



IMMUNIZATION MONTHLY UPDATE

IN THE AFRICAN REGION

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



Source : WHIO AFRO, IVE cluster, districts monthly RI reports shared by member states

Number of vaccinated children with DTP3 per country Jan-July 2013-2014

Countries	2,013	2,014	Countries	2,013	2,014	Countries	2,013	2,014
Angola	492,814	467,275	Gambia	44,899	42,516	Rwanda	182,649	192,667
Benin	224,553	189,876	Ghana	535,110	547,055	S.T. & Princ	3,125	2,932
Botswana	16,591	28,501	Guinea	253,440	219,013	Senegal	213,441	265,384
Burkina Faso	422,304	419,122	Guinea-Bissau	30,863	21,352	Seychelles	900	822
Burundi	192,233	190,487	Kenya	658,946	490,535	Sierra Leone	149,240	124,587
Cameroun	410,936	375,206	Lesotho	20,843	20,183	South Africa	563,228	483,637
Central Afr.	23,777	27,729	Liberia	77,640	66,160	South Sudan	151,351	94,000
Rep								
Chad	215,604	224,985	Madagascar	395,930	260,158	Swaziland	14,522	15,136
Comores	9,773	9,587	Malawi	342,942	346,018	Tanzania	927,902	944,124
Congo	81,328	84,723	Mali	366,468	380,157	Тодо	137,433	143,614
Cote d'Ivoire	421,104	405,885	Mauritania	63,941	58,469	Uganda	827,687	783,802
DRC	1,553,734	1,518,696	Mauritius	6,796	6,418	Zambia	319,718	160,522
Eq Guinea	2,389	3,209	Mozambique	516,529	545,533	Zimbabwe	253,747	199,844
Eritrea	47,294	49,140	Namibia	37,810	36,514	Algeria	ND	ND
Ethiopia	1,277,269	967,620	Niger	486,124	488,917	Cap Verde	ND	ND
Gabon	30,375	25,881	Nigeria	3,328,323	3,747,265	Total AFRO	16,333,625	15,675,256

Highlights

- The data reported in this issue covers the period January to July2014 with a completeness of 88% & 97% in 2014 & 2013 respectively.
- 2/47 countries (Algeria, Cape Verde) have not reported for the period and 05/47 (CAR, Ethiopia, Equatorial Guinea, South Sudan & Zambia) have a completeness < 70%. The administrative reported regional DTP3-containing vaccine & Measles coverage was 80% & 81% in 2014 compared to 84% & 87% respectively for the same period of last year.
- Seventeen countries have achieved a coverage > 90% among which the same countries are continuously reporting coverage above 100% for DTP3 & Measles (Tanzania, Rwanda, Togo & Burkina Faso) mainly due to denominator issues.. 57% districts have achieve a coverage>80% and 13 % <50%.
- Four countries reported a coverage < 50% (Equatorial Guinea, CAR, South Sudan & Zambia).

Highlights

- ◆ Data reported to date show that more than 15,5 million children have so far been vaccinated with DTP3-containing vaccine in the Region out of 19 million targeted for the period. January – July 2014.
- ◆ 17/47 countries reported an increase in the number of vaccinated children with a significant increase (>400,000) in Nigeria, moderate increase (10,000-50, 000) in Senegal, Mozambique, Mali, Tanzania, Botswana, Ghana & Rwanda. The highest number of unimmunized for the period was reported in Ethiopia (> 770,000) & Kenya (>390,000). Despite the low completeness in CAR & Equatorial Guinea, the 2 countries reported a slight increased in number of vaccinated children for the period.
- The implementation of data verification mechanism at all levels are still to be strengthened to improve data quality.

Impact of Ebola Disease Outbreak on Routine Immunization services in

Liberia & Sierra Leone









As of 30 Sep. 2014, a total of 7 541 EVD cases including 3 465 deaths reported from six countries (Guinea, Liberia, Sierra Leone, Nigeria, Senegal and DR Congo).

The last confirmed cases in Senegal and Nigeria, were reported on 29 August 2014 and 08 September 2014 respectively. To date 381 health workers were reported to be infected with Ebola

among which 224 deaths Regular updates, information and training materials can be found at the WHO Ebola website:

http://www.who.int/csr/ disease/ebola/en/



Highlights

Liberia

- The ongoing Ebola Virus Disease (EVD) has disrupted RI and all other health services except those related to the EVD response.
- The closure of many health facilities has adversely affected RI performance. Main reasons for the closure are: loss of large numbers of Health Care Workers (HCW) to the EVD from the facility, fear and panic in health facilities that have not lost staff, residual labor dispute not unconnected to the issues of hazard pay.
- By the end of July 2014, 262/517 HF only were providing immunization services. The situation has deteriorated since this data was compiled as all the counties in the South Eastern part of the country that were not affected at the time have now been affected.
- Although the number of vaccinators who have been lost to the EVD is still small compared to other HCW, closure of a health facility entails suspension of all services including immunization services.
- There is a steady decline in EPI performance with DTP3 coverage for Jan-July 2014 at 70% compared to 80% last year and measles 62%. The monthly coverage has declined from 85% in January to 30%.
- All new vaccine introduction activities have been postponed .

Sierra Leone

- Ebola outbreak has affected 12 out of the 13 districts in the country. It is severe and devastating and has fully engaged government and partner agencies and all available resources are currently directed towards Ebola response.
- Health workers are overwhelmed with Ebola response and have not be able to conduct all planned RI sessions. In addition, some parents avoid going to health facilities for RI during this period for fear of Ebola infection in health facilities as some health workers have been affected at work place.
- Communities are reluctant to use health services including immunization for the fear of Ebola cross infection. The hospital attendance in most districts has dramatically decreased.
- This has led to a decline in coverage this year compared to last year and postponement of many key planned activities such as synchronized Polio NIDs which were planned for September 2014

Updates on new vaccines introduction in the AFR as of September 2014



News of the 11th International rotavirus symposium, New Delhi, India: 3-5 September 2014



Delegates during a side meeting to discuss rotavirus vaccine impact and intussusception

Main facts

- Two rotavirus vaccines (Rotarix® and RotaTeq®) have been administered to an estimated 150 million children around the world. Activities are on-going in several countries to monitor the impact and safety of these vaccines.
- ⇒Recently, a new vaccine, ROTAVAC[®], developed in India has been licensed in India and recommended by the Government for introduction into the national immunization programme in India. This vaccine is also undergoing clinical trials in Niger.
- ⇒Several countries, including South Africa, Ghana, Rwanda, Malawi, and Botswana, presented preliminary data on the rotavirus vaccine effectiveness, collected over the last 2-3 years post introduction of vaccines in EPI. Available data show rotavirus vaccines Rotarix[®] and RotaTeq[®] have significantly reduced the rotavirus diarrheal hospitalizations from rotavirus-specific and all-cause diarrhea.

Highlights

- Pentavalent vaccine (DTP-HepB-Hib) is now introduced into Routine immunization schedule in all the 47 countries in the region, with the last introduction in South Sudan on July 15th 2014.
- Pneumococcal vaccine is introduced in 31/47 countries. The uptake is lower than expected because of the vaccine cost for the non GAVI-eligible countries which are lagging behind. Four additional countries (Cote d'Ivoire, Guinea Bissau, Namibia & Nigeria) will introduce the vaccine by December 2014.
- Rotavirus Vaccine is introduced into 22/47 countries, The delay in some of the countries is due to the constraint on supply availability for one of the two vaccines available on the market. Three additional countries (Namibia, Mauritania & Senegal) will introduce the vaccine by December 2014.
- As of today, only South Africa has introduced IPV nation wide into its immunization programme. The 46 remaining country will have to introduce the vaccine by the end of 2015.

Highlights

The symposium brought together 650 delegates from around the world comprising of scientists, clinicians, public health professionals, immunization leaders including EPI Program Managers and members of the donor community to provide an update on new data and relevant research on rotavirus gastroenteritis and strain characterization; new directions for public health interventions that can inform public health agendas related to prevention of rotavirus gastroenteritis in the coming years.

The theme the Symposium was "Building on Evidence: The Case for Rotavirus Immunization" and provided opportunity to highlight the progress and potential of rotavirus vaccines to save children's lives. Speakers shared updates on rotavirus science and research, reviewed global epidemiological trends of rotavirus disease, presented data on the impact of rotavirus vaccines, and provided perspectives from the Indian government and regulatory agencies on the future introduction of rotavirus vaccines in developing countries including India and other Asian and African countries .

There was renewed call to enhance rotavirus surveillance to inform policy decisions and to enable monitoring of impact of these vaccines as well as any association of these vaccines with intussusception. Although, the risk of intussusception is very low, documenting this rare condition is important and is encouraged.