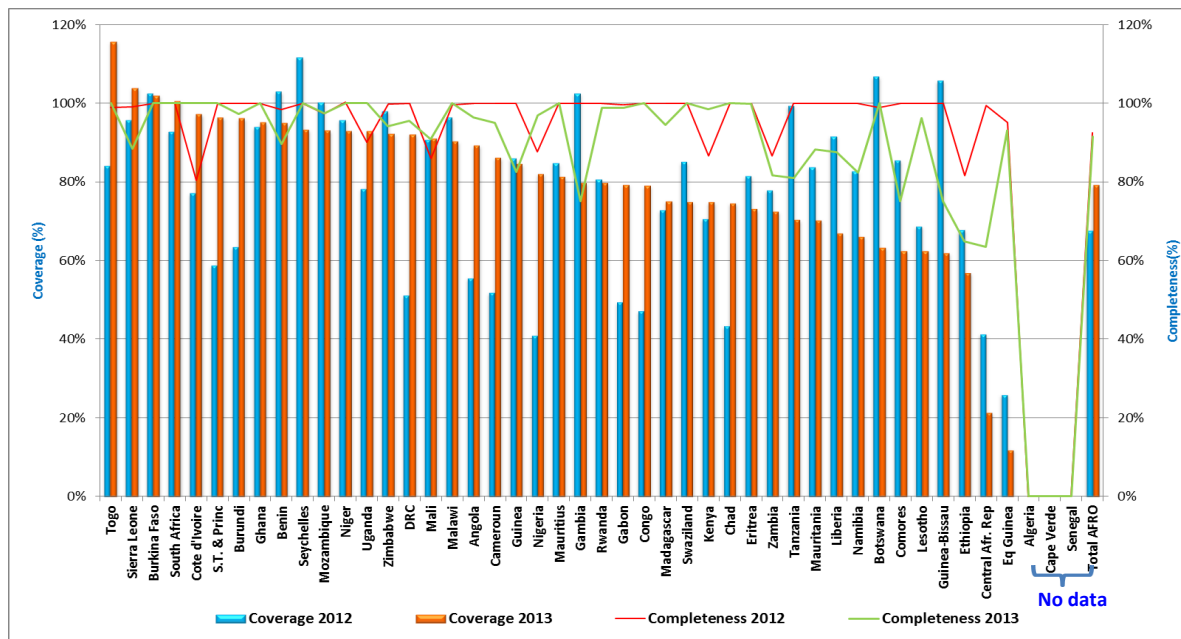


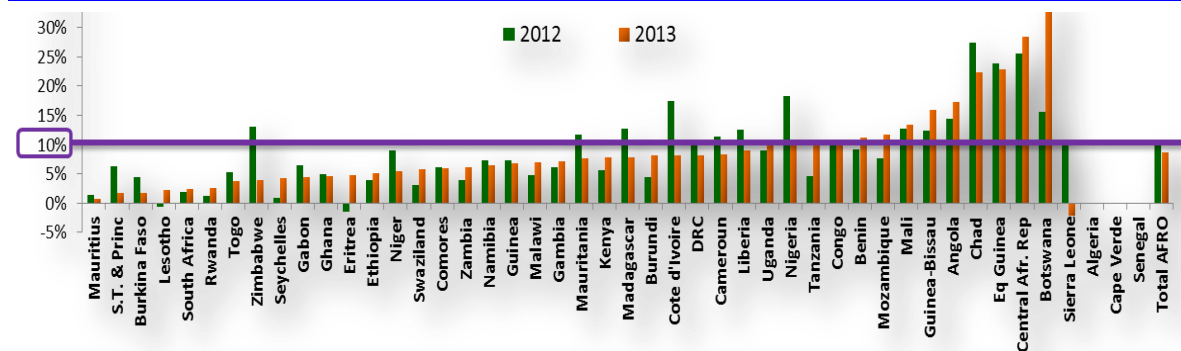


IMMUNIZATION MONTHLY UPDATE IN THE AFRICAN REGION November 2013 (Vol 1, issue N° 2)

DTP3 coverage and district data completeness in the AFR Jan-Aug 2012/2013



DTP1-DTP3 Drop Out rate in the AFR Jan-Aug 2012/2013



Number of vaccinated children with DTP3 in the AFR Jan-Aug 2012/2013

Countries	2012	2013	Countries	2012	2013	Countries	2012	2013
Nigeria	1,665,021	3,820,065	Malawi	406,032	389,015	Namibia	41,643	33,958
DRC	941,420	1,744,903	Zambia	329,309	306,390	Guinea-Bissau	35,461	25,898
Ethiopia	1,331,538	1,136,466	Zimbabwe	274,658	261,184	Lesotho	24,000	21,830
Uganda	766,415	937,509	Chad	130,798	246,631	CAR	39,323	20,758
Tanzania	1,127,551	833,564	Guinea	269,692	239,802	Botswana	30,779	19,697
Kenya	673,084	734,230	Benin	257,110	233,274	Swaziland	17,809	15,836
South Africa	604,044	649,589	Burundi	138,771	215,181	Comoros	11,319	8,505
Ghana	607,782	615,370	Rwanda	212,934	210,520	Mauritius	8,207	7,750
Mozambique	618,121	590,001	Togo	157,319	157,137	S.T. & Princ	2,211	3,682
Angola	338,676	559,555	Sierra Leone	141,347	151,876	Eq Guinea	4,163	2,175
Niger	557,989	542,156	Congo	53,058	93,015	Seychelles	1,089	1,020
Cote d'Ivoire	394,918	497,846	Liberia	92,671	69,123	Algeria	NA	NA
Burkina Faso	472,517	479,494	Mauritania	73,856	61,990	Cape Verde	NA	NA
Cameroun	267,745	456,411	Eritrea	57,849	53,322	Senegal	NA	NA
Madagascar	372,983	416,278	Gambia	50,426	39,253			
Mali	391,017	409,275	Gabon	21,247	34,952			
						Total AFRO	14,214,527	17,349,709

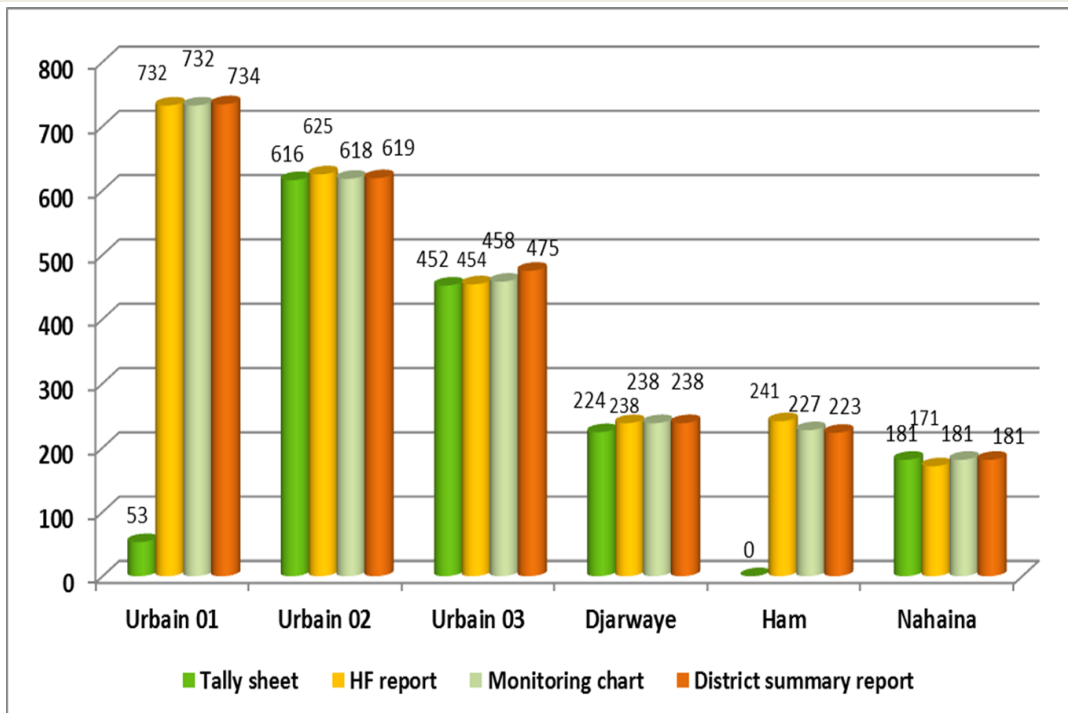
Highlights

- The reported data in this bulletin covers the period January to August 2013.
- With a completeness of 92% for the 2 years, the reported regional coverage for DTP3 containing vaccine was 79% compared to 68% the same period of last year. 5/46 countries (CAR, Ethiopia, Comoros, Guinea Bissau, and The Gambia) did not reach 80% data completeness.
- A total of 17/46 countries have reached DTP3 coverage of more than 90%. Four countries (Burkina Faso, Togo, Sierra Leone & South Africa) did however report coverage >100% probably due to denominator issues. Finally, two countries (CAR, Equatorial Guinea) reported DTP3 coverage of less than 50%.
- The drop out rate remained within the normal range of 10% in the majority of countries during the period. 11/46 countries have a drop out rate above the normal range. The highest rate were recorded in 4 countries (Chad, Equatorial Guinea, CAR and Botswana). The situation in Sierra Leone (negative rate of -2) needs to be investigated.
- A total number of 3,135, 182 additional children were vaccinated in 18/46 countries (8/10 in IST/CE, 6/17 in IST/West and only 4/19 in IST/ESA) Ethiopia and Tanzania have reported the highest number of unimmunized children during the period.
- Twenty five countries reported a decreased number of vaccinated children
- Nigeria alone vaccinated more than twice the number of children vaccinated last year, while DRC and Chad recorded a significant progress in the number of vaccinated children.
- Continuous improvement in data quality and completeness as well as the sustainability of the gains remain priorities in the region.

*Ethiopia data is up to June 2013

Data Quality Self-assessment (DQS) activities in Chad Example of Bongor district

Doses of DPT3 administered in the 6 HF of Bongor District: January-August 2013

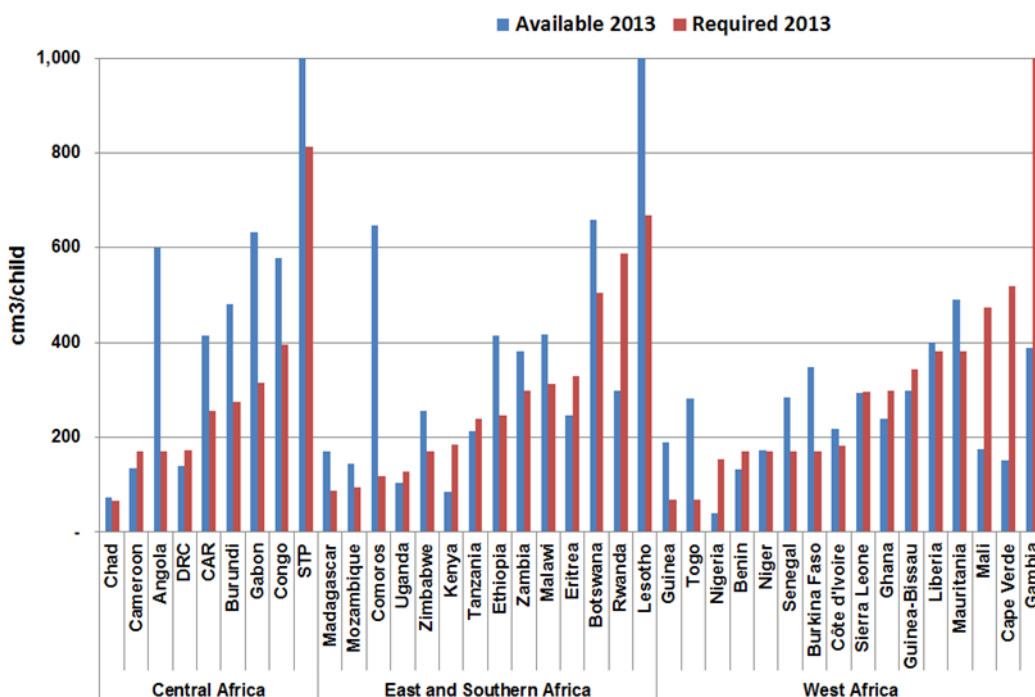


Highlights

Data management and quality remain one of the priority areas for the region. Efforts are currently being done to make sure that data shared are of good quality and used for action. In this line, various mechanisms have been put in place including data management and cleaning SOP's, data cleaning programs, monthly data harmonization meetings at all level, DQS, DQA, The focus is at operational level where data are generated. Most countries are therefore training regional and district teams to perform DQS.

Herewith is the example of Bongor District in Chad, classified as priority district category 1, who vaccinated for the period January -August 2013 twice the number vaccinated last year for the same period. The results of the DQS showed very little difference in data between the 4 data sources used. 2 health facilities did not use tally sheets to record the vaccinations and in those, the precision of data was very low. Recommendations have been made to improve the situation.

Adequacy of positive (+2 to 8°C) storage capacity at the national level to meet the 2013 immunization programme needs.



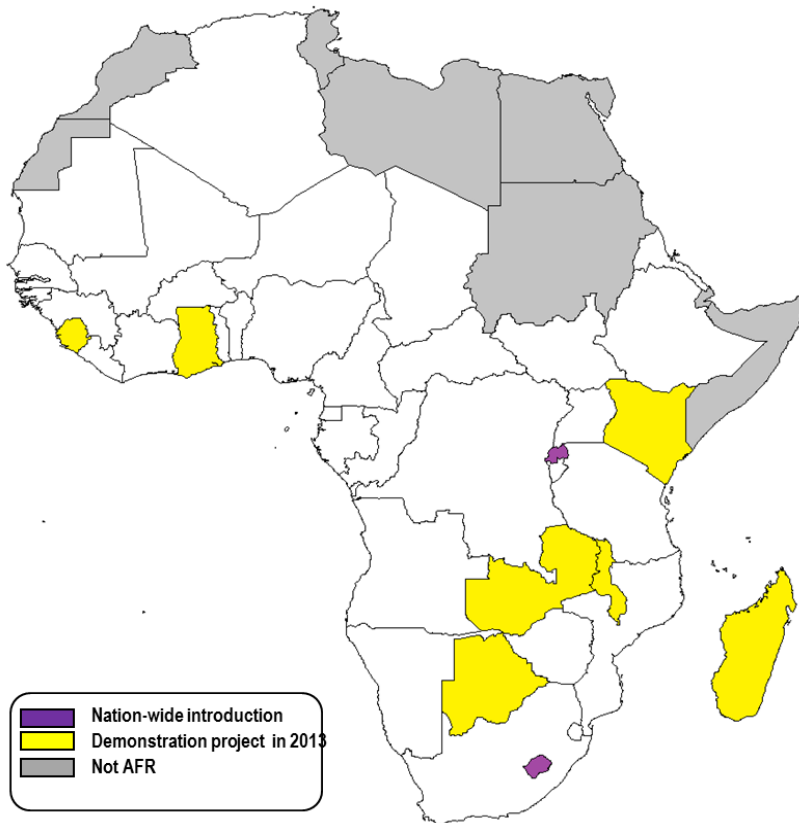
Highlights

- The storage capacity data analyzed in this bulletin includes updates as of October 2013.
- Data from 39 countries were analyzed to determine if the available positive storage capacity meet the immunization schedule requirements.
- The results indicated that 25 out of 39 countries do have adequate positive storage capacity that meet the 2013 immunization programme needs.
- 14 countries are still struggling to cope with the current immunization schedule either by increasing the annual delivery or by pushing the supplies immediately upon arrivals.
- Countries are taking expansion measures to meet the current and future immunization programme needs.
- The two pictures show the cold stores at national level in Zambia (left) and Malawi (right) built in 2012.



Human Papilloma Virus (HPV) vaccine roll out in AFR

Figure 1 : Situation of the HPV roll out in the AFR as of November 2013



Highlights

- Since 2009, after WHO prequalification of two vaccines, 2 countries (Rwanda and Lesotho) have introduced nation wide HPV in their routine immunization schedule, targeting 9-13 yrs old as recommended by the WHO position paper.

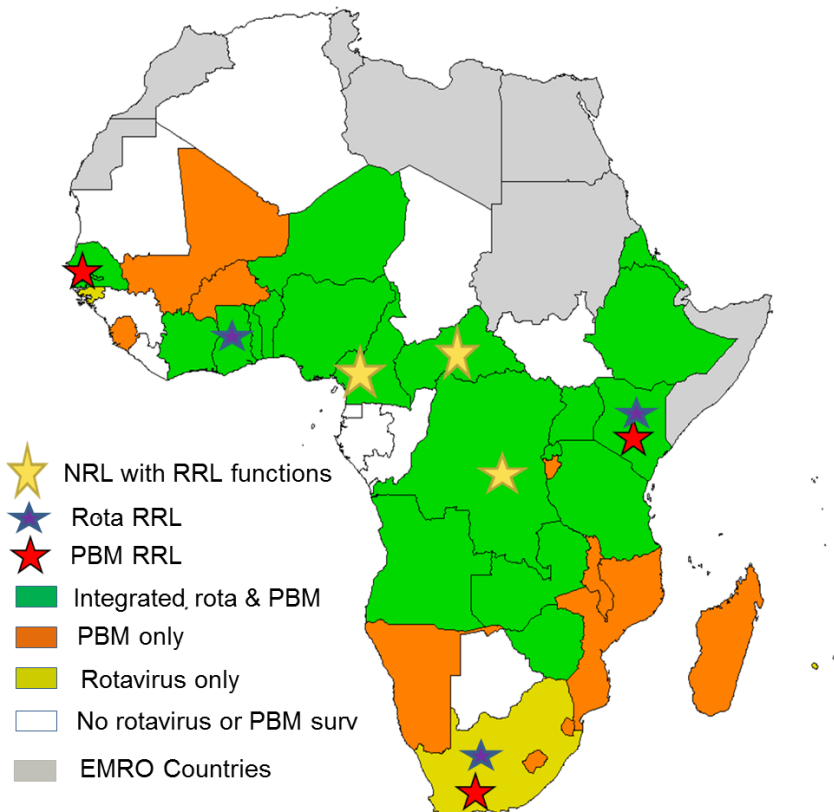
- Several countries (11) have/are conducting pilot or demonstration projects in one or two districts to assess acceptability, feasibility and costs of such introduction before scaling up, as recommended by the GAVI alliance since its opened HPV vaccine window for support in August 2012.

- This strategy, however should be adapted depending on the size of the country (specifically for small countries and islands) but also on the robustness of the EPI system as well as past experiences regarding school based immunization's services.

- Nine additional countries have submitted request for support to The GAVI Alliance for HPV demonstration project in 2014/2015. These countries will certainly built upon lessons learned from current demonstration projects.

NEW VACCINES SURVEILLANCE IN AFR

Figure 2 : Countries conducting surveillance for rotavirus and paediatric bacterial meningitis as of November 2013



Highlights

- Since 2002, WHO has been supporting Member States to conduct sentinel surveillance for three most common causes of bacterial meningitis; *Haemophilus influenzae* (Hib), *Streptococcus pneumoniae*, and *Neisseria meningitidis*. This network of 34 countries is coordinated by AFRO. Twenty one countries (21) have integrated rotavirus disease surveillance. 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.

- 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 life-saving vaccines. In addition, these surveillance systems provide platform for monitoring the impact of newly introduced vaccines.