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

Highlights

The reported data 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.

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

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 may 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).
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<th>Country</th>
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<th>OPV3</th>
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Reported RI Coverage by country in the AFR, Jan-April 2014-2015

**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 ≥ 80% for the 3rd dose of PCV among which 9 with coverage ≥ 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.

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

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?

Key outputs

⇒ Countries presented their previously calculated score cards and row 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 card s sharing for the coming quarters and years.
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 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 workshops 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.

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.