

## Re-Established Wild Poliovirus Transmission

Re-established countries		WPV History		Major Process Indicators			Risk Assessment		
		Date of last WPV	Weeks since last WPV	Immunization	Surveillance		Immunization performance (strong, intermediate, weak)	Surveillance performance (strong, intermediate, weak)	Overall risk of failure to detect and interrupt WPV transmission (risk / trend)
				Country-specific**	# 2: NPAFP rate > 2 achieved at sub-national level (Yes /No)	Country-specific**			
1	Angola *	16-Jun-10	2	#3 - No	No	n/a	Weak	Intermediate	High: increasing
2	Chad	22-May-10	6	#4 - Process indicator refers to second half of 2010	Yes	n/a	Weak	Intermediate	High: decreasing
3	Democratic Republic of Congo *	25-Jun-10	1	#7 - No SIA were held in specified regions	Yes	#5 - Yes #6 - Yes	Weak	Intermediate	High: increasing
4	Sudan	27-Jun-09	53	#10 - No	No	#8 - No #9 - No	Weak	Weak	High: decreasing

\* Country reported at least 1 case with a July onset as of 16 August 2010

\*\* GPEI country specific process indicators:

# 3 Angola: <10% missed children in all districts of Luanda, Benguela and Kwanza Sul during each SIA

# 4 Chad: <10% missed children in greater N'Djamena and in the southern and eastern WPV transmission zones during each SIA in the 2nd half of 2010

# 5 DRC: >80% adequate specimens in all provinces

# 6 DRC: AFP rate >2 in all provinces

# 7 DRC: <10% missed children in each SIA in Orientale, North & South Kivu (and all provincial capitals)

# 8 southern Sudan: >80% adequate specimens rates in all states

# 9 southern Sudan: AFP rate >2 in all states.

# 10 southern Sudan: <10% of missed children in each state during each SIA

### ANGOLA

#### Epidemiologic Situation:

WPV1 of the same related lineage has been circulating in Angola since 2007 following importation from India. Of the 18 WPV1 confirmed cases with onset during January–June 2010 (compared to 15 during January–June 2009), two have been in Luanda (the capital), which was identified as high-risk for the 2010–2012 strategic plan, and none have been in Benguela and Kwanza Sul provinces which were also identified as high-risk. However, there have been 11 cases in Lunda Norte, two cases in Lunda Sul at the eastern border, and four cases in other provinces in central Angola which were not identified as high-risk. As of 16 August, 19 confirmed WPV cases were reported.

#### Immunization Performance:

The Major Process Indicator target is <10% missed children in all districts of Luanda, Benguela and Kwanza Sul during each SIA in 2010 (GPEI #3). Of the 20 districts with data, only four meet that criterion (five districts had >30% missed children). Based on independent monitoring data, an average of 7-15% of

children were missed in SIAs overall. Sub-national analysis shows substantial, variable weakness in SIA implementation where monitored, particularly among districts in the provinces of Luanda, Benguela and Kwanza Sul. In independent monitoring data for June SIAs, >50% of provinces had  $\geq 10\%$  missed children. Immunization status data for children with NPAFP 6–35 months of age nationally are consistent with SIA monitoring data and indicate weak routine immunization coverage. The overall proportion of children with NPAFP 6–35 months of age with 4+ doses of OPV (32%) is substantially less than the WHO/UNICEF estimate of Pol3 coverage (73%) and the proportion 0-dose nationally is 10%. Monitoring data to date may not fully reflect immunization performance weaknesses.

Transmission of WPV1 detected in central and northeastern provinces in 2010 as well as persistent circulation in western Angola indicates continuing extensive susceptibility because of serious weaknesses in routine and SIA immunization coverage, and a need to focus more on monitoring data from districts not indicated in the strategic plan.

Surveillance Performance:

The Major Progress Indicator target for all endemic, re-established transmission and “importation belt” countries is a NPAFP rate >2 in all sub-national levels (GPEI#2). The national NPAFP rate of 3.2 and the adequate specimen collection percentage (92%) meet targets. NPAFP sub-nationally is >2 in most areas (89%) of the country, and 100% of states/provinces are within acceptable limits for areas with low population. However, surveillance performance is intermediate because genomic sequence analysis of WPV1 isolates since 2007 (including in 2010) has frequently shown isolates without recent close relatives, an indication of missing chains of transmission. This signifies ongoing weakness in AFP detection, investigation, specimen collection and/or transport in major areas of the country that is not demonstrated by the standard indicators.

Risk Assessment:

Available surveillance and vaccine coverage data do not support progress in the first months of 2010.

Angola has a high, increasing risk of failure to detect and interrupt WPV transmission by the end of 2010 because of

- Persistent WPV transmission and involvement of newly-affected provinces in 2010.
- Low indicators of immunization of targeted children in routine and supplementary immunization.
- Ongoing weaknesses in surveillance performance that have prevented effective tracking of WPV transmission.

**Angola has a high, increasing risk of failure to detect and interrupt WPV transmission by the end of 2010 and of exporting WPV into neighboring countries**

Angola also poses a high, increasing risk of exportation of WPV into neighboring countries as evidenced by repeated episodes of importation into the Democratic Republic of the Congo in past years, and again in 2010. Monitoring of SIA implementation in all affected districts may be necessary, not only those indicated in the Strategic Plan, and supplemental SIA monitoring surveys may be helpful.