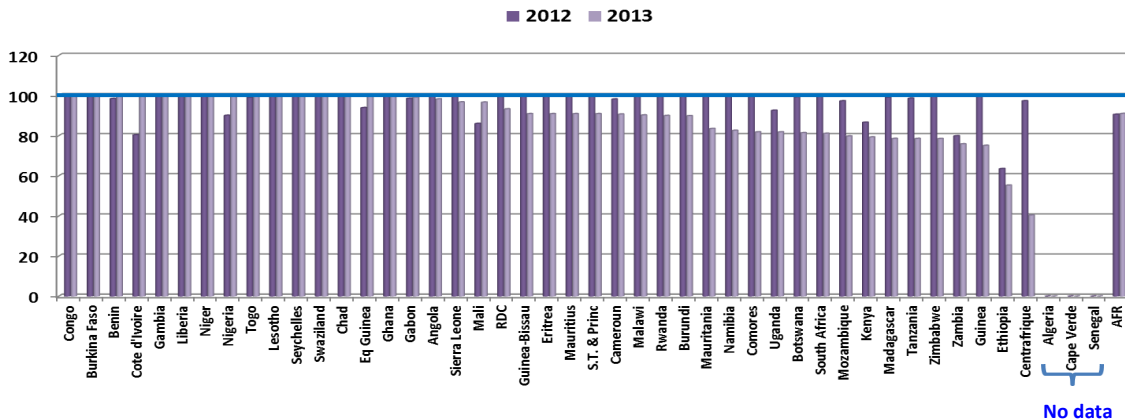




IMMUNIZATION MONTHLY UPDATE IN THE AFRICAN REGION

January 2014 (Vol 2, issue N° 1)

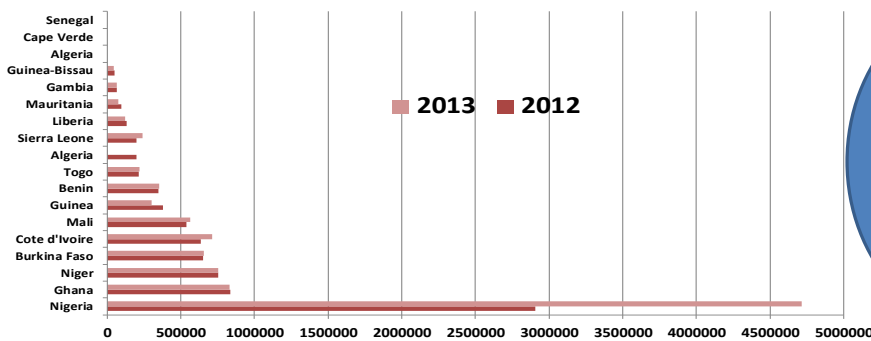
District data completeness in the AFR Jan-Nov 2012/2013



Highlights

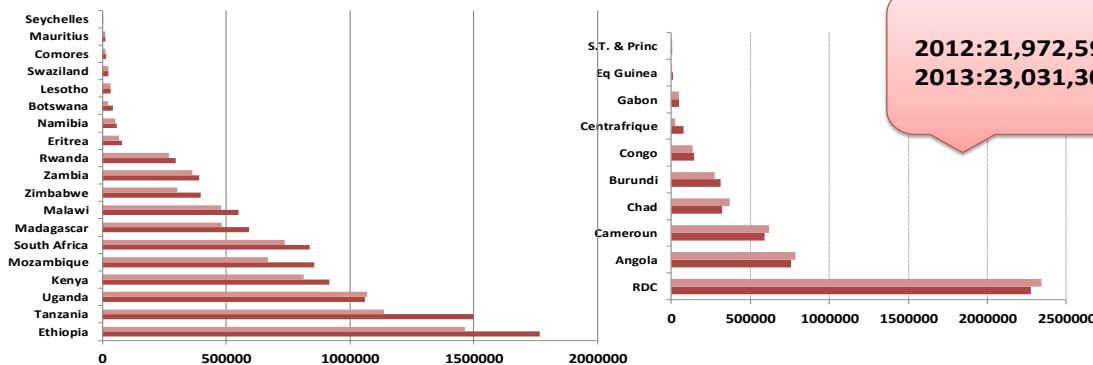
- The reported data in this bulletin covers the period January to November 2013.
- With a completeness of 90,6% in 2012 & 91% in 2013, the reported regional coverage for DTP3 containing vaccine was 79% compared to 76% for the same period last year. 8/46 countries (CAR, Ethiopia, Guinea, Kenya, Madagascar, Tanzania, Zambia and Zimbabwe) did not reach 80% data completeness.

Vaccinated children with DTP3-containing vaccine per country in the AFR : Jan-Nov 2012/2013

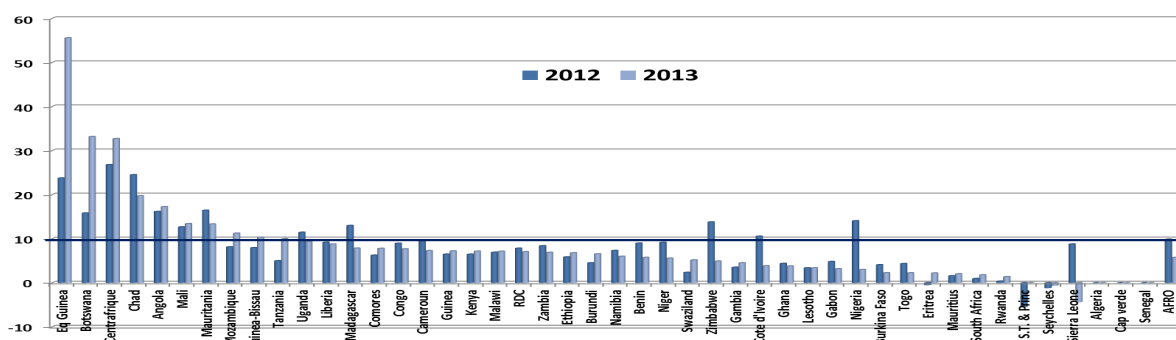


Number of children vaccinated with DTP3 per country in the AFR. Jan-Nov 2012/2013

2012:21,972,598
2013:23,031,302



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



- A total of 1,058,704 additional children were vaccinated in 14/46 countries (4/10 in IST/CE, 8/17in IST/ West and only 2/19 in IST/ ESA) compared to same period last year. Ethiopia reported the highest number of unvaccinated children during the period.
- Twenty nine countries reported a decreased in number of vaccinated children.
- Nigeria vaccinated nearly twice the number of children vaccinated last year, while RDC, Chad, Cote d'Ivoire and Sierra Leone recorded significant progress in the number of vaccinated children.
- The drop out rate was less than 10% in the majority of countries during the period. 8/46 countries have a drop out rate above this normal range. The highest rates were recorded in 4 countries (Equatorial Guinea, CAR Botswana, and Chad). The negative rate for Sierra Leone needs verification.

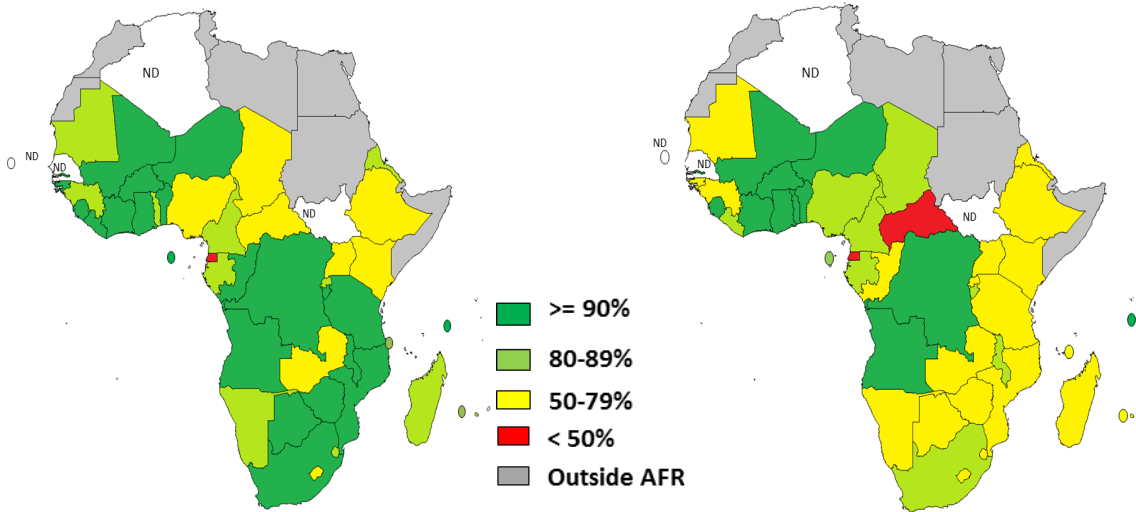
*Ethiopia data is up to September 2013

Source: Country reported administrative data

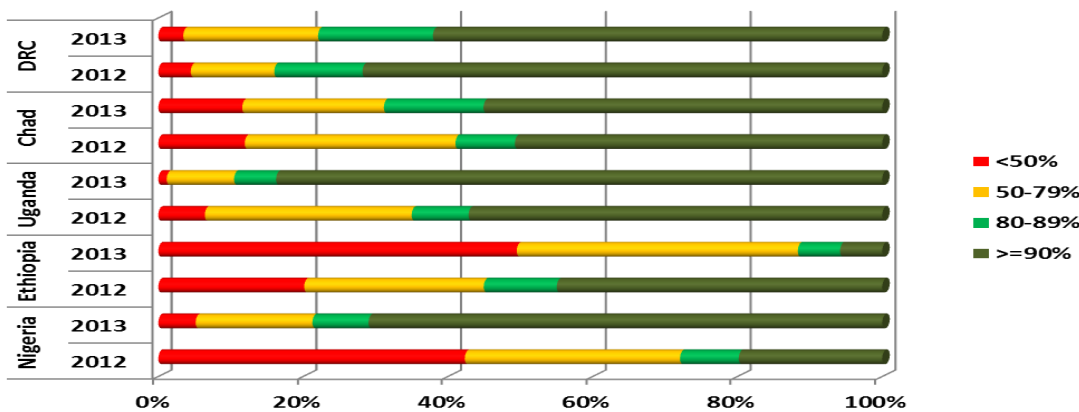
Routine immunization coverage per country Jan– Nov 2012/2013

2012

2013



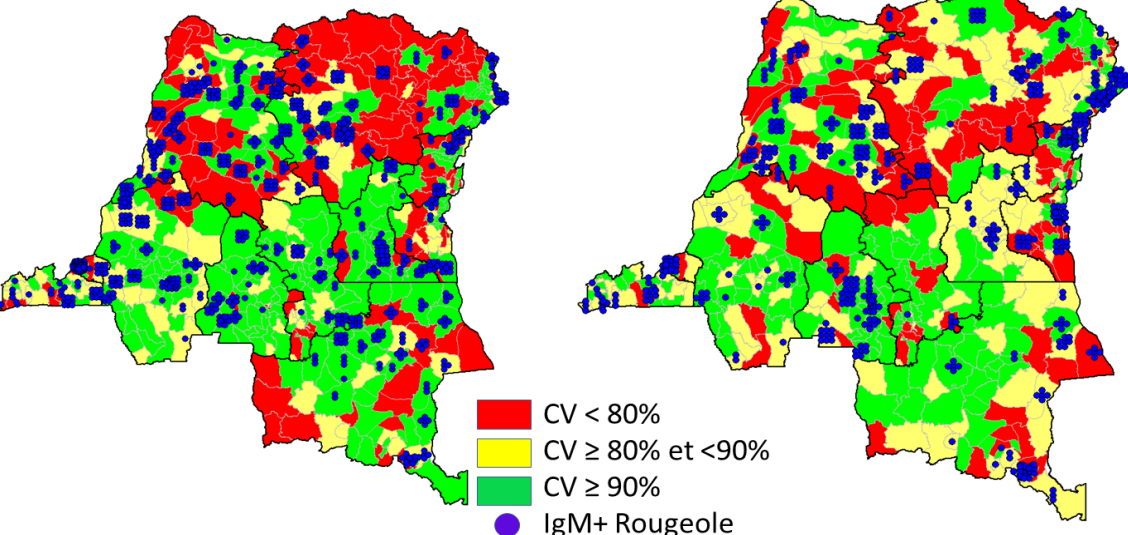
Percentage of districts attaining various vaccination coverage ranges



DRC: Measles vaccination coverage per district vs confirmed cases Jan-Nov 2012/2013

Nov. 2012
CV=91%

Nov. 2013
CV=88%



Source: Country reported administrative data

Highlights

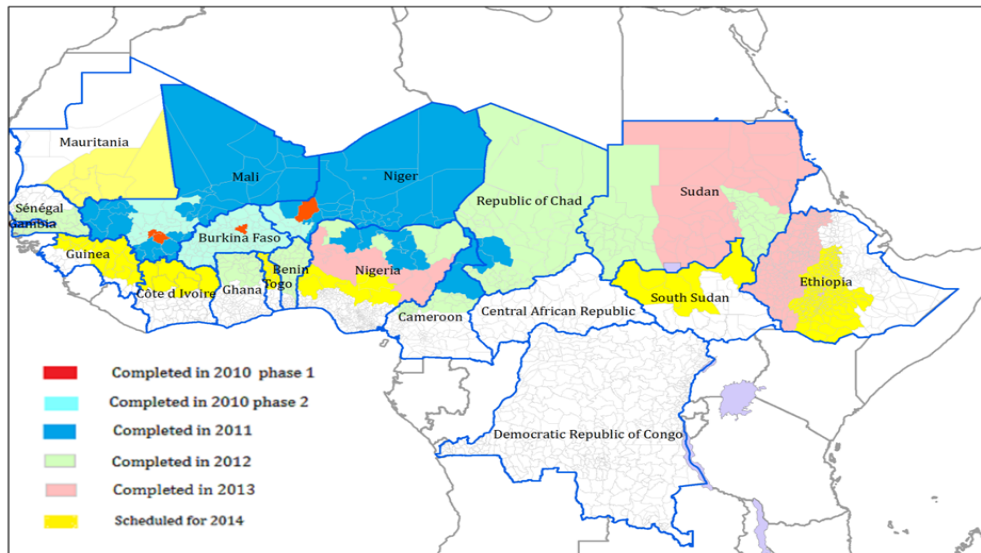
- A total of 12/46 countries have reached DTP3 coverage of more than 90%. Four countries (Benin, Burkina Faso, Togo, Sierra Leone & Cote d'Ivoire) did however report coverage >100% probably due to denominator issues. Two countries (CAR, Equatorial Guinea) reported DTP3 coverage of less than 50%.
- Twenty countries have coverage between 50 and 79% and most of these countries are in the IST South & East region.
- 16 countries have coverage between 80 and 100%.
- Improvement in completeness of district data requires urgent attention by countries for more realistic vaccination coverage rates.

Highlights

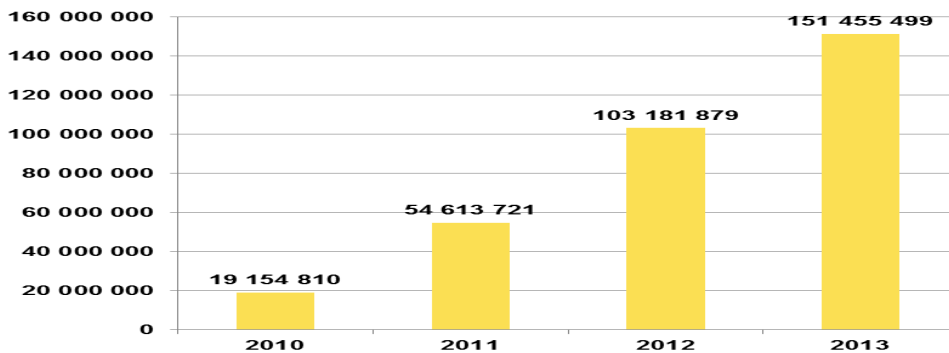
- The % of districts reporting vaccination coverage $\geq 90\%$ has significantly risen in Nigeria, Uganda & Chad. In DRC the increase is mostly in the range 50-79% and 80-89%. Due to low completeness, no pertinent analysis could be done for Ethiopia
- Despite increases in vaccination coverage in many districts with the 80%, recommended by GVAP, many cases of vaccine preventable diseases were reported, particularly measles as shown in the maps of DRC.
- The situation is found in several other countries and brings to the fore the issue of data quality and reliability of reported country administrative data. Urgent attention is required by countries to ensure that data quality improves at all levels. WHO will support country efforts towards the improvement of the quality of reported data.

MENAFRIVAC™ INTRODUCTION IN AFRICA

Figure 1: Roll-out of MenAfriVac^(R) in the meningitis belt of Africa, 2010 - 2013



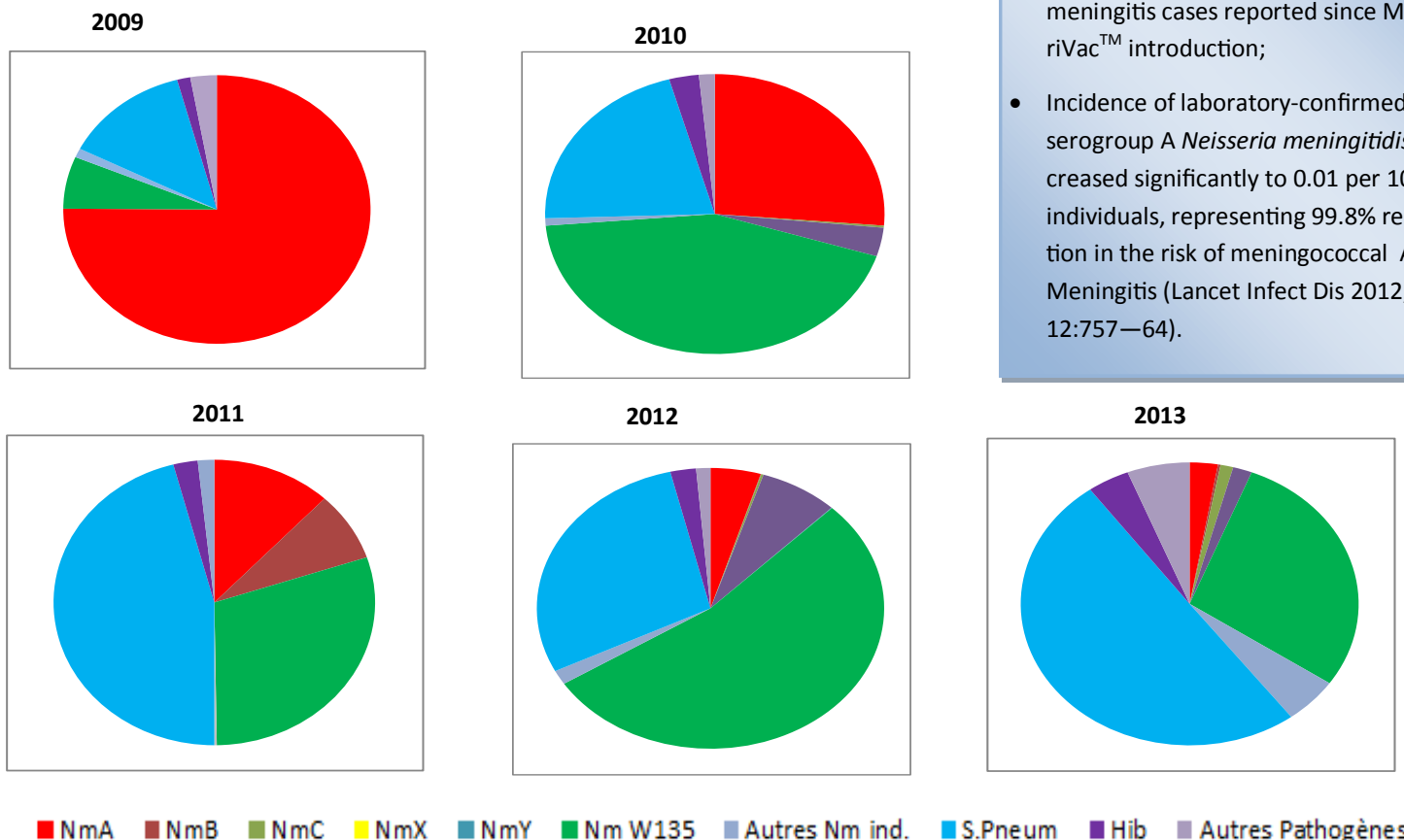
Cumulative number of vaccinated persons



Highlights

- More than 151 million eligible persons were vaccinated from 2010 to 2013 in 12 countries (Burkina Faso, Mali, Niger, Nigeria, Cameroon, Chad, Sudan, Ethiopia, Benin, Ghana, Senegal, Gambia);
- Nigeria and Ethiopia will continue vaccinating in 2014;
- Cote d'Ivoire, Togo, Guinea, Mauritania and South Sudan have planned first introductions in 2014 and have already submitted applications to GAVI for funding;
- DRC, Uganda, CAR and Kenya will conduct risk assessment for meningitis epidemics in 2014 and first introductions in 2015;
- Eritrea, Burundi, Guinea Bissau, Rwanda, and Tanzania, have planned first introductions in 2016.
- Plans to introduce the MenAfriVacTM into routine EPI are currently under discussion;
- Definitions of meningitis alert and outbreak thresholds in light of changing epidemiology are being considered.

Figure 2 : Change in bacteriological profile of laboratory confirmed germs from 2009 to 2013



Vaccine impact:

- Decrease in the number of suspected meningitis cases reported since MenAfriVacTM introduction;
- Incidence of laboratory-confirmed serogroup A *Neisseria meningitidis* decreased significantly to 0.01 per 100,000 individuals, representing 99.8% reduction in the risk of meningococcal A Meningitis (Lancet Infect Dis 2012; 12:757–64).