

Eastern and Southern Africa EPI Monthly Feedback Bulletin



Jan –Oct-Dec 2018

Editorial: The Expanded Program on Immunization in East and Southern Africa in 2018: Key achievements, Challenges and Prospects for 2019

The year 2018, which was full of significant achievements and its fair share of challenges for the immunization programme in East and Southern Africa (ESA) has come to an end, and the combined efforts of ministries of health and partners towards improving immunization coverage and saving lives in the sub region was commendable. It was evident though, that immunization activities in the ESA countries currently cannot attain their targets without the support of immunization partners. In addition to financial support to most of the countries, during the year international partners provided over 100 technical support to countries in the Sub-region in all elements of the immunization system. These combined efforts contributed to resolving barriers impeding progress towards reaching all communities with lifesaving vaccines and thus to the overall achievements recorded in the Sub-region.

Key Achievements

In the efforts to increase coverage and equity in all communities the Sub-region has made marked progress in the adaptation and use of the revised Reaching Every District (RED) strategic approach. Of the 18 countries that attended a workshop, eight have already finalised their revised RED country guides and have initiated implementation. Seven countries (Kenya, Mauritius, Seychelles, eSwatini, Madagascar, South Sudan and Lesotho) developed their EPI comprehensive Multiyear plans (cMYPs), whereas all countries updated their annual operational plans for immunization; three countries (Eritrea, Rwanda and Lesotho) were added onto the list of countries that successfully established National Immunization Technical Advisory Group (NITAG); and other three countries (Ethiopia, Kenya and Mauritius) were also supported to conduct Comprehensive National Immunization Programme Reviews.

In the area of new vaccine introduction, Tanzania and Zimbabwe introduced the Human Papilloma Virus Vaccine to young girls between nine and 14 years of age into their routine immunization programs. Tanzania additionally introduced IPV at the same time. The last countries to introduce Rotavirus vaccine in the routine Immunization schedule in the sub region were Lesotho, Seychelles and Uganda. The monitoring of the impact of Rotavirus vaccine in the concerned countries had demonstrated positive results. Data from the three countries indicate that following the introduction of rotavirus there has been a marked decrease in recorded Rotavirus positive cases from an average of 32% between 2010 and 2017 to 17% in 2018. It was also noted in Zimbabwe and Mozambique that there was a decrease in bacterial meningitis and pneumonia in infants following the introduction of Pneumococcal Conjugate Vaccine. In Madagascar data shows a decrease of 31% for pneumonia cases and 42% for bacterial meningitis. The Sub-region has now initiated studies to document economic impact of new vaccine introduction. However, there was an outbreak of Rotavirus in Botswana and eSwatini that introduced Rotavirus vaccine for some years. WHO and partners jointly investigated and supported the response in the concerned countries.

In the era of expanding the scope of the immunization program with additional vaccines, logistics and supply chain are key to immunization program. During the year EVM Assessments were conducted in Uganda, Lesotho and Rwanda, while many countries were supported to improve vaccine availability through the effective use of Stock Management Tool. Also other critical aspect when countries introduce additional vaccines is monitoring and reporting of Adverse Events Following Immunization (AEFI) and as such during the year the Sub-region's reporting and investigating capacity has been boosted. The number of reported AEFI cases in ESA countries has been steadily increasing over the past three years. Compared to 489 cases reported in 2016 JRF, the number of AEFI cases reported in 2017 JRF has shot up to 1315. With increase in reporting, the percentage of ESA countries meeting requirement of an AEFI reporting ratio of minimum 10 cases per 100,000 surviving infants has also increased. From 30% countries in 2016 JRF it has doubled to 60 % in 2017. Though from routine reports, in 2018 there was a decrease in reports of serious Adverse Events Following

immunization in ESA as compared to 2017. Partners teamed up to train Ethiopia, Lesotho, Tanzania, South Africa, eSwatini, Namibia, Zimbabwe and Zambia in preparation for planned immunization campaigns using injectable vaccines. In addition, countries were supported through capacity building of national and sub-national stakeholders and causality assessment committees on all components of Vaccine Safety and causality assessment in country. A major success in vaccine safety in ESA was the line-listing and sharing updated AEFI lists on a regular basis by 13 out of 20 countries.

The Sub-region continues to make significant progress towards measles elimination. Five countries (Seychelles, Rwanda, Tanzania, Uganda and eSwatini) have set up National Measles Elimination Verification Committees and trained members on processes for documenting measles elimination. The sub region now boasts of 17 out of 20 countries that have introduced Rubella containing measles vaccine following the introduction of Measles Rubella (MR) vaccine in the Routine immunization schedule in Mozambique and Eritrea.

As the Africa region inches towards achieving certification of global polio eradication, the ESA countries were supported to improve the sensitivity of their surveillance to detect any circulation of poliovirus in the environment. As part of improving sensitivity is the scaling up of GIS based innovation to most of the countries in the Sub-region. In October 2018, Mozambique detected one case of circulating Vaccine Derived Polio Virus (cVDPV2); South Africa identified one immune-deficient VDPV also in October, while in March Kenya isolated a VDPV from environmental surveillance samples. Kenya conducted Supplemental Immunization Activities (SIAs) as part of the outbreaks in the Horn of Africa; Mozambique is in the process of responding, while South Africa is supported to intensify surveillance activities.

Data and laboratory confirmation of vaccine preventable diseases remains critical to guide decision making processes for appropriate interventions and as such data quality reviews were conducted in Uganda and Lesotho and data management training conducted for all MOH and partner data managers in the Sub-region. Seven countries (Madagascar, Lesotho, Malawi, Zimbabwe, Eritrea, Namibia and Botswana) measles laboratories were accredited and oriented among others on assessment of procedures with field surveillance; while capacity was built for all countries in the Sub-region on measles and Rubella diagnostics using new diagnostic kits.

During the year, a total of 16 countries in the ESA sub region also commemorated the eighth annual African Vaccination Week (AVW) under the theme "Vaccines Work: Do your Part". While countries developed strategies for raising awareness of the needs and rights of all people, particularly children and women, to be protected from vaccine preventable disease; they also promoted delivery of other high impact lifesaving interventions.

Key Challenges

The year 2018 was not without challenges; The immunization systems challenge continues to be major impediment to improving coverage and equity. The global shortage of IPV and HPV vaccines hindered planned introduction of these vaccines in some countries. As country programmes are inundated with immunization activities, combined with inadequate in-country capacity, inadequate government commitment in most countries and competing priorities, critical reviews/assessments recommendations were not being fast tracked and implemented to improve coverage and equity. Immunization programs and partners need to monitor and fast track alignment and implementation of evidence based country operational plans with ongoing country support processes and advocate for improved government commitments towards the attainment of regional immunization targets and ADI indicators.

The resurgence of measles in Madagascar and Mauritius in 2018 after 10 years was a reminder that countries should boost routine immunization performance and remain vigilant to ensure measles surveillance system and outbreak response preparedness remain top of the programme agenda, even if immunization coverage is

high. There was limited coordination that needs to be improved between laboratory and programmes to prioritise specimens for testing during ongoing measles outbreaks; while at the same time countries also experienced limited stock of MR kits in countries which were rapidly depleted.

The emergence of cVDPV in Kenya and Mozambique highlights immunity gaps and few countries that had planned to introduce Inactivated Polio Vaccine (IPV) delayed introduction despite the risk from ongoing circulation in neighbouring Democratic Republic of Congo and Mozambique. In the Sub-region there is a protracted introduction of IPV vaccine in Malawi and Zimbabwe is yet to introduce IPV vaccine in 2019. In South Sudan, Kenya and Mozambique there are surveillance gaps at subnational level due to security inaccessibility.

Prospects for 2019:

In line with the regional strategic plan for immunization, the Global Polio Endgame Strategic Plan and the Addis Declaration on Immunization, the focus in 2019 in the Sub-region towards universal and equitable access to immunization will include, among key others, the strengthening of partnership and advocacy to Governments for enhanced implementation of ADI commitments; Support cMYP development and resource mobilization within the context of the ADI; Support NITAGs establishments and orientations; Improvement of coordination, partnership, results-based planning processes and capacity building exercises; Support attainment of coverage and equity indicators through adaptation and implementing the revised RED strategic approach; Support improvement of immunization data quality and management; Support introduction of the HPV, MCV2/MR and IPV vaccines etc. in concerned countries; Address vaccine safety and risk communication issues; Support monitoring of disease reduction and economic impact of the new vaccines; Improve demand generation, logistics and supply chain; Improvement of sub-national level immunity and surveillance gaps through introduction of innovation; Interruption and containment of ongoing polio and measles/rubella related transmissions in the Sub-region; Support measles and MNT elimination processes; Support South Sudan and South Africa to submit full documentation for certification as polio-free by the ARCC to complete polio free status of the Sub-region in 2019.

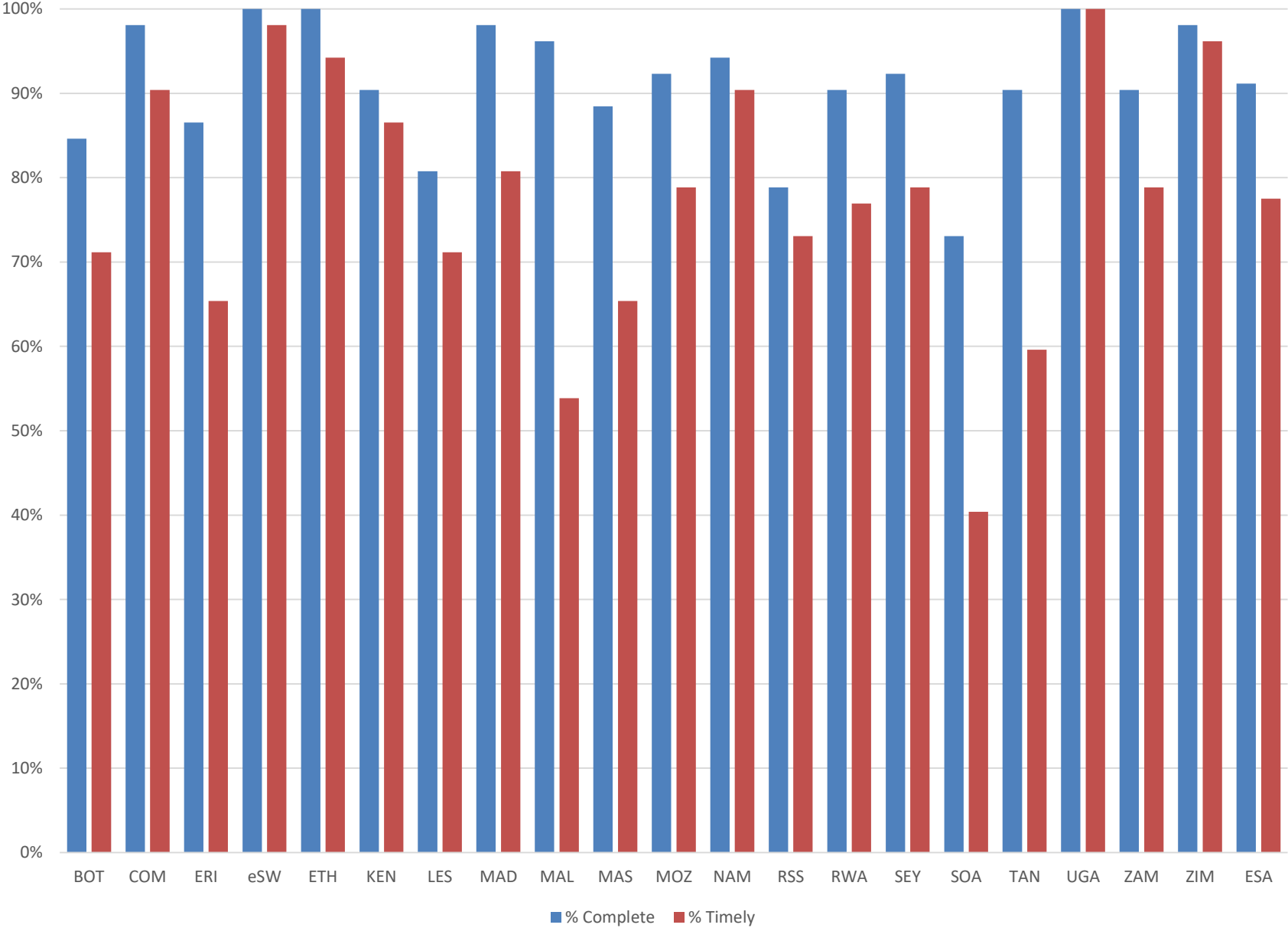
We therefore call on partners within the different regional and country coordination mechanisms and available immunization and accountability frameworks in the Sub-region to support countries to attain and sustain high immunization coverages in 2019 and contain ongoing VPD outbreaks.

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Summary of AFP surveillance Indicators by Country, IST/ESA, January-December, 2018

	Population Under 15	Cases in Database	No. AFP cases	Annualised Non-polio AFP rate*	AFP cases with 2 stools within 14 days of onset*		CLASSIFICATION STATUS							Inadequate stools	No Lab Results >30d after onset	Date of last report
					(n)	%	Confirmed	VDPV	Compatible	Discarded	Unclassified	Denotified	>90 days			
Botswana	753,694	18	18	2.4	17	94%	0	0	0	16	2	0	1	1	0	15/1/2019
Comoros	374,303	3	3	0.8	3	100%	0	0	0	3	0	0	0	0	0	15/1/2019
Eritrea	1,671,429	95	95	5.8	91	96%	0	0	0	83	12	0	12	4	10	15/1/2019
Ethiopia	42,773,593	1042	1038	2.5	961	93%	0	0	2	952	84	4	18	77	50	8/1/2019
Kenya	19,808,308	695	691	3.5	585	85%	0	0	7	583	101	4	74	106	1	15/1/2019
Lesotho	637,899	16	16	2.6	15	94%	0	0	0	13	3	0	1	1	1	15/1/2019
Madagascar	11,444,133	630	630	5.6	597	95%	0	1	0	584	45	0	17	33	2	15/1/2019
Malawi	8,263,840	190	190	2.3	167	88%	0	0	4	181	5	0	3	23	1	16/1/2019
Mauritius	233,139	7	7	3.1	7	100%	0	0	0	7	0	0	0	0	0	15/1/2019
Mozambique	12,529,771	471	455	3.7	395	87%	0	1	0	343	111	16	59	60	52	15/1/2019
Namibia	864,073	17	17	1.9	11	65%	0	0	1	14	2	0	0	6	0	15/1/2019
Rwanda	4,599,707	139	139	3.1	122	88%	0	0	0	120	19	0	1	17	11	15/1/2019
South Sudan	6,100,430	434	434	7.3	360	83%	0	0	0	353	81	0	67	74	35	17/1/2019
Seychelles	19,236	0	0	0.0	0	#DIV/0!	0	0	0	0	0	0	0	0	0	16/1/2019
South Africa	12,785,187	462	449	3.6	284	63%	0	0	3	377	69	13	54	165	53	15/1/2019
Eswatini	300,001	15	15	5.1	14	93%	0	0	0	11	4	0	1	1	1	15/1/2019
Tanzania	23,393,867	836	835	3.6	799	96%	0	0	1	801	33	1	20	36	10	25/12/2018
Uganda	20,188,012	748	739	3.7	665	90%	0	0	1	674	64	9	18	74	23	15/1/2019
Zambia	7,120,510	189	189	2.7	160	85%	0	0	0	186	3	0	1	29	2	15/1/2019
Zimbabwe	5,702,787	189	189	3.3	180	95%	0	0	2	178	9	0	1	9	2	7/1/2019
Block Total	179,563,920	6196	6149	3.5	5433	88%	0	2	21	5479	647	47	348	716	254	

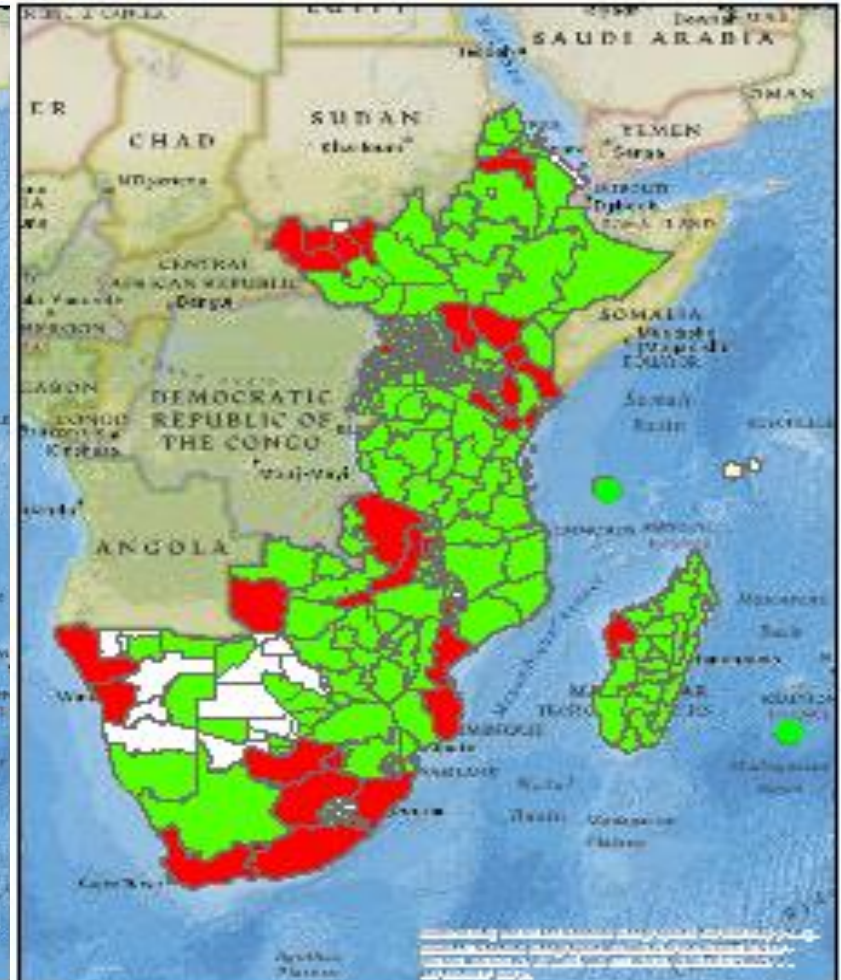
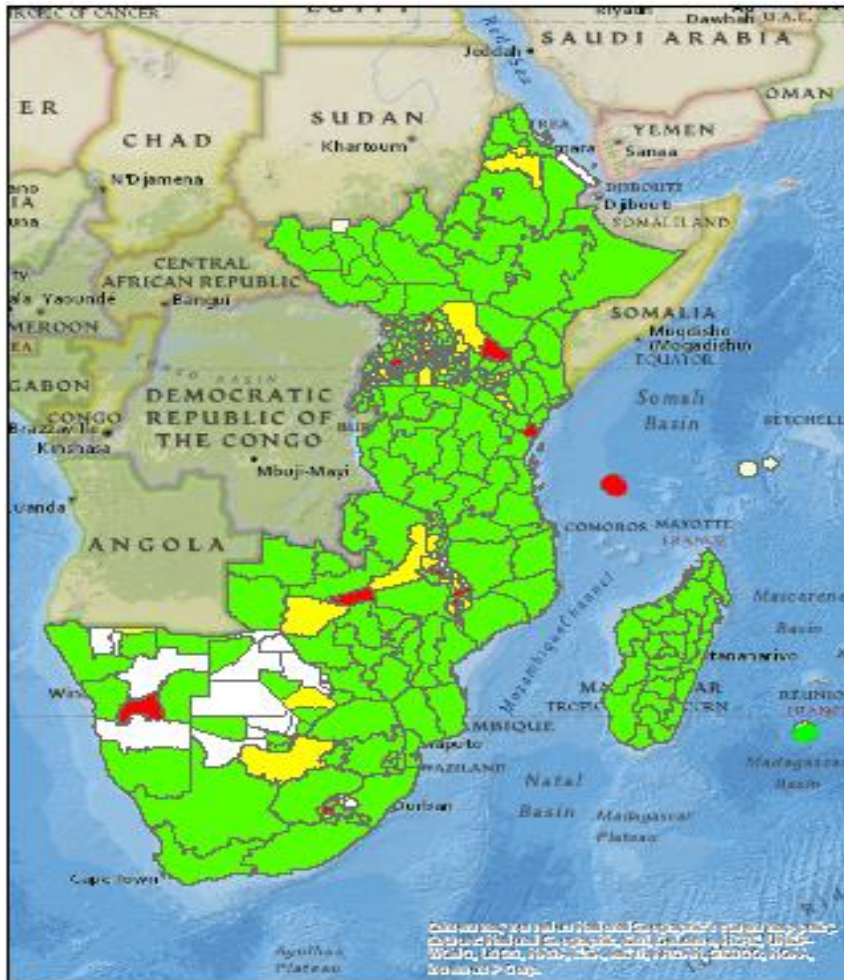
Completeness and Timeliness: Week 1 – 52 2018



Non Polio AFP indicators , week 1 – 52, 2018

Non Polio-AFP Rate at subnational level

Stool Specimens Adequacy Rate



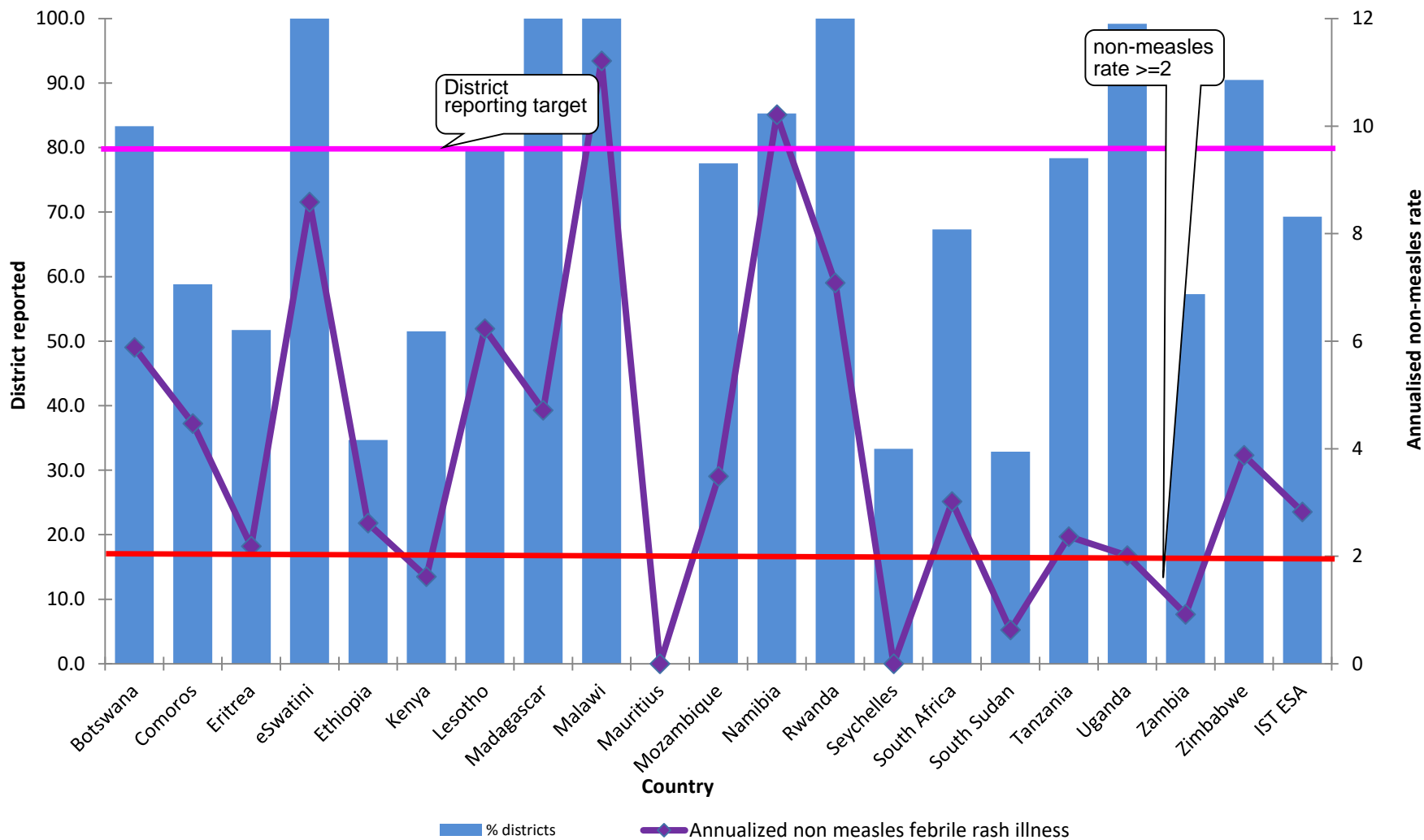
	Silent
	<1 Non Polio AFP Rate
	>=1 Non Polio AFP Rate >2
	>2 Non Polio AFP Rate

	Silent
	<80% Stool Adequacy
	>80% Stool Adequacy

Measles Case-Based Surveillance Indicators, as reported of 1st January , 2019

Country	Population under case-based surveillance (millions)	Annualized SMC detection rate (Cases per 100,000 popn (target: >2/100,000))	Total reported measles cases (summary or case-based)	Blood specimens collected		Lab results available		Lab results			Final Classification				Total confirmed cases (lab+epi linkage+Compatible)	Deaths	% districts with at least 1 case with blood specimen / year	Total number of districts in case-based area	Total number of districts with at least one specimen	Confirmed measles incidence /1,000,000	Annualized non-measles febrile rash illness detection rate (Cases per 100,000 popn)	Date of last report
				n	% with specimen collected (target: >=80%)	n	% with lab results available (target: >=80%)	no. IgM positive	% IgM positive (target: <10%)	no. Rubella IgM positive	No. cases confirmed by epidemiologic linkage	Discarded	Compatible	Pending Final classification								
Botswana	2,226,965	6.0	134	134	100%	132	99%	0	0%	3	0	131	1	2	1	2	83.3	24	20	0.4	5.9	4-Jan-19
Comoros	828,148	5.1	42	42	100%	39	93%	2	5%	0	0	37	0	3	2	0	58.8	17	10	2.4	4.5	1-Jan-19
Eritrea	3,798,702	4.1	155	153	99%	150	98%	67	45%	5	2	83	0	3	69	1	51.7	58	30	18.2	2.2	31-Dec-18
eSwatini	1,129,844	8.6	97	97	100%	97	100%	0	0%	0	0	97	0	0	0	0	100.0	4	4	0.0	8.6	1-Jan-19
Ethiopia	94,659,491	4.1	3839	2876	75%	2824	98%	282	10%	683	963	2473	69	52	1314	14	34.7	98	34	13.9	2.6	11-Dec-18
Kenya	46,595,047	3.3	1533	940	61%	939	100%	165	18%	24	593	754	20	1	778	1	51.5	295	152	16.7	1.6	1-Jan-19
Lesotho	1,941,941	6.5	127	127	100%	122	96%	1	1%	0	0	121	0	5	1	0	80.0	10	8	0.5	6.2	31-Dec-18
Madagascar	25,431,407	52.0	13225	1752	13%	1647	94%	388	24%	47	11473	1199	60	105	11921	2	100.0	114	114	468.8	4.7	3-Jan-19
Malawi	2,363,559	11.4	269	269	100%	269	100%	1	0%	6	0	265	3	0	4	1	100.0	28	28	1.7	11.2	2-Jan-19
Mauritius	332,395	0.0	0	0	-	0	-	0	-	0	0	0	0	0	0	0	-	0	0	0.0	0.0	
Mozambique	26,489,060	4.3	1150	1149	100%	1144	100%	10	1%	98	1	923	211	5	222	4	77.6	147	114	8.4	3.5	4-Jan-19
Namibia	2,703,292	11.3	306	305	100%	284	93%	3	1%	5	1	276	5	21	9	4	85.3	34	29	3.3	10.2	2-Jan-19
Rwanda	11,553,189	7.2	837	837	100%	838	100%	20	2%	10	0	818	0	-1	20	1	100.0	30	30	1.7	7.1	1-Jan-19
Seychelles	93,184	12.9	12	12	100%	12	100%	1	8%	0	0	0	0	0	1	0	33.3	15	5	14.3	0.0	25-Dec-18
South Africa	55,909,212	3.1	1733	1733	100%	1734	100%	49	3%	328	0	1685	0	-1	49	0	67.3	52	35	0.9	3.0	14-Aug-18
South Sudan	12,601,589	2.1	267	259	97%	143	55%	21	15%	22	8	79	43	116	72	3	32.9	73	24	5.7	0.6	4-Dec-18
Tanzania	52,039,749	2.7	1394	1394	100%	1247	89%	16	1%	24	0	1231	0	147	16	1	78.4	194	152	0.3	2.4	25-Dec-18
Uganda	48,084,431	7.3	3523	3173	90%	3177	100%	621	20%	434	350	967	1589	-4	2560	2	99.2	122	121	53.2	2.0	1-Jan-19
Zambia	15,995,460	2.1	341	341	100%	158	46%	11	7%	2	0	147	0	183	11	0	57.3	103	59	0.7	0.9	2-Jan-19
Zimbabwe	13,457,010	3.9	523	523	100%	523	100%	1	0%	1	0	522	0	0	1	0	90.5	63	57	0.1	3.9	31-Dec-18
East and Southern block	418,233,675	7.1	29507	16116	55%	15479	96%	1659	11%	1692	13391	11808	2001	637	17051.3	36	69.3	1481	1026	40.8	2.8	

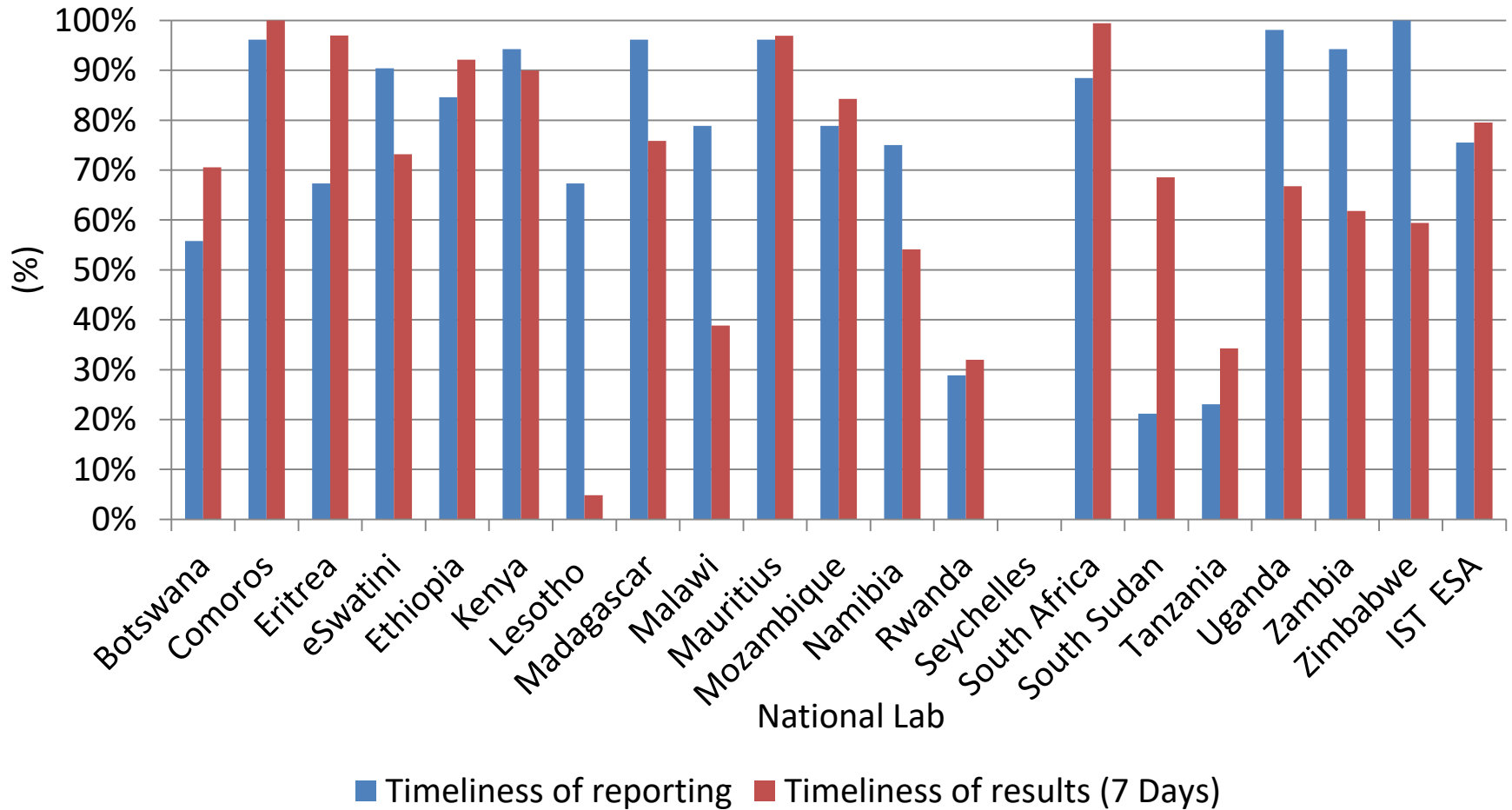
% Districts reported suspected measles cases/ Annualised non-measles febrile rash illness Week 52, 2018



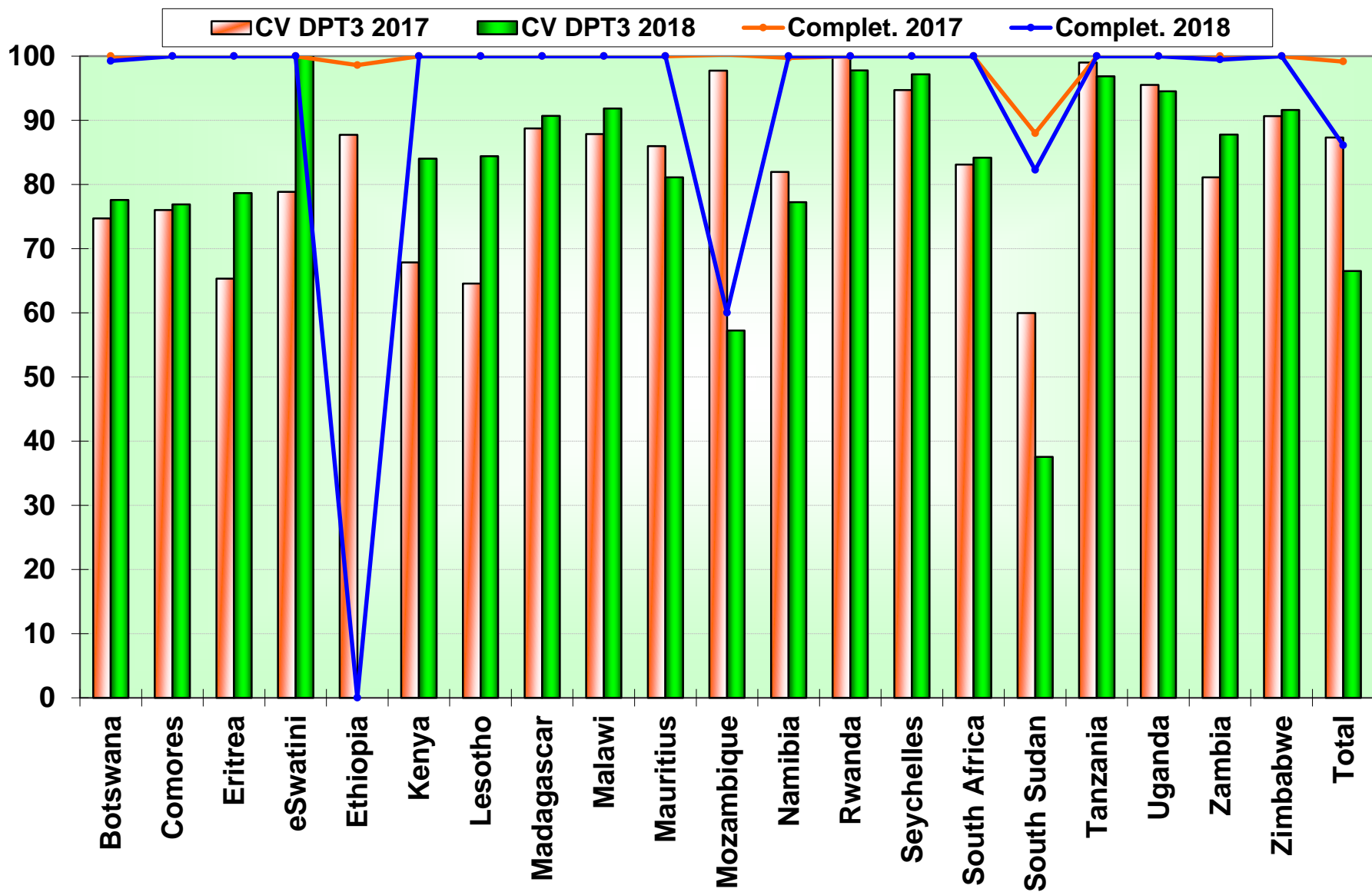
Measles National Lab Feedback Table, Eastern and Southern Africa, as of 28th December, 2018

Country	Year To Date Completeness	Year To Date Timeliness	All Specimen Received in Lab	Blood Specimens Received in Lab in 3 days		Specimens in Adequate Condition upon receipt in Lab		Specimens Tested Measles	Specimens Tested Rubella	Measles IgM Positive		Rubella IgM Positive		Result sent out within 7 days (Target>=80%)		Date of last report	Specimens not Tested
	[%]	[%]	[n]	[n]	[%]	[n]	[%]	[n]	[n]	[n]	[%]	[n]	[%]	[n]	[%]		
Botswana	60%	56%	136	63	46%	135	99%	136	136	1	1%	3	2%	96	71%	14-Dec-18	
Comoros	100%	96%	37	36	97%	37	100%	37	35	2	5%		0%	37	100%	28-Dec-18	
Eritrea	73%	67%	167	77	46%	167	100%	167	101	69	41%	8	8%	162	97%	21-Dec-18	
eSwatini	90%	90%	97	55	57%	97	100%	97	97		0%		0%	71	73%	21-Dec-18	
Ethiopia	90%	85%	2629	2309	88%	2622	100%	2625	2267	366	14%	639	28%	2421	92%	28-Dec-18	2
Kenya	96%	94%	954	552	58%	932	98%	943	944	162	17%	27	3%	850	90%	28-Dec-18	9
Lesotho	69%	67%	109	41	38%	109	100%	103	102	1	1%		0%	5	5%	28-Dec-18	6
Madagascar	98%	96%	1761	1345	76%	1704	97%	1752	1530	416	24%	55	4%	1334	76%	28-Dec-18	3
Malawi	94%	79%	309	28	9%	309	100%	309	309	1	0%	11	4%	120	0.3883	29-Dec-18	
Mauritius	98%	96%	2977	2905	98%	2953	99%	2959	62	1345	45%		0%	2884	97%	28-Dec-18	2
Mozambique	81%	79%	2335	291	12%	2228	95%	1785	1590	20	1%	171	11%	1504	84%	28-Dec-18	550
Namibia	79%	75%	231	186	81%	231	100%	231	231	1	0%	1	0%	125	54%	2-Nov-18	
Rwanda	38%	29%	703	644	92%	703	100%	703	703	13	2%	8	1%	225	32%	16-Nov-18	
Seychelles	-	-			-		-				-		-		-		
South Africa	90%	88%	3665	1682	46%	3616	99%	3609	3617	74	2%	1183	33%	3588	99%	21-Dec-18	56
South Sudan	23%	21%	375	128	34%	375	100%	375	220	67	18%	77	35%	257	69%	14-Dec-18	
Tanzania	23%	23%	1747	8	0.5%	1740	100%	1746	1734	19	1%	33	2%	599	34%	21-Dec-18	
Uganda	98%	98%	3269	1243	38%	3259	100%	1751	1552	709	40%	436	28%	1169	67%	21-Dec-18	1518
Zambia	96%	94%	347	207	60%	346	100%	343	234	19	6%	8	3%	212	62%	21-Dec-18	4
Zimbabwe	100%	100%	500	337	67%	473	95%	500	500	1	0%	4	1%	297	59%	28-Dec-18	
IST ESA	79%	76%	22212	12074	54%	22036	99%	20171	15964	3286	16%	2664	17%	15956	80%		2150

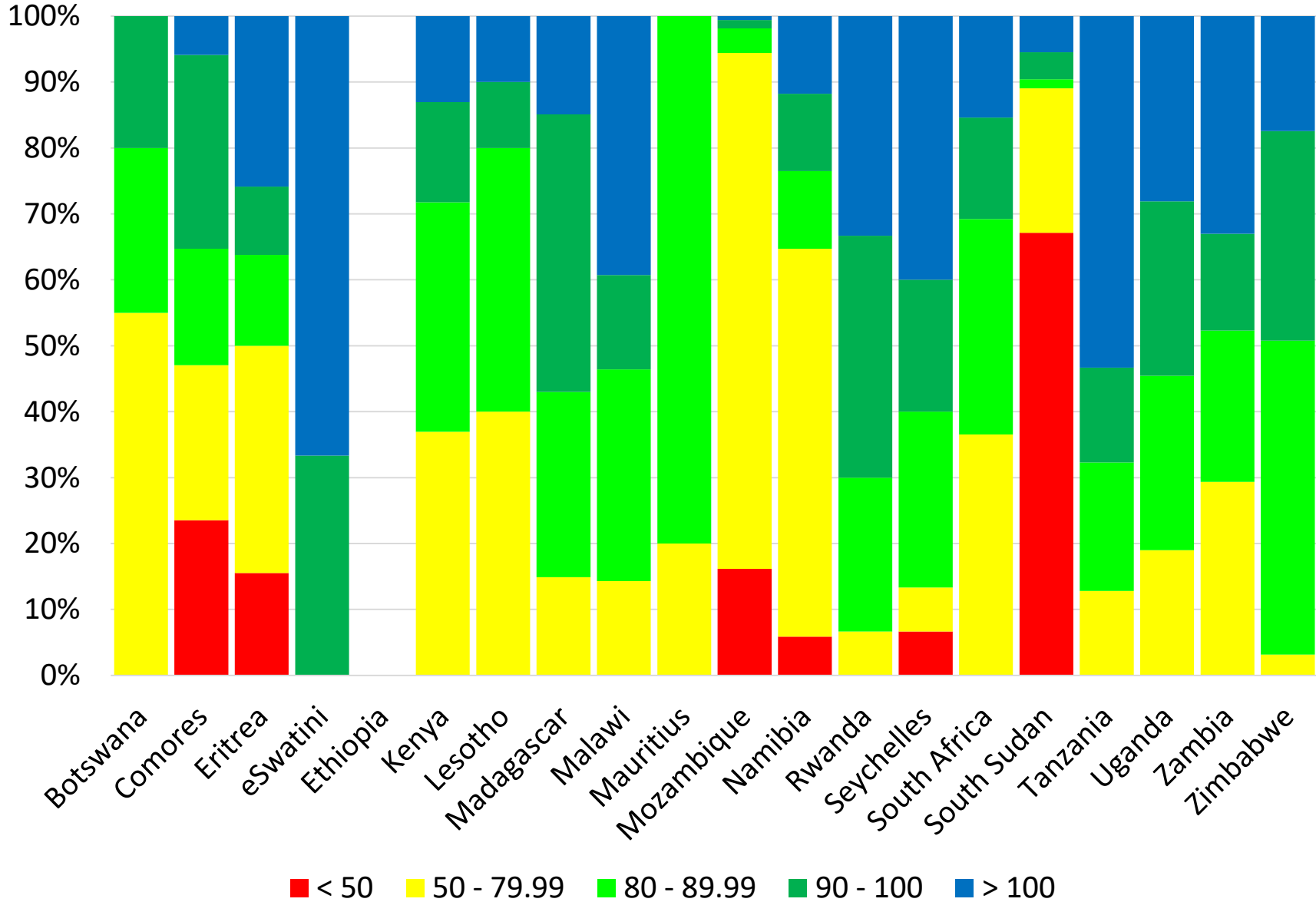
Measles lab Timeliness Week 1 to Week 52, 2018



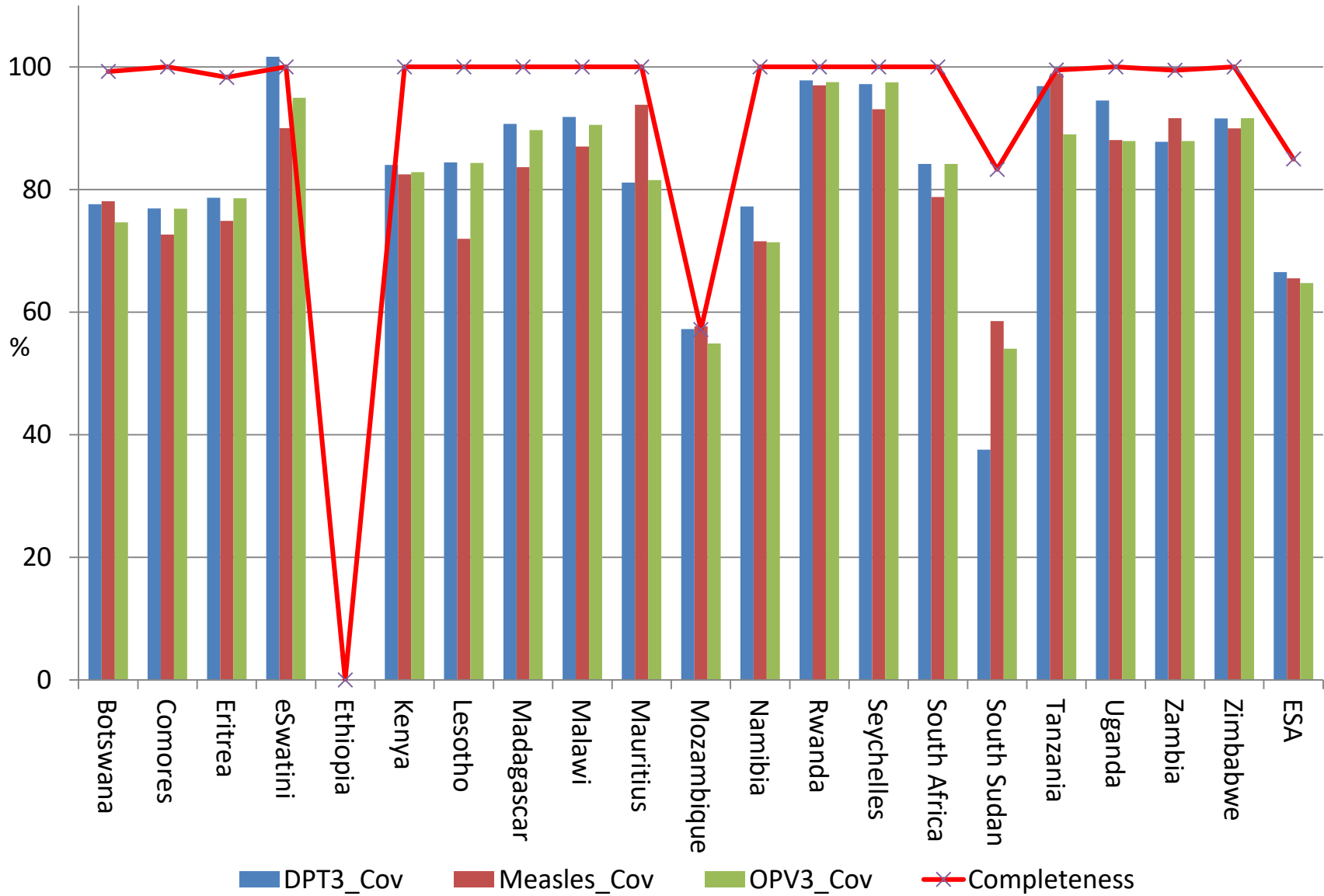
DPT3 Coverage and completeness of reports Jan-Oct, 2017 & 2018



Cumulative DTP3 District Performance, Jan-Oct, 2018



Cumulative Routine Immunization Coverage and Completeness January-October, 2018



PBM Sentinel Sites Performance, Jan – Sep, 2018

Country	No. of suspected meningitis cases		No. (%) of suspected meningitis cases that had an LP performed (Target 90%)		No. (%) of LPs performed that have a culture result recorded (Target 90%)		No. (%) of suspected meningitis cases with probable bacterial meningitis (Target 20%)		No. (%) of probable bacterial meningitis cases with a known outcome recorded (Target 90%)		No. of probable bacterial meningitis cases that died	No. (%) of suspected meningitis cases with HI identified by culture, latex or PCR (Target 5%)		No. (%) of suspected meningitis cases with pneumococcus identified by culture, latex or PCR (Target 20%)		No. (%) of probable bacterial meningitis cases with pneumococcus identified by culture, latex or PCR (Target 20%)		No. (%) of suspected meningitis cases with meningococcus identified by culture, latex or PCR (Target 5%)		No. (%) of probable bacterial meningitis cases with meningococcus identified by culture, latex or PCR (Target 5%)		No. (%) of CSF samples processed and logged into the lab within 1 hr of the LP (Target: 75%)		No. (%) of CSF samples forwarded to regional reference lab for typing		PBM indicator met out of 8			
	No.	No.	%	No.	%	No.	%	No.	%	No.	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.		%	No.	
ETH	844	844	100	844	100	38	5	15	39	0	0	0	0	4	0	4	11	2	0	25	68	9	82	0	0	8	5		
KEN	150	150	100	148	99	11	0	0	0	0	0	0	0	2	1	0	0	0	0	0	14	7	98	0	0	0	3		
LES	18	16	89	13	81	1	6	1	100	1	1	0	0	0	0	0	0	0	0	0	5	3	1	0	0	0	2		
MAD	575	542	94	542	100	54	10	54	100	2	0	0	0	14	3	11	20	10	2	7	13	4	2	78	0	0	0	7	
MOZ	92	92	100	86	93	2	2	2	100	1	2	0	15	0	0	0	0	0	0	0	26	2	8	0	0	4	4		
NAM	0	0	####	0	####	0	###	0	####	0	0	####	0	####	0	####	0	####	0	####	0	####	0	####	0	0	2	0	
RWA	23	23	100	22	96	0	0	0	####	0	0	0	0	0	0	0	0	0	0	0	2	2	96	0	0	0	3		
SWZ	38	35	92	33	94	10	29	10	100	3	0	0	0	2	6	1	10	0	0	0	3	0	86	0	0	0	5		
TAN	54	50	93	46	92	0	0	0	####	1	0	0	0	0	0	0	0	0	0	0	3	7	8	0	0	0	3		
UGA	168	123	73	120	98	11	9	11	100	2	1	0	19	2	2	18	0	0	0	0	5	2	4	0	0	0	4		
ZAM	170	148	87	148	100	34	23	27	79	0	0	0	0	2	1	2	6	2	1	0	0	0	3	2	0	0	3		
ZIM	125	122	98	121	99	10	8	10	100	0	0	0	0	2	2	2	0	0	0	0	0	0	0	0	0	12	5		
ESA TOTAL	2257	2145	95	2123	99	161	8	130	81	10	4	0	2	1	28	1	22	14	14	1	9	6	14	78	69	0	0	28	4

PBM's Sentinel Sites timeliness, Jan – Sep, 2018

COUNTRY	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Timely	Timeline ss
Eritrea	N	N	N	N	N	N	T	T	T	3	33
Ethiopia	T	T	T	T	T	T	T	T	T	9	100
Kenya	N	N	N	T	T	T	T	N	N	4	44
Lesotho	T	T	T	T	T	T	T	T	T	9	100
Madagascar	T	T	T	T	T	T	T	T	T	9	100
Mozambique	T	T	T	N	N	N	N	N	N	3	33
Namibia	N	N	N	T	T	T	T	T	T	6	67
Rwanda	T	T	T	T	N	N	N	N	N	4	44
Seychelles	T	T	T	T	T	T	T	T	T	9	100
Swaziland	T	T	T	T	T	T	T	T	N	8	89
Tanzania	N	N	N	T	L	T	T	T	T	5	56
Uganda	T	T	T	T	T	T	T	T	T	9	100
Zambia	T	T	T	T	T	T	T	T	T	9	100
Zimbabwe	T	T	T	T	T	T	T	T	T	9	100

Block summary:

# of Timely	10	10	10	12	10	11	12	11	10	96
# of Late	0	0	0	0	1	0	0	0	0	1
# of No Report	4	4	4	2	3	3	2	3	4	29
Timeliness	71%	71%	71%	86%	71%	79%	86%	79%	71%	76%

Rota Sentinel Sites Performance, January – December, 2018

Country Name	Diarrhoea Cases	Enrolled Cases (Target >=80)		Total Stool collected		Stool collected In 2 days (Target >=90%)		Specimens In Lab (Target >=95%)		Specimens Tested (Target >=90%)		Positive for Rota (Target >=30%)		Outcome Known (Target =100%)		Timeliness >=80%		Indicators met
		Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	
Botswana	68	67	99	67	100	47	70	55	82	67	122	39	58	5	7	10	83	4
Eritrea	7	7	100	7	100	7	100	7	100	7	100	1	14	4	57	1	8	5
Eswatini	174	174	100	174	100	171	98	174	100	174	100	77	44	170	98	9	75	5
Ethiopia	174	174	100	174	100	170	98	174	100	171	98	21	12	174	100	11	92	7
Kenya	123	123	100	123	100	110	89	121	98	120	99	17	14	0	0	6	50	4
Lesotho	78	74	95	74	100	74	100	75	101	72	96	19	26	78	100	11	92	7
Madagascar	280	204	73	204	100	201	99	202	99	202	100	47	23	264	94	12	100	5
Mauritius	287	273	95	273	100	271	99	272	100	271	100	40	15	287	100	12	100	7
Mozambique	409	268	66	268	100	213	79	269	100	269	100	39	14	349	85	12	100	4
Namibia	78	78	100	78	100	57	73	78	100	78	100	36	46	0	0	8	67	4
Rwanda																0	0	
Seychelles	106	106	100	106	100	101	95	106	100	106	100	5	5	106	100	12	100	7
South Sudan	51	51	100	51	100	50	98	49	96	49	100	8	16	0	0	4	33	5
Tanzania	1,575	1,483	94	1,483	100	1,373	93	1,183	80	1,234	104	20	16	1,509	96	3	25	4
Uganda	784	756	96	756	100	742	98	651	86	650	100	18	28	734	94	8	67	4
Zambia	648	616	95	616	100	572	93	609	99	609	100	19	32	421	65	12	100	6
Zimbabwe	250	250	100	250	100	225	90	250	100	232	93	79	34	48	19	7	58	5
Grand Total	5,092	4,704	92	4,704	100	4,384	93	4,275	91	4,311	101	1,005	23	4,149	81	138	70	83

Rota Sentinel Sites timeliness, Jan - Dec 2018

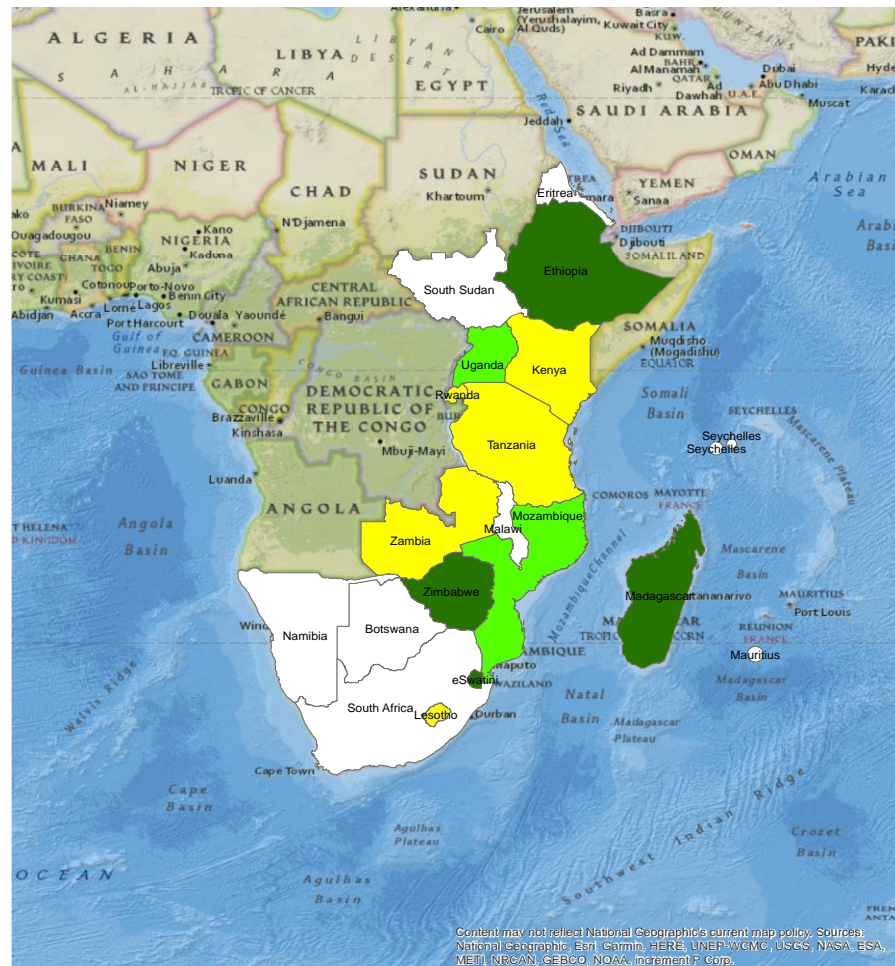
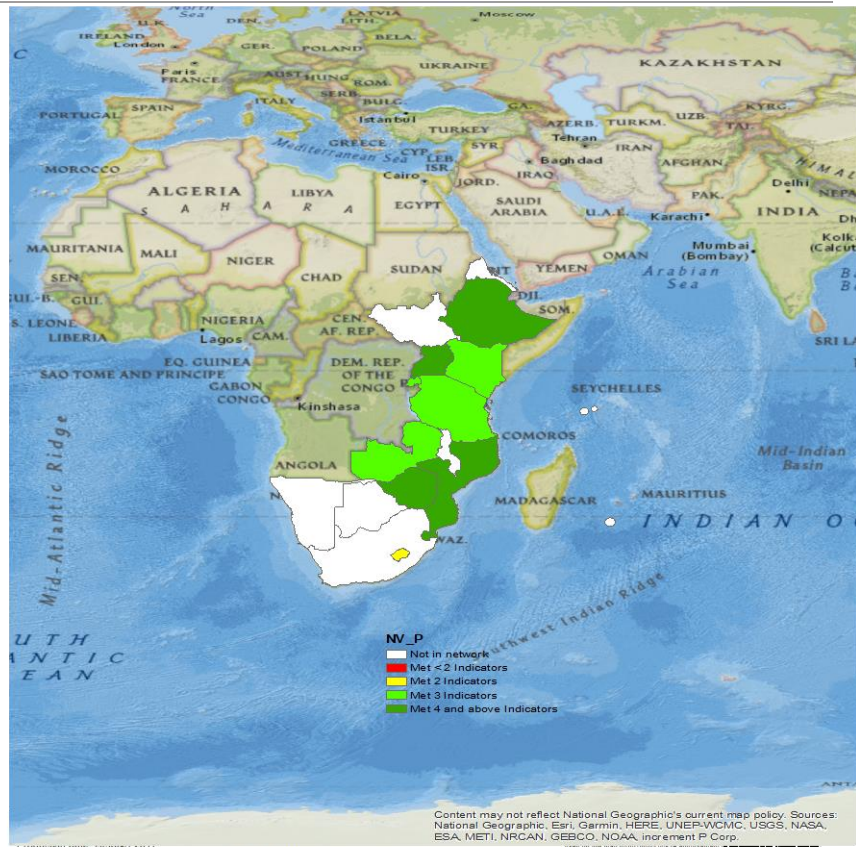
COUNTRY	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Timely	Timeliness (%)
Botswana	T	T	T	T	T	T	T	T	L	T	T	T	11	92%
Eritrea	N	L	N	N	N	N	N	N	N	N	N	T	1	8%
eSwatini	T	T	T	T	T	T	T	N	N	T	N	T	9	75%
Ethiopia	T	T	T	T	T	T	T	T	L	T	T	T	11	92%
Kenya	T	L	N	N	T	T	N	T	N	T	N	T	6	50%
Lesotho	T	T	T	T	T	T	T	T	T	T	N	T	11	92%
Madagascar	T	T	T	T	T	T	T	T	T	T	T	T	12	100%
Mauritius	T	T	T	T	T	T	T	T	T	T	T	T	12	100%
Mozambique	T	T	T	T	T	T	T	T	T	T	T	T	12	100%
Namibia	N	L	L	T	L	T	T	T	T	T	T	T	8	67%
Rwanda	T	T	T	T	N	N	N	N	N	N	N	N	4	33%
Seychelles	T	T	T	T	T	T	T	T	T	T	T	T	12	100%
South Sudan									T	T	T	T	4	33%
Tanzania	T	N	N	N	N	L	T	T	L	L	L	T	4	33%
Uganda	T	T	L	T	T	T	L	T	L	T	T	T	9	75%
Zambia	T	T	T	T	T	T	T	T	T	T	T	T	12	100%
Zimbabwe	T	L	T	L	T	T	T	T	T	L	T	T	9	75%
Block summary:														75%
# of timely reports	14	11	11	12	12	13	12	13	9	13	11	16	147	
# of late reports	0	4	2	1	1	1	1	0	4	2	1	0	17	
# of No reports	2	1	3	3	3	2	3	3	4	2	5	1	32	
% Timeliness	88%	69%	69%	75%	75%	81%	75%	81%	53%	76%	65%	94%	75%	

New Vaccine Surveillance, Jan- Dec 2018

Rotavirus Surveillance, Jan – Dec 2018

Paediatric Bacteria Meningitis, Jan – Sep 2018

WHO AFRICAN REGION
The African Region member States in IST ESA



- Not in Rota network
- Met less than 2 indicators
- Met 2 to 3 Indicators
- Met 4 Indicators
- Met >= 5 indicators

- No cases/Not in network
- Met < 2 indicators
- Met 2 indicators
- Met 3 indicators
- Met 4 and above indicators

EPI

Component	Submission of data	Data Summary	Comments
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EPI Routine

District coverage database received for Nov 2018

The district coverage database contains data up to November 2018 with 99% completeness. Cumulative Penta3 coverage was reported to be 78% and MR1 coverage also 78% with MR2 of 73%. The Penta1-to MR1 drop out rate was 9% . 11/27 (40.7%) districts coverage is between 50-80% for DPTCV3 dose.

Please target the districts below 80% for improvement with special attention using effective strategies.

Vaccine management & logistics

Social Mobilization

Yes

Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage

The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.

Surveillance

Polio

Data as at 15 January 2019

Seventeen (18) AFP case were reported in 2018 reflecting a NP-AFP rate of 2.4 at the National level and 94 % for the percentage of stools adequacy. Kweneng East and Tutume remained silent since January, 2018 disregard of having high population of under 15 years aged children.

The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and accelerate the use of the Integrated Supportive Supervision checklist on the ODK platform.

Polio lab

Measles

Data as of 4th January 2019

To date 134 suspected cases (previous report 128 cases) of measles notified from only 83.3% of districts with non measles febrile rash illness rate of 5.9 per 100,000 population .Three rubella positive case reported and no measles cases confirmed during this period.

Congratulations! Both surveillance indicators are now met.

Measles lab

Feed back still based on data of 14 December 2018

Completeness 60% and timeliness 56%. Tested 136 specimens for measles and rubella. IgM positivity rate was 1% for measles and 2% for rubella. The 7 days results turn around was 71%.

Some improvement noticed on all indicators though not meeting the minimum target. Please continue with enhanced efforts in 2019.

New Vaccine Surveillance

Data for Jan - Dec 2018 report received

Country experienced Rotavirus diarrhoea outbreak in Sep and Oct 2018. . Rotavirus database for Jan - Dec 2018 with 68 diarrhoea hospitalizations ; of these 52 cases detected in months of Sep and Oct. All samples were tested and 40% positive for rota. Diarrhoea outbreak contained and country documented epeidemiologic investigation report of the outbreak with lessons learnt.

Mainly Rotavirus (genotype G3P8) but also non rota causes played a role in the diarrhoea outbreak. It is recommended to revitalize rotavirus sentinel surveillance so that sites can enhance investigation of diarrhoea cases, complete case investigation form, collect samples for ELISA test and collect copy of vaccination card from all enrolled cases for further analysis of the diarrhoea outbreak. No diarrhoea cases in Nov and Dec !!

Data Quality Audit/Harmonisation minutes

End of year 2018

The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data now extracted from DHIS2. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports

Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compitable. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review

M&E/GIS/mHealth

Live ISS data on server as of 31st December, 2018

- A total of 81 participants comprising of district VPDs focal persons, Managers of District Health management Team (DHMT) and major hospitals were trained on VPDs surveillance and the use of Integrated Supportive Supervisory (ISS) Checklist in October 2017
- Phones for MoH staff at all levels yet to be purchased by Government
- The country had commenced the use of ISS in March 2018, there was no consistency in the usage of the tool with missing months (July – October 2018)
- Generally, almost all the ISS conducted was by a temporary WHO officer who has since left when his contract was not renewed.
- The MoH staff at all levels have accounted for only 9 out of 47 ISS records in the past 9 months averaging 1 ISS record per month.
- The timeliness and completeness of the AF/ISS data is 40% for both variables (January – December 2018)
- No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans

- The monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness.
- Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
- Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance

Financial Sustainability

New Vaccination Introduction

Vaccine Safety

County-wide training of district focal points & health workers on AEFI Surveillance planned to be completed by March 2019 ot enhance AEFI reporting . No line-list of AEFI cases received so far

The country is requested to follow-up on trainings.Please share updated line-list of AEFI cases reported on 2018

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for the month of Nov 2018	The district coverage database contains data up to November 2018 with 100% completeness. Cumulative Penta3 coverage was reported to be 77% and measles coverage was 73%. The Penta1- MCV1 drop out rate was 9.3%. 23.5% (4/17) of the districts reported coverage of <50% ; while 23.5% (4/17) reported coverage between 50-80%.	The RI performance is not satisfactory. The country is encouraged to implementing priority plans with focus on poor performing districts to bridge immunity gaps. There is concern on the large proportion of districts coverage performance below 80% that needs to be targeted for improvement using effective strategies.
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 15 January 2019	To date total of 3 AFP cases for 2018 have been notified with percentage of stools adequacy of 100%. The Non polio AFP rate is 0.8 per 100,000 population aged less than 15 years at the National level.	The AFP surveillance indicates dramatic performance decline in 2018 compared to 2017 in the same period. The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and use the Integrated Supportive Supervision (ISS) checklist on the ODK platform.
Polio lab			
Measles	Data as of 1st January 2019	To date 42 suspected measles cases (previous report 36 cases) have been notified from only 51.7% of districts with non measles febrile rash illness rate of 4.5 per 100,000 population .Two measles positive case reported and no rubella cases confirmed during this period.	One surveillance indicators hasn't been met. Need to strengthen surveillance system to ensure cases are being captured and reported from all districts and increase sensitivity of the surveillance .
Measles lab	Feed back based on data of 28 December 2018	Weekly Completeness 100% and timeliness 96%. Tested 37 specimens for measles and 35 for rubella with IgM seropositivity rate for measles 5 % and 0% for rubella. The 7 days results turn around was 100%.	Pleasing work- keep it up in 2019
New Vaccine Surveillance			
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. There are plans to introduce DHIS2 in the country. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compitable. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	No Live ISS data on server as of 31st December, 2018	More than a year after the commencement of ISS, the country has not commence the use of tools on the ODK platform. The main reason being the country team is yet to be trained on ISS and other online tools on the ODK platform	<input type="checkbox"/> IST/AFRO organise a mission of a French speaking officer to facilitate the training and adaption of tools before the end of Q1 of 2019
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		Yet to establish formal Vaccine Safety Surveillance including training of national focal points using Revised Global guidelines on surveillance and causality assessment	Vaccine safety surveillance establishment already included in the 2019 TCA plan. Prepare at schedule of activities in consultation with IST/ESA

For all correspondences regarding this bulletin please contact at afistesaeapistaff@who.int

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	The district coverage database contains data up to October 2018 with 98% completeness. Cumulative Penta3 coverage is reported to be 79%, MCV1 coverage of 75% & MCV2 60%. The Penta 1 to MCV1 drop out rate is 7.3%. 15.3% (9/59) districts reported coverage below 50%; 33.9% (20/58) reported coverage between 50-80%.	The reported RI performance is not satisfactory. The country is advised to work on data quality issues, and prioritize poor performing districts for scaling up of Defaulter tracking to improve low reported coverage including MCV2
Vaccine management & logistics			
Social Mobilization	yes	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 15 January 2019	To date a total of 95 AFP cases for 2018 have been notified with percentage of stools adequacy of 96%. The Non polio AFP rate is 5.6 at the National level. Southern Red Sea Zoba continued to be silent since January, 2018	<p>The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers.</p> <p>Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and accelerate the use of the Integrated Supportive Supervision checklist on the ODK platform.</p> <p>The NPEC should urgently classify the reported 12 AFP cases which are more than 90 days from the date of onset of paralysis.is</p>
Polio lab			
Measles	Data as of 31st December 2018	To date 155 suspected measles cases (previous report 114 cases) notified from only 51.7 % of districts with non measles febrile rash illness rate of 2.2 per 100,000 population .67 lab-confirmed measles case reported with confirmed incidence of measles of 18.2 per million population. Five rubella case were reported during this period.	No new suspected cases reported since previous bulletin was shared. Need to share updated data and also strengthen surveillance system to ensure cases are being captured and reported from all districts .
Measles lab	Feed back based on data of 21 December 2018	Achieved weekly reporting completeness of 73% and timeliness of 67% . Tested 167 specimens for measles and 101 for rubella with a seropositivity rate of 41% and 8% respectively. The 7 days results turn around iwas 97%.	Well done on 7 days results turn around. The focus in 2019 should be on improving weekly reporting timeliness.
New Vaccine Surveillance	Jan - Dec 2018 received in one database	Seven diarrhoea cases reported in one database from Eritrea and the cases were detected in months of Feb (1) case and September (6 cases). One of the samples was positive for rota (14%).	Inadequate surveillance in Eritrea!!!
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compitable. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December 2018	<ul style="list-style-type: none"> <input type="checkbox"/> 25 participants from MoH (23) and WCO (2) were trained on the use of ISS in May 2018. The MoH participants comprised of IDSR, Surveillance and immunization focal points from national, zone, zoba and sub-zoba levels <input type="checkbox"/> All participants were provided with Android phones supplied by WHO Eritrea <input type="checkbox"/> The country had commenced the use of ISS in November 2017. However, the use of ISS is inconsistent and below the expected number of records when compared with the number of staff trained and frequency of visit by priority reporting sites. For instance, no ISS was conducted in January, February, July, August and November 2018 by both WHO and MoH staff. <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 73% for both variables (January – December 2018) <input type="checkbox"/> The MoH staff at all levels have accounted for only 32% of all ISS records. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> The monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness. <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support. <input type="checkbox"/> Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		As per line-list received in Oct 2018, Eritrea has captured 23 AEFI cases in2018, 2 being classified as serious.	The country is requested to share the updated line list including the cases captured during MR campaign.

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	District coverage report contains data up to October 2018 with 100% completeness. Cumulative Penta3 coverage was reported to be 100%, MR1 coverage of 90%, MR2 of 100%. The Penta1-MR1 drop out rate is 10%. All the 4 Regions (100%) reported coverage above 80%	Performance at national and sub national level is good.
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 15 January 2019	A total of 15 AFP cases have been investigated for 2018 with Non Polio AFP rate of 5.1 in 100,000 under 15 population and stool adequacy of 93% at the National level.	The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and improve the use of the Integrated Supportive Supervision checklist on the ODK platform
Polio lab			
Measles	Data as of 1st January 2019	To date total notified cases of suspected measles are 97 (previously reported 88 cases) from 100% of districts, with non-measles febrile rash illness rate of 8.6/100,000 population. No confirmed measles or rubella cases among suspected cases for the period.	Congratulation on your continued effort, both indicators have been achieved!
Measles lab	Feed back based on data of 21 December 2018	Completeness and timeliness each 90%. Tested 97 specimens for each of measles and rubella with 0% IgM seropositivity rate for both. The 7 days results turn around was reduced from 84% by the last bulletin to 73% .	Commended for being very consistent on timeliness in weekly reporting. While the impact of lack of kits is possible it is important to guard this results turn around indicator as much as possible. Kindly consistently follow up the issue of kits with AFRO/IST procurement team as appropriate. G3P8 genotype was responsible for the rotavirus diarrhoea outbreak.
New Vaccine Surveillance	Jan - Dec 2018 data received	Rotavirus: in Jan - Dec 2018, Eswatini reported 174 diarrhoea hospitalizations and all were enrolled. 174 (100%) of samples were tested and 77 (44%) were rota positive. In October, a diarrhoea outbreak , mainly affecting children < 5 years and driven by rotavirus was reported. G3P8 was responsible for the rotavirus diarrhoea outbreak. on PBM surveillance, 38 suspected cases of PBM were reported in Jan - Sep 2018 and 35 (92%) had LP done and CSF collected. 10 cases (29%) (target >= 20%) met definition of probable bacterial meningitis; from which 1 (10%) had Pneumococcus identified (target >= 20%). no Hi or N Meningitis was detected.	
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. There was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> 7 participants from MoH (7) and WCO (1) were trained on the use of ISS in August 2018. The MoH participants comprised of IDSR, Surveillance and immunization focal points from national level who will be responsible to cascade the training to sub-national level <input type="checkbox"/> Planned to trained 32 Regional supervisors (8 per each of the 4 regions), but Cascaded training yet to be done due to lack of funds. The Regional supervisors will be using their personal phones as I was informed by WCO IVD Focal person. <input type="checkbox"/> The country had commenced the use of ISS in November 2017 and has been consistent in the use of the tool. <input type="checkbox"/> The country has never adhered to guidelines regarding the sharing of AF/ISS data in term of timeliness (0%) and completeness (0%) throughout this year (January – December 2018) <input type="checkbox"/> The MoH staff at all levels have accounted for only 19% of all ISS records. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> The MoH and Partners should provide the needed support in order to train the 32 Regional supervisors on ISS/ODK <input type="checkbox"/> The monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness. <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support. <input type="checkbox"/> Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		National AEFI committee members were identified and training in June 2018 . However formal established still not done pending cabinet approval	eSwatini to follow-up with formal establishment of committee and plan for HCW trainings

EPI Routine	District coverage database not received for January- October 2018 .	The district coverage database from January - October 2018 not received	Please share the reported RI performance for 2018 as the data in use should guide program action!
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Vaccine management & logistics

Social Mobilization	yes	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
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Surveillance

Polio	Data as at 8 January 2019	To date total of 1,038 AFP cases for 2018 have been notified with % of stools adequacy of 93%. The Non polio AFP rate is 2.5 at the National level.	<p>The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and accelerate the use of Integrated Supportive Supervision checklist on the ODK platform.</p> <p>The NPEC should urgently classify the reported 15 AFP cases which are more than 90 days from the date of onset of paralysis.</p>
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Polio lab	Feed back based on data of 28 December 2018	Tested 2696 stool samples and reported 91% of results in the expected 14 days of receipt. The non-polio enterovirus isolation rate was 6.6%. Thirty seven suspected polio isolates were tested by ITD/VPV screening and 92% of results ready in 7 days of isolate receipt. All isolates were sabin like PV1 or PV3, or a mixture without PV2 detection.	Pleasing work. Please keep a close watch on maintaining desirable performance indicators.
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Measles	Data as of 11th December 2018	To date total notified cases of suspected measles are 3839 (previously reported cases 3243) from 34.7% of Zones with non-measles febrile rash illness rate of 2.6/100,000 population with confirmed incidence of measles of 13.9 per million population . There are total of 1314 confirmed cases of measles of which 282 are IgM+ve, 963 epi-linked measles cases, 69 clinically compatible cases .There are 52 suspected measles cases pending results. 14 deaths due to measles have been reported. There are 683 laboratory-confirmed rubella cases.	Measles outbreak reported from Benishangul Gumuz, SNNPR and Somali Zones. High proportion of rubella positive cases reported from Addis Ababa (44%) and SNNPR (10%). Need to invesigation and follow up on measles and rubella outbreaks. Report of IDPs from Oromia and Somalia Region, need for strenghtening of surveillance in this regions to timely detect outbreaks and response.
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Measles lab	Feed back based on data of 28 December 2018	Completeness of weekly reporting 90% and timeliness 85%. Tested 2625 specimens for measles & and 2227 for rubella IgM with seropositivity rates of 9% and 31%. The 7 days results turn around was 92%.	Excellent performance even amidst kits shortages. Keep it up.
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New Vaccine Surveillance	Jan - Dec 2018 data received	In Jan - Dec 2018, 174 diarrhoea hospitalizations reported. All samples received in lab and 171 tested and 21 (12%) of the caes were positive for rota. In Jan - Sep 2018, 844 suspected cases of PBM detected and all had LP done and CSF collected. 38 cases (5%) (target >= 20%) met definition of probable bacterial meningitis; from which 4 (11%) had Pneumococcus identified (target >= 20%) and 2 (5%) had N Mningitidis (target >= 5%). No Hi was detected.	Zero cases for Dec 2018; it could be due to issues in reporting. Country exhausted rota ELISA kits and shipment is being planned from IST ESA. Yekatit 12 hospital need to enrol severe diarrhoea cases so that % rota positives improve. In general, keep up the good job.
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Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Routine data not received for the whole of 2018. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compitable. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review. Please share 2018 RI Data
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M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> MoH and PHEM staffs (national, regional and sub-national) were not yet formally trained on the use of ISS. <input type="checkbox"/> Over 44 WHO officers at all levels were trained and provided with Android phones supplied by WCO <input type="checkbox"/> AF database and monthly reporting tool (national level) was never shared with IST in the past 12 months. Hence AF is not being implemented for the national level officers. However, the AF database and monthly reporting tool for sub-national level are up to date and available at WCO. <input type="checkbox"/> The timeliness of the AF/ISS data is 27% (January – November 2018) <input type="checkbox"/> MoH and PHEM are largely not using ISS as 93% of ISS visits were conducted by WHO officers. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> The MoH and Partners should provide the needed support to train MoH and PHEM staff at national, region and district levels on ISS/ODK <input type="checkbox"/> The national level monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness. The MCH coordinator and EPI Focal points should consider discussions with IST on implementation of accountability Framework (AF) for all the national level officers. <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support. <input type="checkbox"/> Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance
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Financial Sustainability

New Vaccination Introduction			
Vaccine Safety		No line-list of AEFI cases received so far from Ethiopia	Ethiopia to initiate AEFI case line-listing for timely follow-up and corrective interventions

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for November 2018	The district coverage database contains data up to November 2018 with 100% Completeness. Cumulative Penta3 coverage was reported to be 84%; MCV1 82% and MCV2 49%; the Penta1 to MCV1 is 5.5%. Of the total 47 counties, 36% (17) counties reported coverage between 50-80% with no county reporting below 50%.	The RI performance is satisfactory at the national with some gaps at sub national level. The country is advised to take action in counties that have coverage below 80% as priority including the low MCV2 coverage by institutionalizing defaulter tracking and screening for due vaccination.

Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.

Surveillance

Polio	Data as at 15 January 2019	A total of 691 AFP cases have been reported for 2018 with Non Polio AFP rate of 3.5 per 100,000 population aged less than 15 years and stool adequacy rate of 85 % at the National level.	<p>The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers.</p> <p>Furthermore, the country team is encouraged to implement ARCC recommendations, geocode all reported AFP cases for 2018 and accelerate the use of the Integrated Supportive Supervision checklist on the ODK platform.</p> <p>The NPEC should urgently classify the reported 72 AFP cases which are more than 90 days from the date of onset of paralysis.</p>
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Polio lab	Feed back based on data of 28 December 2018	Tested 3978 stool samples reporting 93% of the isolation results in the expected 14 days. The NPENT was 10.4 %. One hundred and seventy five suspected polioviruses were tested by ITD/DPV screening, and 98% of results were reported in the 7 days of isolate receipt. Several PV1, PV2 and PV3 were made. The lab also detected various forms of VDPV in collaboration with CDC from AFP and ES specimens whose details are not reflected here .	Well done- keep it up.
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Measles	Data as of 1st January 2019	To date total notified cases of suspected measles are 1533 (previously reported 821 cases) notified from only 51.5% of counties with non-measles febrile rash illness rate of 1.6/100,000 population. There are 778 confirmed measles cases, of which 165 are lab-confirmed, 593 epi-linked and 1 compatible measles case . There were only 24 Igm+ve rubella case.	No new suspected cases reported since previous bulletin was shared .In 2018, measles outbreaks reported in Madera and Wajir county. Need to strengthen surveillance system to ensure cases are being captured and both surveillance indicators are met.
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Measles lab	Feed back based on data of 28 December 2018	Weekly completeness 96% and timeliness 94%. Tested 943 specimens for measles and also 944 for rubella IgM. Seropositivity rate respectively 17% for measles and 3% for rubella. The 7 days results turn around was 90%.	Despite kit shortages, the lab has maintained excellent performance. Keep it up.
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New Vaccine Surveillance	Jan -Dec 2018 rota data received;	In Jan - Dec 2018, 123 diarrhoea hospitalizations were reported and 100% were enrolled (Target >= 80%). Samples collected in 2 days were 110 (89%) Target >= 90%. Almost all samples of enrolled cases were tested and 17(14%) were positive for Rota. No PBM data was received	Rotavirus data was only from Kenyata national hospital. Separate communication is being made between IST and WHO Kenya data managers.
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Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
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M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<p>August in a single email</p> <ul style="list-style-type: none"> <input type="checkbox"/> In 2018, no mission by IST to Kenya on AF and ISS due to unable to secure dates for mission from WCO/MoH despite memos and reminders <input type="checkbox"/> There are pending AF database and monthly reporting tool (national level) and in particular in the past 4 months no AF/ISS data was received from the country. The country just shared AF database and monthly reporting tool once; January to July and August in a single email <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 64% for both variables (January – December 2018) <input type="checkbox"/> Significant proportion of ISS visits (66%) were conducted by MoH staff is using ISS. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> WCO to share pending AF reports <input type="checkbox"/> MoH and Partners should provide the needed support to train MoH staff at regional, county and sub-county levels who are expected to conduct ACS and SS <input type="checkbox"/> The national level monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness. <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
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Financial Sustainability			
New Vaccination Introduction			

Vaccine Safety		As per line-list received in September 2018, Kenya reported 38 cases of AEFI during mOPV2 campaign, 14 classified as serious. Training of national AEFI committee on causality assessment planned for 11-13 February 2019	Please update the line-list with other cases captured during routine immunization sessions . Identify master trainers to support sub-national trainings of health workers
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EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	The district coverage contains updated data up to October 2018, with 100% completeness. Cumulative Penta3 and MR1 coverage was reported to be 84% and 72% respectively ; and MR2 coverage is 55%.The Penta1 to MCV1 drop out rate is 14.6%. 40% districts reported coverage between 50-80%.	The RI performance is good at national level for DPT1 and DPT3 however the country is advised to prioritize focused interventions in the districts reporting below 80% for Penta3 and for the MCV1 and MCV2 . Implementation of systematic drop out tracking and screening for eligible and due vaccines needs to be taken up.
Vaccine management & logistics			
Social Mobilization	yes	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 15 January 2019	A total of 16 AFP cases have been reported for 2018 with Non Polio AFP rate of 2.6 per 100,000 population aged less than 15 years and percentage of stool adequacy of 94 % at the national level.	The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and improve the use of the Integrated Supportive Supervision checklist on the ODK platform. The NPEC should urgently classify the reported 1 AFP cases which are more than 90 days from the date of onset of paralysis.
Polio lab			
Measles	Data as of 31st December 2018	To date total notified cases of suspected measles are 127 (previously reported 82 cases) notified from only 80.0% of districts with non-measles febrile rash illness rate of 6.2/100,000 population. There is 1 Igm+ve cases for measles and no rubella case reported. 24 suspected cases are pending classification.	Congratulations! Both surveillance indicators are now met.
Measles lab	Feed back based on data of 28 December 2018	Completeness 69% and timeliness 67%. Tested 103 specimens for measles and also rubella Igm. The reported seropositivity rate for measles is 1% and 0% for rubella. The 7 days results turn around was 5%.	Noted severe impact of possible kits stock out. Please work with IVD procurement team to strategize on the issue of kits replenishment.
New Vaccine Surveillance	Jan - Dec 2018 data received	In Jan - Dec 2018, 78 diarrhoea hospitalizations were reported and 74 (95%) were enrolled (Target >= 80%). Specimens tested in Lab were 72 (96%) Target >= 95% and 19 (26%) were positive for Rota. In Jan - Sep 2018, 18 suspected cases of PBM were detected and 16 (89%) had LP done and CSF collected. Only 13 cases (81%) (Target >=90%) had culture test results and one case (6%) (target >= 20%) met definition of probable bacterial meningitis (Target >=20%). No Hi, Pneumococcus or N Meningitidis was detected.	Reporting on number of diarrhoea hospitalizations improved in 2018 and needs to be commended. However, monitoring of impact of vaccines could be difficult with <100 cases in a year.
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. There was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> 29 MoH staffs (national and sub-national) were trained on the use of ISS in August 2018. <input type="checkbox"/> AF database never shared with IST in the past 12 months. Hence AF is not being implemented for the national level officers. <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is zero per cent for both variables (January – December 2018) <input type="checkbox"/> MoH officers accounted 42% of the total ISS conducted. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> WCO to share pending AF reports <input type="checkbox"/> MoH and Partners should provide the needed support to train MoH and CHAI staff at sub-national levels who are expected to conduct ACS and SS <input type="checkbox"/> The national level monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness. <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		Sharing AEFI line –lists regularly. However, sub-national training of health workers not conducted leading to poor AEFI case reporting	Country to identify master trainers and conduct sub-national trainings of health workers

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	The district coverage contains data up to October 2018, with 100% Completeness. The cumulative coverage for Penta3 and Measles coverage was reported to be 91% and 84% respectively, while the Penta 1 to MCV1 is 14.1%. Among the reporting 114 districts reporting, none reported coverage below 50%;15%(17/114) reported coverage between 50-80%.	The RI performance is satisfactory at national level for DPT3 . The country is advised to continue implementing the RED approach focusing with poor performing priority districts and to reduce high drop out rate
Vaccine management & logistics			
Social Mobilization	yes	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 15 January 2019	A total of 630 AFP cases have been notified for 2018 with Non Polio AFP rate of 5.6 per 100,000 population under 15 years and percentage of stool adequacy - 95 % at the national level.	The country team is encouraged to geocode all reported AFP cases for 2018 and expedite the use of the integrated Supportive Supervision checklist on the ODK platform. The NPEC should urgently classify the reported 16 AFP cases which are more than 90 days from the date of onset of paralysis.
Polio lab	Feed back based on data of 28 December 2018	Tested 3009 stool samples in culture, reporting 95% of results in 14 days of sample receipt. The non-polio enterovirus isolation rate was 12.2%. The lab screened 107 suspected polio isolates were screened by ITD/VDPV for polioviruses reporting 99% of results in the expected 7 days of receipt. None of the isolates were VDPV or PV2. Up to this date they were all	Pleasing work- keep it up.
Measles	Data as of 3rd January 2018	To date 13225 suspected measles cases (previously report 5352 cases) have been reported from 100% of the total districts with non-measles febrile rash illness rate of 4.7/100,000 population. There are 11921 confirmed measles cases (388 lgm+ve , 11,473 epi-linked and 60 compatible) and 47 lgm+ve rubella cases. The measles incidence of 468.8 per million population. 105 suspected cases are pending final classification.	Measles outbreak reported in Tana District, with spread to 80 other districts . Need to strengthen surveillance system to ensure cases are being captured and reported from all districts and increase sensitivity of the surveillance . Need to finalize classification of pending cases to ensure that measles cases aren't missed.
Measles lab	Feed back based on data of 28 December 2018	Weekly reporting timeliness and completeness each 98%. Tested 1752 specimens for measles and 1530 for rubella; 24% and 4% respectively tested positive for IgM. The results timeliness improved further 75% in the expected 7 days due to further kits from WHO and possibly local sources & also the testing strategy to three times a	Noted a sharp increase in specimens but also an impressive rapid improvement in 7 days results turn around
New Vaccine Surveillance	Jan - Dec 2018 data received	In Jan - Dec 2018, 280 diarrhoea hospitalizations were reported and 204 (73%) were enrolled (Target >= 80%). All other performance targets were met. All samples were tested and 47 (23%) were positive for Rota. In Jan - Sep 2018, 575 cases of suspected PBM were detected and 94% (target >=90%) had LP done and CSF collected. 54 cases (10%) (target >= 20%) met definition of probable bacterial meningitis; from which 11 (20%) had Pneumococcus identified (target >= 20%) and 7 (13%) (Target >= 5%) had N Meningitis. No Hi was detected.	Improve on cases being enrolled by rotavirus surveillance. Keep up the good job!
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> 28 MoH and WHO staffs (national and sub-national) were trained on the use of ISS in August 2017 and were provided and provided with Android phones supplied by WCO <input type="checkbox"/> AF database and monthly reporting tool (national level) was never shared with IST in the past 12 months. Hence AF is not being implemented for both the national and sub-national WHO officers. <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 75% and 36% respectively (January – December, 2018) <input type="checkbox"/> Generally, MoH officers are not using ISS as 64% of ISS visits were conducted by WHO officers. <input type="checkbox"/> Very little analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> WCO to share pending AF reports (12 months in 2018) <input type="checkbox"/> The national level monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness. <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		National AEFI committee trained in July 2018. Sub-national trainings yet to be conducted. No line-list of AEFI cases received so far from the country	Scale up sub-national trainings. Initiate AEFI case line-listing for follow-up and corrective interventions

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	The district coverage database contains data up to October 2018 with 100% completeness. Cumulative Penta3 coverage was reported to be 92%; MCV1 87% and MCV2 not reported%; The Penta1 to MCV1 drop out rate is 9.2%. Of the total 28 districts, 14% (4) districts reported coverage between 50-80% with no district reporting below 50%.	Reported coverage at national level is optimum however the non reporting of MCV2 coverage and low performing districts need to be targeted and use systematic screening for eligible children and tracking of defaulters.
Vaccine management & logistics			
Social Mobilization	yes	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 16 January 2019	A total of 190 AFP cases have been investigated for 2018 with Non Polio AFP rate of 2.3 in 100,000 under 15 population and stool adequacy of 88% at the national level. Nkhotakola a district with under 15 years aged population more than 50,000 remained silent in 2018.	The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers especially to districts bordering Mozambique. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and improve the use of the Integrated Supportive Supervision checklist on the ODK platform. The NPEC should urgently classify the reported 3 AFP cases which are more than 90 days from the date of onset of paralysis.
Polio lab			
Measles	Data as of 2nd January 2018	To date total notified cases of suspected measles cases are 269 (previously reported 215 cases) notified from only 100% of districts with non-measles febrile rash illness rate of 11.2/100,000 population. There is one IgM+ve for measles and 6 IgM+ve rubella cases.	Congratulations! both indicator now met. Continue to strengthen surveillance system to ensure cases are being captured and reported from all districts
Measles lab	Feed back based on data of 29 December 2018	Weekly reporting completeness 94% and timeliness at 79%. Two hundred and forty-four specimens tested for measles and rubella IgM with respective positivity rates of 0% and 4%. The 7 days results turn around now seems to have slipped back to 39% from 49% presumably due to kits stockout.	Please work with WHO procurement staffs to address issues of kits BUT also address any other underlying factors to reduced 7 days results turn around.
New Vaccine Surveillance	Malawi is not part of new vaccines s	Discussion has started with Malawi to be part of the AFRO NVS network.	
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports <input type="checkbox"/> MoH officers at national and sub-national have not yet been trained on the use of ISS <input type="checkbox"/> The WCO has consistently shared the monthly reporting tool with IST in the past 12 months. <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 100% and 100% respectively (January – December, 2018)	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<input type="checkbox"/> Generally, MoH officers are not using ISS as 95% of ISS visits were conducted by WHO officers. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans	<input type="checkbox"/> MoH and Partners should provide the needed support to train MoH and other partner staff at sub-national levels who are expected to conduct ACS and SS <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		As per line-list received in 2018, Malawi has captured 22 AEFI cases in 2018, 2 being classified as serious. Malawi is all set to introduce the software on AEFI cases reporting (VAEIMS) in February 2019	Please share the updated line-list including all cases reported until Dec 2018

For all correspondences regarding this bulletin please contact at afistesaeipstaff@who.int

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	District coverage report contains data up to October 2018 with 100% completeness. Cumulative Penta3 coverage was reported to be 81%, MMR1 94% while MMR2 is not reported. The Penta1-MMR1 drop out rate is below 1%. 20% of the districts reported coverage between 50-80% with 0 district reporting below 50% coverage.	The RI performance issue optimum at national level with low performance at sub national level. Country is advised to implement RED strategies to increase coverage in the low performing 4 Health districts, and to report on MMR2 coverage. The Negative drop out from DPTCV1 to MMR1 could be reporting error or those vaccinated for the SIAs are included
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work
Surveillance			
Polio	Data as at 15 January 2019	A total of 7 AFP cases have been investigated for 2018 with Non Polio AFP rate of 3.1 in 100,000 under 15 population and percentage of stool adequacy of 100% at the national level.	Plaines Wilhems city with children aged less than 15 years population of more than 50,000 remained silent since January, 2018. The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and start to use of the Integrated Supportive Supervision checklist on the ODK platform.
Polio lab			
Measles	No case based data received	No case-based reporting from August 2015 to date	Over 1000 lab-confirmed measles cases have been reported through the measles laboratory database.
Measles lab	Feed back based on data of 28 December 2018	Weekly reporting timeliness 96% and completeness 98%. Tested for measles were 2959 specimens and sixty two for rubella with respective seropositivity rates of 45% and 0%. The 7 days results turn around indicator is 97%..	Excellent lab response in reporting and testing timeliness indicating country commitment to kits availability. Bravo- keep it up.!
New Vaccine Surveillance	Jan - Dec 2018 data received	Rotavirus surveillance: in Jan – Dec 2018, Mauritius detected 287 diarrhoea cases in children under 5 years and 273 (95%) of the cases were enrolled (target >= 80%). All performance targets were met by the surveillance system and 40 (15%) samples were positive for rotavirus.	Keep up the good job!
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<input type="checkbox"/> Checklists adapted based on country context, and the country had started using it in December with 12 records available on the server. <input type="checkbox"/> 6 MoH officers (national and sub-national) were trained on the use of ISS in August 2018. The MoH participants comprised of IDSR, Surveillance and immunization focal points from national level who will be responsible to cascade the training to sub-national level <input type="checkbox"/> Planned to trained subnational Regional supervisors, but could not hold as they TA request to IST was not granted despite the fact that IST is ready to provide guidance remotely.	<input type="checkbox"/> Continue to use the tool and provide feedback to guide programme <input type="checkbox"/> MoH and Partners should provide the needed support to train MoH and other partner staff at sub-national levels who are expected to conduct ACS and SS <input type="checkbox"/> IST ESA to consider providing technical support to train officers at sub-national level before the end of Q1 2019
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		Yet to establish formal Vaccine Safety Surveillance including of national focal points using Revised Global guidelines on surveillance and causality assessment	Include Vaccine safety surveillance establishment in 2019 activities

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for June 2018	The district coverage report contains data up to June with 57% completeness. Cumulative Penta3 coverage is 57% and Measles coverage of 58% & MCV2 of 38%. The Penta 1 to MCV1 is 7.7%. 15% (26/161) districts reported coverage below 50%; with 74.6% (126) reporting between 50%-80%.	The Reported RI performance is not optimal at national level ;there is low coverage of MCV2 as a concern with no reporting between June to October 2018 . The country is advised to addressing immunity gaps at sub national level especially MCV2 converge using systematic screening for eligible children.
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 15 January 2019	A total of 455 AFP cases have been investigated for 2018 with Non Polio AFP rate of 3.7 per 100,000 under 15 population and stool adequacy of 87 % at the national level.	The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers as part of surveillance response to ongoing cVDPV2 outbreak. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and accelerate the use of the Integrated Supportive Supervision checklist on the ODK platform. The NPEC should urgently classify the reported 51 AFP cases which are more than 90 days from the date of onset of paralysis.
Polio lab			
Measles	Data as of 4th January 2019	To date 1150 suspected measles cases (previously repoted 1051 cases) have been reported from 77.6 % of the total districts;with non measles febrile rash illness rate of 3.5 per 100,000 population .There 222 confirmed measles cases (10 lgm +ve, 1 epi-linked and 211 compatible) measles case and 98 lgm +ve rubella cases .	No new cases reported from previous update (July 2018). However, 201 compatible case are reported , need to clarify why these cases classified as compatible. If in 2018, consider testing specimens-- liase with IST for measles kits. Drastic increase in the number of rubella cases, need to review data to see if rubella outbreak.
Measles lab	Feed back based on data of 28 December 2018	Completeness 81% and timeliness 79% in weekly reporting. Tested 1785 specimens for measles and 1590 for rubella with respective seropositivity rates of 1% and 11%. The 7 days results turn around was 84%.	Generally on track but need to ensure that we keep all indicators at or above target. The weekly reporting indicators should not be difficult as they do not depend on kits availability.
New Vaccine Surveillance	Jan - Dec 2018 Rota data received.	Rotavirus surveillance: in Jan - Dec 2018, 409 diarrhoea hospitalizations were reported and 268 (66%) were enrolled (Target >= 80%). 213 (79%) samples were collected within 2 days (Target >= 90%). 269 (100%) samples were tested and 39 (14%) were positive for Rota.	1. INS to review performance by sentinel hospital and improve on cases enrolled by surveillance. 2. No PBM data received
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compitable. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> MoH officers at national and sub-national have not yet been trained on the use of ISS <input type="checkbox"/> AF database never shared with IST in the past 12 months. Hence AF is not being implemented for the national level officers. <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is zero per cent for both variables (January – December, 2018) <input type="checkbox"/> MoH officers accounted only 3% of the total ISS conducted, while the remaining 97% was by only a single WHO officer. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> WCO to share pending AF reports (12 months in 2018) <input type="checkbox"/> MoH and Partners should provide the needed support to train MoH and other partner staff at sub-national levels who are expected to conduct ACS and SS <input type="checkbox"/> Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance <input type="checkbox"/> The national level monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness. <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		AEFI guidelines and tools drafted in Jan 2018 yet to be translated into Portuguese. Committee constituted in May by not yet trained pending request for support. No line-list of AEFI cases shared including those captured during MR campaign	Translation process needs to be speeded up, Committee to be trained with IST/ESA technical support. Initiate AEFI case line-listing for follow-up of cases and corrective interventions

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for November 2018	The district coverage database contains data up to November 2018 with 100 % completeness. Cumulative Penta3 coverage was reported to be 77% and MR1 coverage of 72% while MR2 is 40%. The Penta1 to MR1 drop out rate is 11.7%. 57% (20/34) districts reported between 50 to 80% while 5.7% (2/34) had coverage below 50%.	The RI performance is below minimum target of 80% national level with sub national performance gaps ; Country is advised to focus on weak performing districts and to address the low MR2 coverage needs to institutionalize the use of screening for eligible and track defaulters
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 15 January 2019	To date there are 17 AFP cases notified for 2018 indicating a rate of 1.9 per 100,000 population aged less than 15 years and the Stool Adequacy is 65% at National level	The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and accelerate the use of the Integrated Supportive Supervision checklist on the ODK platform. Furthermore, the country team is encouraged to implement ARCC recommendations, geocode all reported AFP cases for 2018 and accelerate the use of the Integrated Supportive Supervision checklist on the ODK platform.
Polio lab			
Measles	Data as of 4th January 2019	To date 306 suspected measles cases (previously reported 224 cases) have been reported from 85.3% of the total districts;with non measles febrile rash illness rate of 10.2 per 100,000 population. There is 3 lab-confirmed and 5 compatible measles case reported. Five rubella positive cases were reported. 21 suspected measles cases are pending final classification.	Congratulation on your continued effort to increase number of cases being reported, both indicators have been achieved!
Measles lab	Feed back based on data of 2 November 2018	Weekly reporting completeness 79% and timeliness 75%. Tested 231 specimens for measles and rubella. IgM seropositive rates respectively 1% and 0% . The 7 days results timeliness was 55%.	In 2019 please be sure to keep on top of all indicators (especially weekly reporting timeliness), after addressing issues of kits that are generally a problem.
New Vaccine Surveillance	Jan - Dec 2018 data received but incomplete.	In Jan - Sep 2018, Namibia reported 126 cases of diarrhoea but in Jan - Dec only 78 cases recorded. This was after data cleaning and correction between WHO IST data manager and Lab team in Namibia. Zero case reported for Jan - May and those 78 cases are from June to October.	Data quality will review will continue !!
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> 30 MoH and WHO staffs (national and sub-national) were trained on the use of ISS in May 2018 <input type="checkbox"/> The WCO shared AF database for April, May and June only and hence from July to December the data is still pending <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 100% and 36% respectively (January – December 2018) <input type="checkbox"/> MoH officers accounted only 41% of the total ISS conducted. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> WCO to share pending AF reports (9 months in 2018) <input type="checkbox"/> MoH and Partners should provide the needed support to train MoH and other partner staff at sub-national levels who are expected to conduct ACS and SS <input type="checkbox"/> Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance <input type="checkbox"/> The national level monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness. <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		As per line-list received for Jan- Aug 2018, the country reported 7 AEFI cases. Training of national AEFI committee stays pending	Please update the cases as per Dec 2018. Prioritize training of committee members on causality assessment and sub-national trainings

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	The district coverage reports contain data up to October 2018 with 100% completeness. Cumulative Penta3 and MR1 coverage were reported to be 98% and 97% respectively, but MR2 is not reported on. While Penta1 to MCV1 drop out rate was reported as 1%. 6.7% (2/30) districts reported coverage between 50%- 80% with none below 50%.	The RI performance is very good at national level but at subnational level there is performance gaps that could lead to susceptible accumulation. Please report the MCV2 coverage performance.
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness at	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 15 January 2019	To date there are 139 AFP cases notified for 2018 indicating a rate of 3.1 per 100,000 population aged less than 15 years and the Stool Adequacy is 88 % at the national level.	The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and accelerate the use of the Integrated Supportive Supervision checklist on the ODK platform.
Polio lab			
Measles	Data as of 4th January 2019	To date there are a total of 837 suspected measles cases (previously reported 732 cases) reported from 100% of districts; with a non-measles febrile rash illness rate of 7.1/100,000 population. There are 20 measles and 10 rubella positive cases. No cases are pending final classification.	Congratulations, both surveillance indicators continues to be met!
Measles lab	Feed back based on data of 16 Nov 2018	Completeness 38% and timeliness 29%. Tested 703 specimens for both measles and rubella (with respective 2% IgM seropositivity for measles and 1% for rubella). The 7 days results turn around was a percent was 35%.	Once kits secured please focus on keeping all indicators as desirable in 2019. Laboratory working on an improvement scheme, that will need to continue to be monitored closely through the supervisory structure.
New Vaccine Surveillance	Jan - Dec 2018 zero data received	Rotavirus surveillance: in Jan - Dec 2018, no data received.	in 2018, new vaccines sentinel surveillance not shared by Rwanda
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compitable. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> A total of 7 MoH officers were trained in August 2018 comprising of IDSR, surveillance and EPI officers. <input type="checkbox"/> Cascaded training to other national and sub-national officers was conducted <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 64% and 73% respectively (January – December, 2018) <input type="checkbox"/> MoH officers accounted only 44% of the total ISS conducted. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> The national level monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness. <input type="checkbox"/> Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		As per line-list received in November, Rwanda has captured 28 AEFI cases with 5 classified as serious	Please update the cases as per Dec 2018. Prioritise partner coordination meeting and RFDA training in early 2019 with IST/ESA support

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for November 2018	The district coverage reports contain data up to November 2018 with 100% completeness. Cumulative Penta3, MMR1, coverages were reported to be 97% ,93%. The Penta1-MMR1 drop-out rate is 5.7% ; 1/15 (6.7%) reported coverage below 50%; another 1/15 (6.7%) reported coverage between 50 to 80%	The RI performance is very good at national level. However, the country is advised to addressing the low reporting districts using effective strategies.
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness ar	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 16 January 2019	There is no AFP case reported for the year and the previous 10 years.	The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and accelerate the use of the Integrated Supportive Supervision checklist on the ODK platform. The team should request for verification visit from WHO.
Polio lab			
Measles	Data as of 4th January 2019	To date therear 12 suspected measles cases through the case-based surveillance and one positive	Continue to sensitize the clinicians and continue to report
Measles lab	No report	No data	WHO advises that a lab technician strictly be designated to manage measles lab database, also to be trained in data management at the earliest in-country or overseas opportunity.
New Vaccine Surveillance	Jan - Dec 2018 data received.	In Jan - Dec 2018, 106 diarrhoea hospitalizations were reported. 106 (100%) of cases enrolled and 106 samples(100%) were received at lab (target >= 95%). 106 samples were tested and 5 cases (5%) was positive for rota.	Country introduced rotavirus vaccine at the end of 2017; keep up the good surveillance performance achieved 2018.
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compitable. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> A total of 5 MoH officers were trained in August 2018 comprising of MoH Directors, IDSR, surveillance and EPI focal points. <input type="checkbox"/> Cascaded training for other national and sub-national officers is not yet conducted <input type="checkbox"/> Between January and November 2018, the country had conducted ISS visits in the month of April only with a total of 6 ISS records only which is insufficient to guide decision making process <input type="checkbox"/> All ISS visits were conducted by WHO officer and hence, the MoH is yet to own and drive the use of the tool <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 100% and 64% for both variables (January – December 2018) 	<ul style="list-style-type: none"> <input type="checkbox"/> The 5 MoH officers who were trained in August 2018 should commence the use of ISS during ACS and SS <input type="checkbox"/> MoH and Partners should provide the needed support to train MoH and other partner staff at sub-national levels who are expected to conduct ACS and SS <input type="checkbox"/> Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance <input type="checkbox"/> The national level monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		As per November 2018 update, Seychelles has captured 19 AEFI cases. However 16/19 documented as serious but no investigation conducted.	Congrats for bring the first country in sub-region to initiate AEFI line-listing. Please recheck data for accuracy as the proportion of serious cases is high, mention diagnosis in the line-list and initiate investigation of serious AEFI cases

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	The district coverage database contains data up to October 2018 with 100% completeness. The Cumulative Penta3 coverage was reported to be 84% and MCV2 coverage of 79% while MVC2 was not reported. The Penta 1 to MCV1 drop out rate was 9.4%. Among the reporting Districts none had coverage of <50%; while 19(36.5%) had coverage between 50-80%.	The Reported RI performance has improved and is optimum at national level with some gaps at sub national level. The MCV2 coverage is not reported. Country is advised to prioritise the low performing districts to increase coverage
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 15 January 2019	To date there are 449 AFP cases notified for 2018 indicating a rate of 3.6 per 100,000 population aged less than 15 years and the Stool Adequacy is 63 % at the National level.	The team is advised to implement ARCC recommendations; intensify active search in surveillance priority sites; accelerate community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018, classify all 51 reported AFP cases which are 90 days from the date of onset of
Polio lab	Feed back based on data of 28 December 2018	Tested 2346 stool samples and reported 97% of isolation results in the expected 14 days. The NPENT isolation rate was 14.4%. Thirty nine suspected poliovirus isolates from AFP cases tested by ITD & VDPV screening reporting 95% of results in 7 days of isolate receipt. Fifty five isolates sequenced with 97% timeliness. ES data not reported on.	Excellent work- keep it up
Measles	Data as of 14 August 2018	To date total notified cases of suspected measles are 1733 (previously reported 1626 cases) from only 67.9% of districts with non-measles febrile rash illness rate of 4.6 /100,000 population. There are 49 are IgM+ve measles and 328 confirmed rubella. The confirmed incidence of measles is 0.6 per million population	No new suspected cases reported since previous bulletin was shared. Need to share updated data and also strengthen surveillance system to ensure cases are being captured and reported from all districts .
Measles lab	Feed back based on data of 21 December 2018	Completeness 90% and timeliness 88%. Tested 3609 specimens for measles and 3617 for rubella IgM. The seropositivity rate was respectively 2% for measles and 33% for rubella IgM. The 7 days results turn-around was 99%. Maintained 99% of timeliness in database reporting. Timeliness of RRL database to IST 90%. Tested 84 QC specimens and reported 56% of results in 14 days as the lab also received referred late specimens from another RRL but also faced stock out of testing Siemens kits	Excellent performance regardless of impact of kits stock out, which is a current global problem beyond the laboratory network
New Vaccine Surveillance	Not part of new vaccines surveillance network	Email exchanged between WHO SOA (as per IST request and HQ recommendation) for the site in SOA to join the surveillance network and the site to share monthly data. The response from NICD is encouraging and we are looking forward for the data.	
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> Trained MoH Surveillance and EPI officers in all states who are expected to use the ISS tool <input type="checkbox"/> The WCO has not been sharing the monthly reporting tool with IST in the whole of 2018 . <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 0% and 0% respectively (January – December 2018) <input type="checkbox"/> Generally, MoH officers are using ISS as 73% of ISS visits were conducted by the MoH officers. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> WCO to share pending AF reports (12 months in 2018) <input type="checkbox"/> The national level monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness. <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		As per November 2018, RSA has line-listed 98 AEFI cases. Very good quality line-listing with all essential fields captured and shared regularly. Training of provinces on AEFI still pending	Share updated line-list as of end year 2018. Identify master trainers to be trained to support sub-national trainings on AEFI Surveillance

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	The district coverage database contains data up to October 2018 with 83% completeness. Cumulative Penta3 coverage was reported to be 38% and measles coverage 59%. The Penta1-Penta3 drop out rate is 23% . Among the 66 districts that reported, 49 (62%) have reported coverage below 50% and 16(20%) reported between 50-80% coverage.	The RI performance is very low that puts the country at risk of any VPDs outbreaks. The country is encourage to continue to submit timely and complete data and advised to use combination of effective strategies such as well coordinated PIRI to bridge immunity gaps to prevent potential outbreaks of VPDs.
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 17 January 2019	A total of 434 AFP cases have been notified for 2018 reaching a Non Polio AFP rate of 7.3 per 100,000 population aged less than 15 years. The Stool Adequacy is 83% at the national level.	The team is advised to implement ARCC recommendations; intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and expand the use of the Integrated Supportive Supervision checklist on the ODK platform. The NPEC should be urgent to classify reported 49 AFP cases which are more than 90 days from the date of onset of paralysis.
Polio lab			
Measles	Data as of 25 December 2018	To date there are a total of 269 suspected measles cases (previously reported 268 suspected measles cases) notified from 32.9% of districts, with non-measles febrile rash illness rate of 1.4/100,000 population. There are 72 measles confirmed cases, of which 22 are laboratory confirmed, 8 epi-linked and 42 clinically compatible measles cases. There are 22 laboratory confirmed rubella cases. 116 cases are pending final classification.	No new suspected cases reported since previous bulletin was shared. Need to share updated data and also strengthen surveillance system to ensure cases are being captured and reported from all districts .
Measles lab	Feed back based on data of 14 December 2018	Completeness 23% and timeliness 21%. Tested 375 specimens for measles and 220 for rubella with respective 18% and 35% IgM seropositivity. The 7 days results turn around was noted to be 69%.	please be consistent in weekly reporting. Fairly encouraging results turn around given there was a kits shortage across the lab network, globally.
New Vaccine Surveillance	South Sudan joined Rota surveillance . Data reporting went very well	South Sudan joined the WHO rotavirus sentinel surveillance network with two sentinel sites. 51 diarrhoea cases were reported in four months (Sep - Dec 2018), all samples testes and 8 (16%) positive for rota	Good start and please keep it up!
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> 55 MoH and WHO officers (national and sub-national) were trained on the use of ISS in February 2018 and were provided and provided with Android phones supplied by WCO <input type="checkbox"/> AF database and monthly reporting tool (national level) is being shared with IST. <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 50% and 91% respectively (January – December 2018) <input type="checkbox"/> Generally, MoH officers are not using ISS as 100% of ISS visits were conducted by WHO officers. <input type="checkbox"/> Analysis is being conducted but not appropriate to guide the programme, they are focusing on the number of visits done per person (accountability), but No analysis of the indicators to guide the programme 	<ul style="list-style-type: none"> <input type="checkbox"/> Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		Trained AEFI committee and final draft AEFI guidelines in place. However, formal appointment of committee and printing of guidelines not done pending endorsement in a senior management meeting at MoH. AEFI case list list not shared	Intensity efforts for formal endorsement of guidelines and committee. Initiate AEFI case line-listing for follow-up of cases and corrective interventions

For all correspondences regarding this bulletin please contact at afistesaeapistaff@who.int

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	The district coverage database contains data up to October 2018 with 99% completeness. Cumulative Penta3 coverage was reported to be 97% and MR1 coverage of 99% and 78% for MR2. The Penta1 to MR1 4%. Of the 196 districts, 195 have reported of whom 13% (25) districts reported coverage between 50 to 80% with no district reporting below 50%	The RI performance is very good at national level except for MR2. Country is advised to continue to a scaling up REC approach in poor performing districts (below 80%) while sustaining the good performance.
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 25 December 2018	A total of 835 AFP cases have been notified for 2018 with Non Polio AFP rate of 3.6 per 100,000 population aged less than 15 years and stool adequacy rate of 96% at the National level.	The country team is encouraged to geocode all reported AFP cases for 2018; deliver stool specimens to UVRI laboratory timely and expedite the use of the integrated Supportive Supervision checklist in the ODK platform. The NPEC should urgently classify the reported 20 AFP cases which are more than 90 days from the date of onset of paralysis.
Polio Lab			
Measles	Data as of 24th December 2018	To date total notified cases of suspected measles are 1394(previously reported 1057 cases) from 67.3% of districts;with a non-measles febrile rash illness rate of 2.4/100,000 population. There are 16 measles and 24 rubella confirmed cases. 16cases are pending final classification.	Congratulations on the effort to clear the backlog of cases pending classification. One surveillance indicator is now met, Need to strengthen surveillance system to ensure cases are reported from all districts and increase sensitivity of the surveillance
Measles lab	Feed back based on data of 21 December 2018	Weekly completeness and timeliness each 23%. Tested 1746 specimens for measles and 1734 for rubella with IgM seropositivity rate of 1% each. The 7 days results turn around went 34% (markedly different from that of last report, a point for verification).	Weekly reporting improving but grossly affected by non or poor reporting through most of 2018. Need to understand further the 7 days results turn around currently reflected as 34% in the IST ESA analysis.
New Vaccine Surveillance	Jan - Dec 2018 Rota data partially received	Rotavirus surveillance: in Jan – Dec 2018, Tanzania reported 1,575 diarrhoea hospitalizations in children under 5 years of age and 1,483 (91%) of the cases were enrolled (target >= 80%). 1,183 specimens (80%) in Lab (target >= 95%). 1,234 samples tested (more than received in lab) and 200 (16%) were positive for Rota.	More samples were tested than what was received in Lab. This needs to be rectified. Otherwise, keep up the good job.
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> 45 regional, district and major health facilities surveillance officers were trained on the use of ISS <input type="checkbox"/> AF database and monthly reporting tool (national level) shared with IST consistently. <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 40% and 91% respectively (January – December 2018). The AF database and reporting tool for January to July was shared at the end of July which affected their timeliness. <input type="checkbox"/> Generally, MoH officers are using ISS as 43% of ISS visits were conducted by the MoH staff. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		No line-list of AEFI cases received so far from the country. List of master trainers not shared	Initiate AEFI case line-listing for timely follow-up of cases and corrective interventions. Identify master trainers to be trained to support sub-national trainings on AEFI Surveillance

For all correspondences regarding this bulletin please contact at afistesaeplistaff@who.int

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	The district coverage database contains data up to October 2018, with 100% completeness. Cumulative Penta3 and Measles coverages were reported to be 95% and 88% respectively, with Penta1 to Measles drop out rate of 13%. Among 122 districts reported districts coverage was between 50-80% in 18.9% (23/122) with no district below coverage below 50%	The RI performance is very good at national level. However, the country is advised to address high drop out rates of measles with more focus on the REC strategic approach in priority districts.
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 15 January 2019	A total of 739 AFP cases have been notified for 2018 with Non Polio AFP rate of 3.7 /100,000 and stool adequacy of 90% at the National level.	<p>The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and expand the use of the Integrated Supportive Supervision checklist on the ODK platform.</p> <p>The NPEC should urgently classify the reported 14 AFP cases which are more than 90 days from the date of onset of paralysis.</p>
Polio lab	Feed back based on data of 28 December 2018	Tested 6230 stool samples in culture and reported 90% of the results in the expected 14 days. The non-polio enterovirus isolation rate was 11.8%. One hundred and twenty seven suspected polioviruses were screened by real time PCR (TD/ VDPV) and 99% of results were reported in the expected 7 days. PV1/PV3- SL viruses and NPENTs/ NEVs were detected but no PV2s.	Excellent performance relative to workload- keep it up.
Measles	Data as of 1st January 2019	To date a total of 3523 suspected measles cases(previously reported 3339 cases) have been notified from 99.2% of districts, with a non-measles febrile rash illness rate of 2.0/100,000 population. The measles incidence of 53.2 per million population. Of the total 2560 confirmed cases of measles (621 are lab-confirmed measles, 350 are epi-linked and 1589 are clinically compatible). There are 434 laboratory-confirmed rubella cases. 11 samples are pending for classification.	Currently ongoing measles outbreaks, however, cases reported are reducing. There is a need to intensify case detection and include linelisting of outbreak in CB surveillance data. Need to ensure adequate classification of cases, very high number of compatible cases when there is known measles outbreak in most districts.
Measles lab	Feed back based on data of 21 December 2018	Completeness and timeliness declined from 100% to 98% as the year closed. Tested 1751 specimens for measles and 1552 rubella with respective IgM seropositivity rates of 40% and 28%. The 7 days timeliness was 67%, a significant recovery from effects of kits stock out period. RRL tested 45 specimens confirming 62% in 14 days. Reporting timeliness of RRL database was 98%.	Generally pleasing work but RRL timeliness on results turn around grossly affected.
New Vaccine Surveillance	Jan - Dec 2018 data received	Rotavirus surveillance: in Jan - Dec 2018, 784 diarrhoea hospitalizations were recorded and 756 (96%) were enrolled (Target >=80%). 651 (86%) specimens reached lab (target >=95%), 650 (100%) samples were tested and 185 (28) were positive for Rota. In Jan - Sep 2018, 168 cases of suspected PBM were detected and 73% (target >=90%) had LP done and CSF collected. 11 cases (9%) (target >= 20%) met definition of probable bacterial meningitis; from which 1 (9%) had Hi, (Target >= 5%), 2 (18%) had Pneumococcus identified (target >= 20%). No Meningitis was detected.	Keep up the good job!
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> 128 MoH district surveillance and EPI officers and 30 national level officers were trained on the use of ISS <input type="checkbox"/> AF database and monthly reporting tool (national level) shared with IST consistently. <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 38% and 55% respectively (January – December 2018) <input type="checkbox"/> Generally, MoH officers are using ISS as 72% of ISS visits were conducted by the MoH staff. <input type="checkbox"/> In-depth analysis of ISS data by WCO to complement information required for planning officers monthly work plans is happening and should be sustained 	<input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		The country is in the final stages to pilot the software on AEFI cases reporting (VAEIMS). However AEFI case capture and line-listing still an issue	Prioritize sub-national and HCW trainings on AEFI Surveillance to enhance reporting. Initiate AEFI case line-listing for timely follow-up of cases and corrective interventions

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	The district coverage database contains data up to October 2018 with 99% Completeness. Cumulative Penta3 coverage was reported to be 88% and MR1 coverage of 92% while MR2 was 61%. The Penta1 to MR1 drop out rate was below 1%. 43% of the 48 /110 districts that reported the coverage; 29/110 districts that is (29%) are between 50-80%.	The RI performance is optimum at national level except for MR2 with performance gaps at sub national level. There is concern on the districts that are reporting below 80% coverage that needs attention.
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 15 January 2019	A total of 189 AFP cases have been notified for 2018 with Non Polio AFP rate of 2.7 /100,000 and stool adequacy of 85% at the national level. Only 60% of provinces have reached a target of percentage of stool adequacy of 80%.	The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers especially in districts border to DRC and Lusaka. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and expand the use of the Integrated Supportive Supervision checklist on the ODK platform.
Polio lab	Feed back based on data of 28 December 2018	Tested 391 stool samples reporting 99% of results in the expected 14 days. Non-polio enterovirus isolation rate was 4.9%. One suspected poliovirus isolated and found to be PV3- Sabin like by ITD/VDPV screening.	Pleasing work- keep it up.
Measles	Data as of 2nd January 2019	To date 277 suspected measles cases (previously reported 268 cases) have been reported from 56.3% districts, with a non-measles febrile rash illness rate of 1.0/100,000 population. There are 11 lab-confirmed measles cases and 2 rubella cases. 183 suspected measles cases are pending final classification.	183 samples pending final classification, need to clear backlog to ensure no outbreaks are missed.
Measles lab	Feed back based on data of 28 December 2018	Completeness and timeliness in weekly reporting 100%. Tested 500 specimens for measles and also rubella IgM. Seropositivity rates were 0% measles and 1% for rubella. The 7 days results turn-around rose to 59%.	Noted progressive improvement in 7 days results turn around. Excellent weekly reporting timeliness. Keep up the efforts.
New Vaccine Surveillance	Jan - Dec 2018 data received	Rotavirus surveillance: in Jan – Dec 2018, Zambia detected 648 diarrhoea hospitalizations in children under 5 years and 616 (95%) of the cases were enrolled (target >= 80%). Stools collected in 2 days are 572 (93%) Target >= 90% and specimens tested are 609 (99%) (Target >= 90%). 192 samples (32%) of samples were positive for rotavirus. In Jan - Sep 2018, 170 cases of suspected PBM were detected and 148 (87%) (target >=90%) had LP done and CSF collected. 34 cases (23%) (target >= 20%) met definition of probable bacterial meningitis; from which 2 (6%) had Pneumococcus identified (target >= 20%. No M Meningitidis or Hi was detected.	Feedback on data quality sent to country for action.
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data.. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> □ 8 district surveillance and EPI officers were trained on the use of ISS □ AF database and monthly reporting tool (national level) not consistently shared with IST. □ The timeliness and completeness of the AF/ISS data is 50% and 45% respectively (January – December, 2018) □ Generally, MoH officers are not using ISS as only 18% of ISS visits were conducted by the MoH staff. □ No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> □ WCO to share pending AF reports (6 months in 2018) □ MoH and Partners should provide the needed support to train MoH and other partner staff at sub-national levels who are expected to conduct ACS and SS □ Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance □ The national level monthly reporting tool should be submitted by the 5th of every month in order to improve the timeliness. □ Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		Trainings conducted for national stakeholders and AEFI committee. However sub-national and HCW trainings needed to enhance AEFI case capture.	EPI to organise and ZAMRA and WCO to facilitate sub-national trainings on AEFI surveillance

EPI

Component	Submission of data	Data Summary	Comments
EPI Routine	District coverage database received for October 2018	The district coverage database contains data up to October 2018, with 100% Completeness. The Cumulative Penta 3 Coverage was 92% coverage , MR1 of 90% with MR2 of 80%. The drop out rate for Penta1-MCV1 is reported to be 6.6%. 3.2% (2/63) of districts reported coverage between 50-80% with no district <50% coverage.	The RI performance is optimum with very few districts having performance gaps. The country is advised to sustain the performance while focusing on scaling up the REC approach in the districts with low performance reports .
Vaccine management & logistics			
Social Mobilization	no	Please prepare for the AVW commemorations to ensure increased immunization awareness and coverage	The theme of the African Vaccination Week for 2019 is Protected Together: Vaccines Work! And it will be commemorated from 22 - 28 April in all countries.
Surveillance			
Polio	Data as at 7 January 2019	A total of 189 AFP cases have been notified for 2018 with Non Polio AFP rate of 3.3 /100,000 and stool adequacy rate of 95 % at the National level.	The team is advised to intensify active search in surveillance priority sites; strengthen community surveillance and conduct AFP surveillance sensitisations to clinicians, community and traditional healers. Furthermore, the country team is encouraged to geocode all reported AFP cases for 2018 and accelerate the use of the Integrated Supportive Supervision checklist on the ODK platform
Polio lab	Feed back based on data of 27 October 2018	Tested 758 stool samples reporting 99% of results in the expected 14 days. Non-polio enterovirus isolation rate was 4.9%. Two suspected polioviruses were isolated and found to be PV3-Sabin like by ITD/VPV screening.	Pleasing work- keep it up.
Measles	Data as of 31 December 2018	To date 523 suspected measles cases (previously reported 509 cases) have been reported from 90.5% of the total districts, with a non-measles febrile rash illness rate of 3.9/100,000 population. There is 1 confirmed measles and 1 confirmed rubella case reported . No suspected cases are pending final classification.	Congratulations, both surveillance indicators continue to be met!
Measles lab	Feed back based on data of 12 Oct 2018	Completeness and timeliness in weekly reporting 100%. Tested 443 specimens for measles and also rubella IgM. Seropositivity rates were 0% measles and 1% for rubella. The 7 days results turn-around rose from 51% to 54%.	Gratefully note the steady improvement since kits were secured. Country advised to use this period of kits availability to plan for procuring more - using locally mobilized funding
New Vaccine Surveillance	Jan - Dec 2018 data received	Rotavirus surveillance: in Jan – Dec 2018, Zimbabwe detected 250 diarrhoea hospitalizations in children under 5 years and 100% of the cases were enrolled (target > = 80%). Stools collected within 2 days , 225 (90%) Target >= 90%. All other performance targets were met by the surveillance system; 232 (93%) of samples were tested and 79 (34%) positive for Rota. In Jan - Sep 2018, 125 cases of suspected PBM were detected and 122 (98%) (target >=90%) had LP done and CSF collected. 10 cases (8%) (target >= 20%) met definition of probable bacterial meningitis; from which 2 (20%) had Pneumococcus identified. No N Meningitidis or Hi was detected.	Keep up the good performance on NVS sentinel surveillance !!
Data Quality Audit/Harmonisation minutes	End of year 2018	The year 2018 has come to an end, it is time to finalise the datasets and set the stage for 2019. Data improvement plans not shared and there was no monitoring of the implementation of the data quality improvement through quarterly reports	Please make final clean up of all datasets, classify all cases, all unclassified classified Measles will be considered compatible. Chase up for all missing reports and ensure 100% completeness of routine immunization data. Ensure that the target population have been shared. Do your annual desk review and produce the analysed report and share with IST. Start working in your JRFs and be ready for peer review
M&E/GIS/mHealth	Live ISS data on server as of 31st December, 2018	<ul style="list-style-type: none"> <input type="checkbox"/> MoH officers at national and sub-national not yet trained on the use of ISS <input type="checkbox"/> AF database and monthly reporting tool (national level) consistently shared with IST. <input type="checkbox"/> The timeliness and completeness of the AF/ISS data is 100% and 100% respectively (January – December, 2018) <input type="checkbox"/> Generally, MoH officers are not using ISS as only 38% of ISS visits were conducted by the MoH staff. <input type="checkbox"/> No in-depth analysis of ISS data by WCO to compliment information required for planning officers monthly work plans 	<ul style="list-style-type: none"> <input type="checkbox"/> MoH and Partners should provide the needed support to train MoH and other partner staff at sub-national levels who are expected to conduct ACS and SS <input type="checkbox"/> Government surveillance and EPI officers are encouraged to make use of the tool during supportive supervision/Active surveillance <input type="checkbox"/> Disaggregated and analyse ISS data and conduct activities to address observed surveillance and RI gaps and share feedback with subnational level officers to improve evidence based planning for field support.
Financial Sustainability			
New Vaccination Introduction			
Vaccine Safety		As per line-list received in September, Zimbabwe has captured 65 AEFI cases with 12 classified as serious	Very regular line-listing with good inter-stakeholder coordination. Please update the cases as per Dec 2018