Countries with Re-Established Transmission

GPEI Global Milestone: By the end-2010, cessation of all 're-established' poliovirus transmission (validated when ≥12 months without a case genetically linked to the re-established virus):

Assessment: missed

- Sudan and South Sudan: on track
- Angola, Chad, and the Democratic Republic of the Congo: missed

ANGOLA

Immunization						Surveillance			
12-month immunization indicator			National		Immunization Performance	Percent of states / provinces with:		Virology	Surveillance Performance
District: % missed children in SIAs*	Province: % missed children in SIAs**	Overall 12-month immunization indicator	POL3	0-dose		NPAFPR >= 2***	Adeq. Stools >= 80%***		
Intermediate	**Intermediate**	**Intermediate**	**92**	**12.3**	**Intermediate**	**88.9**	**94.4**	**Little**	**Intermediate**

* 12-month district immunization indicator: Based upon Angola's 2011 MPI for immunization but using available data from SIAs conducted during the previous 12 months (1 Jan 2011 - 31 Dec 2011). Additional details in the 4th Quarter 2011 Progress Report of the GPEI Process Indicators for 2011 and Methods Supplement.

**12-month provincial immunization indicator: Based upon available data from SIAs conducted in all provinces in Angola except the provinces of Luanda, Benguela, and Kwanza Sul (MPI provinces) during the previous 12 months (1 Jan 2011 - 31 Dec 2011). The provinces of Luanda, Benguela, and Kwanza Sul were omitted given their consideration in the 12-month district immunization indicator. Additional details in Methods Supplement.

*** based on the upper 90% confidence limit

Angola is assessed to have a moderate risk of failure to detect and interrupt WPV transmission by the end of 2012. Five WPV1 cases from 2 provinces in Angola have been confirmed, thus far, during 2011. Four of the 5 cases occurred in the southern province of Kuando-Kubango. The most recent of these 4 cases had an onset date of 27 March. These 4 cases represent continued circulation of a 2007 WPV1 importation from India and marked the 4th consecutive year of transmission of the imported virus. Notably, at the time of this report, nearly 10 months have passed since the onset of the last of the 4 cases which suggests that the chain of transmission may be interrupted. The fifth and most recent WPV1 case confirmed in Angola in 2011 (onset date of 7 July) occurred in the northern province of Uige and represents a cross-border importation of wild poliovirus from a nearby district in the Democratic Republic of the Congo (DRC). The situation has markedly improved compared to 2010 when there were 33 confirmed cases of WPV1 from nine different provinces.

Because 2011 saw circulation of WPV outside of the provinces highlighted in the 2010-2012 Strategic Plan MPI for Angola (i.e., Luanda, Benguela, and Kwanza Sul), this risk assessment continues to include analyses of SIA IM data, when available, from all of Angola's provinces. SIA IM data aggregated at the district and provincial levels and analyzed according to the risk assessment algorithm indicate continued overall improvement in SIA implementation. In contrast to the overall trend of improvement in the country, it must be noted that IM data from SIAs conducted throughout 2011 indicate that districts in Luanda province consistently have had proportions of missed children well above the 10% MPI criterion. LQAS data are not yet available for Angola to compare with IM results. Overall immunization performance for the current period of analysis is intermediate, an improvement from weak performance noted in all previous risk assessments made in 2011. Five SIAs (3 on the national level) in the last 12 months provided type 3-containing OPV, which mitigate the risk of WPV3 transmission if introduced.

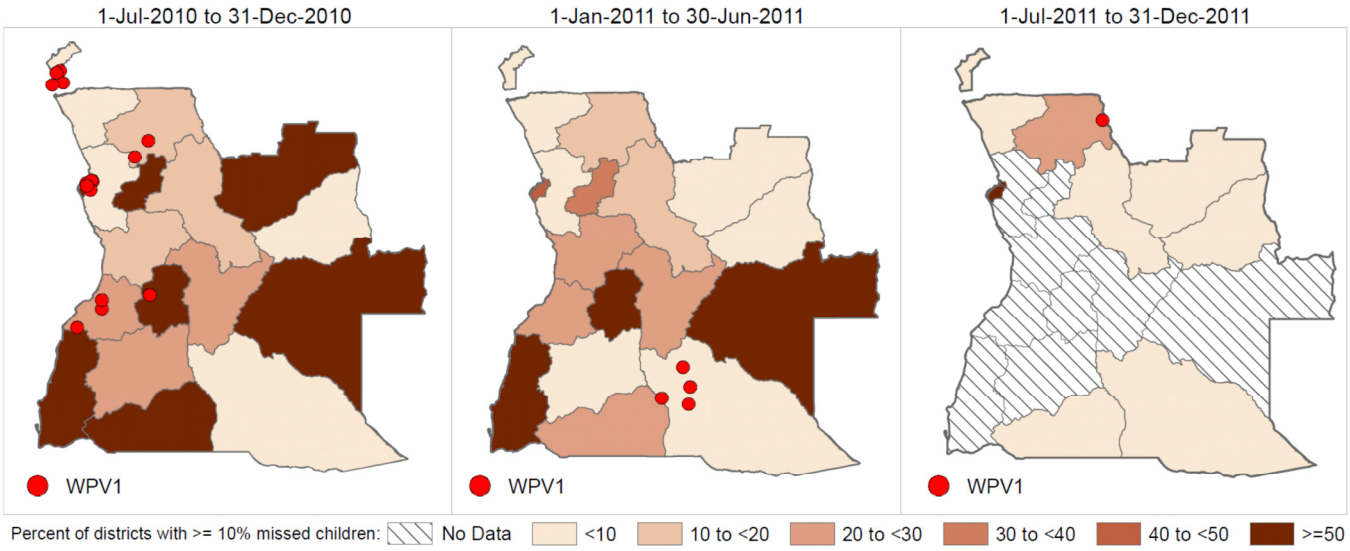
A high proportion of NPAFP cases (6.6%) are lacking vaccine dose history, which limits the quality of NPAFP dose data. However, the high 0-dose (12.3%) and low 4+ (32%) proportions among children with NPAFP are inconsistent with the reported Pol3 of 92%, which apparently overestimates national coverage.

Surveillance performance is intermediate. The sub-national NPAFP rate performance indicator declined to 88.9% during the assessed period from 100% in the last 3 risk assessments, and limitations in specimen collection persist. Based on the close genetic linkage among the 2011 isolates from confirmed cases in Kuando-Kubango and between the imported virus in Uige province and other DRC viruses, there is little indication of gaps in surveillance where the 2011 confirmed polio cases occurred. Being the historical epicenter of transmission and with documented gaps in surveillance in the past, there is concern about the current quality of surveillance in Luanda despite essentially meeting standard surveillance indicators.

Current Quarter	3rd Qrt. Report
Overall risk of failure to detect and interrupt WPV transmission	Overall risk of failure to detect and interrupt WPV transmission
Moderate	High

GPEI MPI	end-2010	<10% missed children in all districts of Luanda, Benguela, and Kwanza Sul during each SIA
	end-2011	<10% missed children in all districts of Luanda, Benguela, and Kwanza Sul during each SIA

Angola: Wild poliovirus type 1 (WPV1) cases with onset 1 July 2010 – 31 December 2011 and results of out-of-house independent monitoring for Supplemental Immunization Activities (SIAs) conducted during 1 July 2010 – 31 December 2011 by 6-month periods*



*For each 6-month period for each district in the country where data were available, independent monitoring data from all SIAs conducted were pooled, and the total number of missed children was divided by the total number of children observed to obtain an overall percentage of missed children for the district for the period. Then for each province in the country, the percentage of districts with ≥10% missed children was calculated. Color coding was assigned to ranges of percentages as indicated in the maps and legend above. For 1 July 2010 – 31 December 2010, data were available from 3 National Immunization Days (NIDs), for 1 January 2011 – 30 June 2011, data were available from 3 NIDs and 1 Sub-National Immunization Day (SNID), and for 1 July 2011 – 31 December 2011, data were available for 2 SNIDs. Not all districts were monitored in a given SIA, and different districts could have been monitored in different SIAs. To be included in the analysis, a district had to have monitoring data for at least one SIA during the 6-month period. Provinces with white color coding had no monitoring data for analysis. WPV1 cases are mapped at the district level.

The maps provided above illustrate the decreasing trend in WPV cases in Angola through 2011. Available IM data pooled in 6-month periods suggest an overall trend of some provinces with fewer districts with ≥ 10% missed children in SIAs. Only 2 SIAs were conducted in the 1 July 2011 – 31 December 2011 period and were in only certain provinces limiting the comparisons in trend. As noted previously, Luanda province has consistently had high percentages of districts with ≥10% missed children.