

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.

Risk Assessment:

Chad has a high, decreasing risk of failure to detect and interrupt WPV transmission by the end of 2010 because of weak immunization and surveillance performance. Monitoring data following SIAs in the second and third quarters of 2010 suggest progress and decreasing risk, accompanying increased political support. The absence of detected WPV during the high transmission season is encouraging, but improvements in surveillance are needed.

Chad has a high, decreasing risk of failure to detect and interrupt WPV transmission by the end of 2010. No WPV has been detected during the typical high season, but further improvements in surveillance are needed.

DEMOCRATIC REPUBLIC OF THE CONGOEpidemiologic Situation:

Thirty WPV1 cases have been detected during January-September 2010 in DRC: 29 WPV1 cases were identified in provinces adjacent to Angola, as a result of WPV importations of Angolan origin, and one WPV1 case was detected in the second quarter in Katanga province on the border with Tanzania/Lake Tanganyika.

Immunization Performance:

The MPI target is <10% missed children in each SIA in Orientale, North & South Kivu, and all provincial capitals (GPEI #7). SIAs were implemented in North & South Kivu in September and in five districts in five other provinces in August/September. Of the 11 evaluations (provinces and rounds) overall, six indicated $\geq 10\%$ missed children, with 41% missed in North Kivu and 14% to 16% missed overall in each round. Consequently, immunization performance is weak.

NPAFP immunization data are consistent with the SIA monitoring data. The reported immunization status of NPAFP children indicates weak national coverage (11% 0-dose children).¹⁰ The overall proportion of NPAFP children with 4+ doses of OPV (29%) is inconsistent with the Pol3 estimate (74%) and suggests Pol3 overestimation.

Surveillance Performance:

The MPI targets are >80% adequate specimens in all provinces (GPEI #5) and a NPAFP rate >2 in all provinces (GPEI#6). 100% of provinces meet NPAFP >2. Adequate specimen collection overall is borderline intermediate at 79% but six of 11 provinces failed to reach 80% adequate specimen collection. With the majority of provinces not meeting GPEI #5, surveillance performance is weak. Additionally, undetected transmission in Katanga by WPV isolated in DRC in 2007-2008 demonstrates suboptimal surveillance performance with deficiencies in AFP detection, investigation, specimen collection and/or transport in eastern areas of the country.

¹⁰ Missing dose information for 10% of NPAFP children limit interpretation of these data