

CHAD

Epidemiologic Situation:

14 WPV3 cases were identified during January–June 2010 in multiple provinces of the country, compared with 10 cases during January–June 2009. The onset of the most recent case was 22 May 2010. WPV3 transmission has been ongoing since importation from Nigeria in 2007. June represents the first month since March 2009 in which no WPV cases have been detected.

Immunization Performance:

The Major Process Indicator 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 independent monitoring of SIAs from January–June 2010; no SIA in those areas has yet reached the target with an average of 14% missed children. Independent monitoring data for the two most recent SIAs indicate ≥10% missed children overall and in >60% of monitored provinces. However, evaluation of data from November 2009 (data not shown) and over the first 6 months of 2010 suggest improving SIA coverage (from 26% outside the house method evaluation in February to 11% in June).

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 (13% 0-dose children). The overall proportion of children 6–35 months of age with 4+ doses of OPV (42%) is consistent with the WHO/UNICEF estimate of Pol3 coverage (36%).

Surveillance Performance:

The Major Process Indicator target for all endemic, re-established transmission and “importation belt” countries is NPAFP rate >2 in all sub-national levels (GPEI#2). Overall AFP surveillance performance indicators appear to meet targets nationally with 100% of states with NPAFP >2 and proportion of adequate specimens at 84%. However, >10% of AFP cases are missing age and/or dose history, there are often delays in shipping specimens for testing, and >10% of specimens arrive at the laboratory in poor condition. Because of limitations, there is a high number (27) of compatible cases reported in 2010 thus far that make interpretation of the epidemiologic data more difficult. Surveillance performance is intermediate because 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.

Risk Assessment:

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

- long-standing persistence of transmission,
- weaknesses in AFP surveillance performance, and
- weak routine and SIA implementation performance.

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

However, monitoring data following SIAs in the first months of 2010 suggest some progress and decreasing risk, accompanying increased political support. Chad also has a high, decreasing risk of exportation of WPV

into neighboring countries as evidenced by repeated episodes of importation into Niger in 2009–2010 and into Sudan in past years.

DEMOCRATIC REPUBLIC OF THE CONGO

Epidemiologic Situation:

During January–June 2009, three WPV3 cases were identified which represented transmission within DRC after importation in 2009. Five WPV1 cases were identified during January–June 2010 in provinces of the country adjacent to Angola, as a result of two separate importation events with WPV of Angolan origin. As of 16 August, there have been six cases reported, five in Kasai province on the Angola border; the most recent had onset on 11 July. One confirmed case with onset 10 June was detected in Katanga province on the border with Tanzania/Lake Tanganyika.

Immunization Performance:

The Major Process Indicator target is <10% missed children in each SIA in Orientale, North & South Kivu (and all provincial capitals)(GPEI #7). SIAs have not been implemented to date in those areas. Independent monitoring data for the two most recent SIAs in Bandundu and Kasai-Occidental indicate $\geq 10\%$ (12-38%) missed children.

NPAFP immunization data are consistent with the SIA monitoring data. The reported immunization status of children with NPAFP 6–35 months of age indicates weakness in coverage nationally (12% 0-dose children). The overall proportion of children 6–35 months of age with NPAFP with 4+ doses of OPV (33%) is inconsistent with the WHO/UNICEF estimate of Pol3 coverage (74%) and suggests the Pol3 coverage estimate (made without recent surveys) may overestimate true coverage.

Surveillance Performance:

The Major Process Indicator targets are >80% adequate specimens in all provinces (GPEI #5) and a NPAFP rate >2 in all provinces (GPEI#6). Overall AFP surveillance performance indicators meet NPAFP rate and specimen collection targets nationally and sub-nationally (100%); however, virologic sequence analysis indicates surveillance performance is weak with significant evidence of missed chains of transmission in Katanga.

There are historical concerns about the quality of surveillance in the northeast/east area of the country, because the isolates from the 2009 Burundi WPV1 cases were genetically closely related to WPV1 last isolated in 2008 in northeast areas of DRC. On this basis, the country was classified in 2009 by the Advisory Committee on Polio Eradication as having suspected re-established transmission. That classification is substantiated by the finding that WPV isolated from the most recently identified case in Katanga province is most closely related to WPV isolated in DRC in 2007–2008. This undetected transmission demonstrates intermediate surveillance performance with deficiencies in AFP detection, investigation, specimen collection and/or transport in eastern areas of the country despite surveillance performance indicators meeting targets.