges regarding new vaccine coverage monitoring. Four countries (Burkina Faso, Mozambique, Niger & Togo) did not report data.

To date, more than 8,7 million children (~40%) have received the pneumococcal vaccine in the region.

Coverage \geq 80% were reported in 14 countries. In most countries, there is a disparity between PCV3 & DTP3 coverage, despite the fact that the 2 antigens are administered at the same time. The poor coverage in some of the countries (DRC, Uganda..) is due to phased or late introduction.

The uptake of the vaccine is lower than expected in the Region because of the vaccine cost for the non GAVI-eligible countries which are lagging behind.

There is a need for countries to ensure that data collection forms and data management tools are updated to fully include all new vaccines in order to have the same completeness as the other vaccines administered in EPI program and that performance is adequately monitored.

Highlights

By October 2014, Rotavirus Vaccine was introduced in 22/47 countries. The roll out was slow mainly because of the constraint on supply availability for one of the two vaccines available on the market

Data reported in this issue are for 16 countries whose report on Rotavirus vaccine coverage are being shared on a monthly basis. Six countries (Burkina Faso, Eritrea, Kenya, Mali, Niger & Togo) have not reported . To date, nearly 4.5 million children in the region (~ 21%) have received rotavirus vaccine.

The coverage is still low in 6/16 countries reporting which introduced the vaccine during the 2nd and 3rd quarter in 2014. they are: Angola, Cameroon, Congo, Madagascar, Sierra Leone and Zimbabwe.

In Ethiopia, because of the quarterly reporting system, the completeness is still low.

Countries are strongly encouraged to improve the reporting of new vaccines coverage data and include their performance evaluation during periodic technical meeting at country level.

Updates on surveillance for Paediatric Bacterial Meningitis as of November 2014



Figure 2: Suspected bacterial meningitis cases in < 5 children with Lumbar puncture



Updates on rotavirus surveillance in the AFR





Highlights

Since 2002, WHO has been supporting Member States to conduct sentinel surveillance for diseases targeted by new vaccines. Surveillance for Invasive Bacterial Diseases (IBD)/Pediatric Bacterial Meningitis (PBM) focuses on the collection of clinical and epidemiological data and laboratory confirmation of three most common causes of bacterial meningitis; Haemophilus influenzae (Hib), Streptococcus pneumoniae , and Neisseria meningitidis by culture, gram stain, Rapid Diagnostic Testing (RDT) such as Latex and Binax and also PCR .

This network of 34 countries is coordinated by AFRO. Twenty nine countries (29) have integrated rotavirus disease surveillance as part of new vaccines surveillance. Laboratory networks including Regional Reference Laboratories (RRLs) are supporting and playing an important role in sentinel surveillance by monitoring circulating serotypes. Surveillance is implemented by the national ministries of health (MoH) and sustained as part of integrated national and regional surveillance networks with support from WHO..

All the countries conducting sentinel surveillance have designated sentinel surveillance implementation teams that are charged with the responsibility of routine monitoring progress of surveillance on behalf of the ministries of health. Countries are using similar standard operating procedures (SOPS), data management and laboratory procedures and collect clinical and epidemiological, demographic and laboratory data as per established time lines. As part of the sentinel surveillance network, countries have established well functioning laboratories with adequate quality assurance systems and all the network countries also use similar diagnostic and pneumococcal rotavirus strain characterization techniques.

On-going surveillance for these diseases targeted by new vaccines continue to generate data on disease burden and circulating rotavirus and pneumococcal strains in the Region as well as providing useful data and evidence to support the introduction of new lifesaving vaccines into national EPI programs. 31 out of 47 countries in the African region have introduced PCV in national EPI whereas 22 countries have rolled out rotavirus vaccines in their EPI programs.

More recently, 22 sentinel sites (SS) are targeted for intense support in order to strength surveillance for and to use this surveillance system to monitor the impact of newly introduced PCV