

Re-Established Transmission Countries

Re-established countries		WPV History		Current Quarter Risk Assessment			Prior Quarter
		Date of last WPV	Weeks since last WPV (as of 1 Oct.)	Immunization performance (strong, intermediate, weak)	Surveillance performance (strong, intermediate, weak)	Overall risk of failure to detect and interrupt WPV transmission (risk / trend)	Overall risk of failure to detect and interrupt WPV transmission (risk / trend)
1	Angola	20-Aug-10	6	Weak	Intermediate	High: increasing	High: increasing
2	Chad	10-May-10	21	Weak	Weak	High: decreasing	High: decreasing
3	Democratic Republic of Congo	13-Sep-10	3	Weak	Weak	High: increasing	High: increasing
4	Sudan	27-Jun-09	66	Weak	Strong	Moderate: decreasing *	High: decreasing

* No evidence of WPV circulation in >12 months with surveillance performance standards met (refer to methods section).

ANGOLA

Epidemiologic Situation:

WPV1 of the same related lineage has been circulating in Angola since 2007 following importation from India. Of the 25 WPV1 confirmed cases with onset during January–September 2010 (compared to 29 during January–September 2009), 6 cases have occurred in Luanda, 1 in Benguela province, and none in Kwanza province (all identified as high-risk in the 2010-2012 Strategic Plan). There have been 11 cases in Lunda Norte, 2 in Lunda Sul at the eastern border with DRC, and 5 in 4 geographically dispersed provinces that have not reported cases since 2005.

Immunization Performance:

The MPI target was <10% missed children in all districts of Luanda, Benguela, and Kuanza Sul during each SIA in 2010 (GPEI #3). Of the 21 districts with available data, only 5 met the target; none of the 9 districts in the most populous province of Luanda reached the target in all three rounds in 2010. In the August round, 6 of the 9 districts in Luanda had $\geq 30\%$ missed children. In June and August, 75% of 20 districts with SIAs had $\geq 10\%$ missed children. National immunization data for NPAFP children are consistent with SIA monitoring data and indicate weak routine immunization coverage. The 4+ OPV coverage (30%) and 0-dose estimates (9%) are inconsistent with the Pol3 estimate (73%). Immunization performance is very weak.

Surveillance Performance:

The MPI target for all endemic, re-established transmission and “importation belt” countries is a NPAFP rate >2 in all sub-national levels (GPEI#2). Angola’s national 3.6/100,000 NPAFP rate and 89% adequate specimen collection meet targets. Sub-nationally, the NPAFP rate is >2 in 89% of the country; 100% of low population states/provinces are within acceptable limits. Despite these achievements, surveillance performance is intermediate because genomic analysis of WPV1 isolates since 2007 indicates missed chains of transmission. This signifies ongoing weaknesses in AFP detection, investigation, specimen collection and/or transport in major areas of the country that is not demonstrated by the performance indicators.

Risk Assessment:

Available immunization and surveillance performance data do not support any progress thus far in 2010. Ongoing WPV1 transmission throughout the country indicates extensive susceptibility due to weaknesses in routine and SIA immunization coverage. Without substantial changes in planning, staffing, training, implementation and supervision of SIAs, progress will remain elusive.

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

CHADEpidemiologic Situation:

WPV3 transmission in Chad has been ongoing since importation from Nigeria in 2007. Fourteen cases were identified during January–September 2010 (compared with 43 cases during the same in 2009), with the most recent case on 10 May 2010. No cases were detected in the third quarter of 2010, normally considered the high transmission season.

Immunization Performance:

The MPI target is <10% missed children in greater N'Djamena and in the southern and eastern WPV transmission zones during each SIA in the second half of 2010 (GPEI #4). Overall immunization performance is weak based on IM of SIAs from July–September 2010; few districts with SIAs in those areas have yet reached the target, with an average of 11% missed children (Annex 2). IM data from the most recent sub-national SIA in one province of greater N'Djamena indicate overall 11% missed children house-to-house; a very small sample outside the house in one district showed 27%. Despite data over the first 9 months of 2010 that suggest improving SIA coverage (from 26% outside the house method evaluation in national SIAs in February to 12% in June), the MPI is not met and therefore immunization performance is weak.

NPAFP immunization status data are consistent with SIA monitoring data. The reported immunization status of children with NPAFP 6–35 months of age indicates suboptimal coverage nationally (11.7% 0-dose children). The overall proportion of NPAFP children with 4+ doses of OPV (44%) is consistent with the Pol3 estimate (36%). However, 0-dose and 4+ dose estimates indicate some improvement from the second quarter assessment (14 September 2010 CDC report).

Surveillance Performance:

The MPI target for all endemic, re-established transmission, and “importation belt” countries is NPAFP rate >2 in all sub-national levels (GPEI#2). The proportion of states with NPAFP >2 is 100%. However, because a high proportion of specimens arrive at the laboratory in poor condition, the proportion of AFP with adequate specimens is 54% (the proportion of two specimens within 14 days of onset is 84%). There is some virologic evidence indicating ongoing missing chains of transmission signifying ongoing weakness in AFP detection, investigation, specimen collection and/or transport in major areas of the country. Surveillance performance is weak.