



YELLOW FEVER OUTBREAK IN ANGOLA

SITUATION REPORT

25 FEBRUARY 2016

Summary

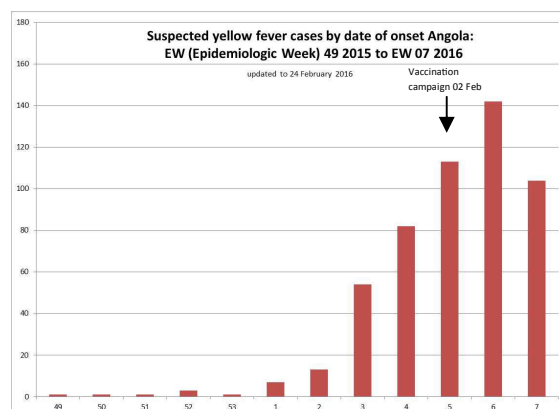
- A cluster of hemorrhagic fever cases reported in late December 2015 in Viana district, Luanda, Angola; was confirmed by the yellow fever reference laboratory in Institute Pasteur in Dakar (IPD) on January 20 2016. Further, a further WHO expert mission WHO confirmed the high risk of transmission of the disease in the province of Luanda after performing a risk evaluation in late January. After IPD confirmation control activities were initiated and massive vaccination was launched on 02 February 2016 in Viana district.
- Until 25 February 595 suspected cases, using WHO case definition and a link with the main area of transmission (Km 30 market in Viana district), increased from 7 cases up to EW 53-2015 (epidemiologic week 53) to 595 cases up to EW 7. Taking in account confirmed laboratory cases (PCR or PRNT without recent vaccination antecedent), transmission is confirmed only in Luanda province. There is an ongoing confirmation process for positive samples in cases from Huambo and Cuanza Sul provinces.
- On the 11th of February 2016 in order to set-up the response structure WHO decided to classify this outbreak as a Grade 2 Emergency according to the Emergency Response Framework (ERF). Together with local WHO Angola Team a WHO AFRO and HQ Task Force is deployed in Luanda under an Incident Manager coordination to support Angola MOH in control of YF outbreak.

I. Surveillance

- Since 30 December 2015 and 24 February 2016, 595 suspected cases with 119 deaths were notified at country level. Of them 449 cases (75%) and 78 deaths (66%) were reported in Luanda Province
- After reviewed the updated laboratory results and the epidemiological form the final classification is as follows:

⇒ There have been a total of 19 confirmed cases. 17 cases are from the province of Luanda (12 from Viana, 2 from Belas and 1 from the districts of Maianga, Cazenga and Sambizanga respectively). The two other cases are one from the province of Huambo and another from province of Kwanza Sul.

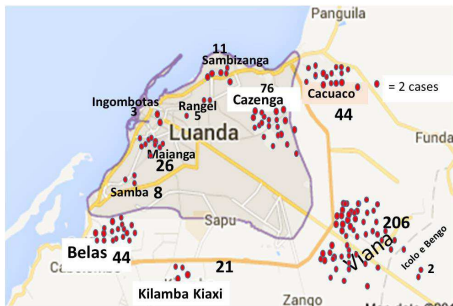
⇒ All the confirmed cases from provinces are imported from Luanda and no local transmission is confirmed after the investigation in Huambo. The investigation in Cuanza Sul is still pending.



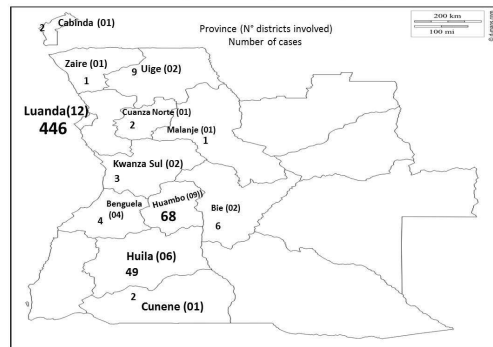
District	Cases and deaths in last 24 hours		Cumulative data from 05/12/2015 to 22/02/2016						
	Suspected cases	Deaths	Suspected Cases	Deaths	CFR	Positive IgM Dakar	Confirmed PCR IPD Dakar	Confirmed PRNT Dakar	Probable
Ingombotas	0	0	3	0	0%	0	0	0	0
K. Kiaxi	1	0	21	2	10%	0	0	0	0
Maianga	2	0	26	5	19%	0	0	1	0
Rangel	0	0	5	1	0%	0	0	0	0
Samba	0	0	8	1	13%	0	0	0	0
Sambizanga	1	0	11	1	9%	1	0	1	0
Belas	1	0	44	4	9%	2	0	2	1
Cacuaco	3	0	44	2	0%	0	0	0	0
Cazenga	2	0	76	7	9%	2	0	1	0
Viana	2	0	206	59	29%	9	6	6	0
Quicama	0	0	0	0	0%	0	0	0	0
Icolo e Bengo	0	0	2	0	0%	0	0	0	0
Total Luanda	12	0	446	82	18%	14	6	11	1

District	Cases and deaths in last 24 hours		Cumulative data from 05/12/2015 to 22/02/2016						
	Suspected cases	Deaths	Suspected Cases	Deaths	CFR	Positive IgM Dakar	Confirmed PCR IPD Dakar	Confirmed PRNT Dakar	Probable
Caluquembe	0	0	6	4	67%	0	0	0	0
Caconda	0	0	11	1	9%	0	0	0	0
Chibia	0	0	5	2	40%	0	0	0	0
Quipungo	0	0	9	3	0%	0	0	0	0
Lubango	0	0	15	2	13%	0	0	0	0
Matala	0	0	3	0	0%	0	0	0	0
Total Huila	0	0	49	12	24%	0	0	0	0
Huambo	2	0	24	9	38%	1	1	1	0
Alto Hama	0	0	4	0	0%	0	0	0	0
Ekunha	1	0	7	3	43%	0	0	0	0
Mungo	0	0	3	1	33%	0	0	0	0
Bailundo	3	1	10	3	30%	0	0	0	0
Katchiungo	1	0	2	0	0%	0	0	0	0
Longonjo	1	0	3	0	0%	0	0	0	0
Londumbali	1	0	5	1	20%	0	0	0	0
Caala	4	0	10	2	20%	0	0	0	0
Total Huambo	13	1	68	19	28%	1	1	0	0
Cubal	0	0	1	0	0%	0	0	0	0
Benguela	1	0	1	0	0%	0	0	0	0
Lobito	0	0	1	0	0%	0	0	0	0
Quilumbo	0	0	1	0	0%	0	0	0	0
Total Benguel	1	0	4	0	0%	0	0	0	0
Amboim	0	0	3	3	100%	1	0	1	0
Cela	0	0	1	0	0%	0	0	0	0
Total Cuanza S	0	0	4	3	75%	1	0	1	0
Cambambe	1	0	1	0	0%	0	0	0	0
Dande	0	0	2	0	0%	0	0	0	0
Total C Norte	1	0	3	0	0%	0	0	0	0
Uige	1	0	7	2	29%	0	0	0	0
Negage	2	0	2	0	0%	0	0	0	0
Total Uige	3	0	9	2	22%	0	0	0	0
Zaire	0	0	1	0	0%	0	0	0	0
Mbanza Congo	0	0	1	0	0%	0	0	0	0
Malanje	0	0	1	0	0%	0	0	0	0
Cabinda	0	0	2	1	50%	0	0	0	0
Cunene	0	0	2	0	0%	0	0	0	0
Kuito	0	0	4	0	0%	0	0	0	0
Chinguar	0	0	2	0	0%	0	0	0	0
Total Bie	0	0	6	0	0%	0	0	0	0
Total outside Luanda Prov	15	1	149	37	25%	2	1	1	0
Total	30	1	595	119	20%	16	7	12	1

Distribution of suspected cases in Luanda Province reported up to 25/02/2016



Distribution of suspected cases at National level reported up to 25/02/2016



Yellow fever vaccination campaign in Belas and Viana districts Luanda Province 02 to 24 February 2016

District	Target population	Vaccinated up to 24/02/2016	% advance
Belas*	1,046,713	483,405	46%
Viana**	1,500,381	1,697,995	113%
Luanda	6,626,200	1,996,773	30%

* initiated on 19 Feb 2016
**initiated on 02 Feb 20 data updated to 23 February

II.- Response

- VACCINATION

⇒ Main constraints include vaccination posts without minimal conditions to provide the service, late initial and early closure of activities, not enough supervision and control mechanism of the use of vaccines and insufficient logistic support.

⇒ The army sanitary teams that represent almost 50% of total teams are doing a 2 days break (today and tomorrow) in their support to the campaign.

- **CASE INVESTIGATION**

- ⇒ 12 days after launching the vaccination campaign in Viana district, an in-depth review of suspected cases reported since the last two days has been initiated in Viana Hospital. Activities to complete information and provide analysis to current caseload is ongoing. An identified priority activity is to develop a vaccine coverage survey in Viana to check the actual coverage after the campaign
- ⇒ The investigation team in Huambo found no evidence of local transmission but a high infestation (index results pending) of *Aedes aegypti* is reported in 6/7 districts evaluated
- ⇒ In Huila the team concluded the investigation in 6/7 districts. A total of 61 suspected cases notified were reviewed and found 55 with a recent link with Luanda area of transmission and none of them were vaccinated

COORDINATION— WHO is supporting the MoH for the overall coordination in a daily coordination meeting chaired by the Minister of Health with all the partners. WHO (IM) is also chairing a daily technical meeting with all the operational partners. Another strategic coordination platform is co-chaired by the WR and the Resident Coordinator with all the UN agencies, bilateral and multilateral partners as well as the INGOs who meet twice a week. The WR is also in close contact with representatives of embassies in Angola for any opportunity of cooperation. The IM has established a daily meeting with the National Public Health Director to discuss and find rapid solutions to the operational problems.

SOCIAL MOBILIZATION— Activities developed include: - training of community social mobilization activists , - support and follow up to the campaign in the district of Belas, - advocacy meetings with authorities and leaders in the areas of high constraints. Constraints include insufficient funding and logistic to conduct the activities at community level as well as insufficient human resources at field level to support the campaign.

GAPS AND CHALLENGES

- It is pending the justification of the use of 971,354 doses of vaccines from the 4,001,000 received from the ICG stockpile, since the beginning of the vaccination campaign. These doses were distributed mainly to health facilities in the whole province and 79,000 to other provinces.
- Improve the quality of vaccination with timely allocation of logistic, security and operational resources.
- Preparation of the vaccination in the other districts. This will need to secure enough vaccines as there are strong demand the provinces
- Need to adequately plan future interventions based on the confirmed presence of virus in five districts of the province of Luanda as well as to schedule the vaccination campaign by taking in consideration the low resources available

STRATEGIC ANALYSIS

- Need to improve current performance of vaccination campaign to guarantee a success in Luanda
- The presence of virus in five districts of Luanda support the urgency to complete the campaign in Luanda
- Imported cases in Huambo and Kwanza Sul call for a need to strengthening of surveillance in these places

WHO SUPPORT - Arrival of an WHO entomologist. This expertise is critical to provide technical assistance and follow up of the vector control interventions. Two other Entomologists with previous experience in Angola will be contacted by AFRO and HQ for their availability.

PARTNERS SUPPORT.— The partners' support is coordinated as mentioned above by the MoH.

RESOURCE MOBILIZATION — Fund-raising meetings is being organized to look for additional resources to cover some of the urgent operation costs. Cash to purchase basic items like vaccination material and lunches for vaccination teams is urgently needed.