CHAD

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%***		
Weak	**Weak**	**Weak**	**63**	**13.3**	**Weak**	**100**	**94.4**	**Some**	**Intermediate**

* 12-month district immunization indicator: Based upon Chad's 2011 MPI for immunization but using data from SIAs conducted during the previous 12 months (8 Sept 2010 – 7 Sept 2011). Additional details in the 3rd Quarter 2011 Progress Report of the GPEI Process Indicators for 2010 and 2011 and Methods Supplement.

**12-month provincial immunization indicator: Based upon SIAs conducted in all provinces in Chad except the provinces in N'Djamena and in the southern and eastern WPV transmission zones (MPI provinces) during the previous 12 months (8 Sept 2010 – 7 Sept 2011). The provinces in N'Djamena and in the southern and eastern WPV transmission zones were omitted given their consideration in the 12-month district immunization indicator. Additional details in Methods Supplement.

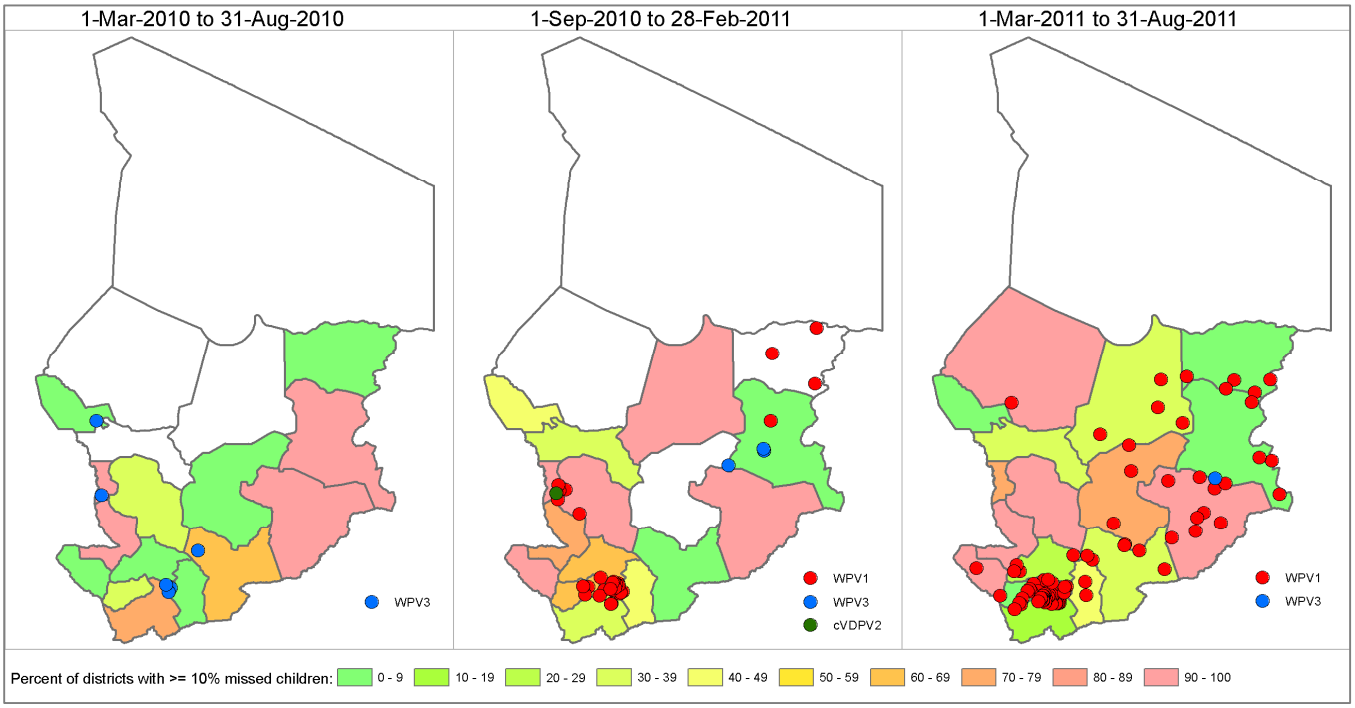
*** based on the upper 90% confidence limit

Chad has a high risk of failure to detect and interrupt WPV transmission by the end of 2011. The Strategic Plan MPI addresses greater N'Djamena and the districts of the southern and eastern transmission zone, which have been the main (but not only) areas of transmission in 2010–2011. The risk assessment included SIA monitoring data from these and all other provinces where available. Aggregated SIA monitoring data suggest no further improvement over time. In the majority of monitored districts, the proportion of missed children has not met the applied MPI criterion, and therefore overall immunization performance remains weak. Although the latest WPV3 case had onset 14 May, continued re-established transmission of WPV3 in eastern provinces remains a high risk. Extensive WPV1 transmission after 2010 importation into 2011and the occurrence of an imported cVDPV2 in 2010 from Nigeria indicate high susceptibility due to ongoing weaknesses in routine and SIA immunization coverage. All SIAs since September 2010 have used bOPV, with partial use of tOPV and mOPV1. Surveillance performance is intermediate. Chad poses a high risk to the success of the GPEI to interrupt all WPV transmission by end-2012 because of the extensive circulation of WPV1 and continue circulation of WPV3, suboptimal surveillance and lack of progress in SIA implementation quality.

Current Quarter	2nd Qrt. Report
Overall risk of failure to detect and interrupt WPV transmission	Overall risk of failure to detect and interrupt WPV transmission
High	**High**

GPEI MPI	end-2010	<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
	end-2011	<10% missed children in greater N'Djamena and in the southern and eastern WPV transmission zones during each SIA

Chad: Wild poliovirus type 1 (WPV1), wild poliovirus type 2 (WPV2) and circulating vaccine derived poliovirus type 2 (cVDPV2) cases with onset 1 March 2010 – 31 August 2011 and results of independent monitoring for Supplemental Immunization Activities (SIAs) conducted during 1 March 2010 – 31 August 2011 by six month periods*



*For each six-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 map above. For the period 1 March – 31 August 2010, data were available from 3 National Immunization Days (NIDs) and 3 Sub-national Immunization Days (SNIDs), for the period 1 September 2010 – 28 February 2011, data were available from 2 NIDs and 5 SNIDs, and for the period of 1 March – 31 August 2011, data were available for 3 NIDs and 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 six-month period. Provinces with white color coding had no monitoring data for analysis. WPV and cVDPV2 cases are mapped at the district level.

For Chad for the previous consecutive 6-month intervals, the national pooled percent of districts with >=10% missed children was 47.1% for the period 1 March – 31 August 2010, 60.5% for the period 1 September 2010 – 28 February 2011, and 53.6% for the period of 1 March – 31 August 2011 suggesting no trend towards fewer missed children during SIAs. When analyzed at the provincial-level, there is not a consistent trend.