



KEY UPDATES

- Angola epidemiological update (as of 15 September):
 - There have been four new laboratory positive cases this week, two of which have been discarded as having recent vaccination history. The other two are currently under investigation.
 - Phase II of the vaccination campaign has been prepared and will begin shortly in 12 districts in nine provinces.
- Democratic Republic of The Congo (DRC) epidemiological update (as of 14 September):
 - The second case reported from Budjala Health Zone in Sud Ubangui province (reported in the situation report of 9 September) has been confirmed for yellow fever. Based on the investigation this has been classified as a sylvatic case not related to the outbreak. The first notified case reported in Sud Ubangi province in Bominenge Health Zone (reported in the situation report of 26 August) remains under investigation.
 - The pre-emptive vaccination campaign in DRC has concluded. The results indicate that the overall administrative immunization is 102.7% in the six provinces. The response vaccination campaign in Feshi and Mushenge Health Zones in Kwango province will begin next week.

ANALYSIS

- The continuing detection of suspected and confirmed sylvatic cases demonstrates that active surveillance is functioning well in some areas. Nevertheless, it is important to note the inherent difficulties in surveillance and laboratory confirmation capacities. It remains possible that detection of a case could be delayed in some remote areas. A strong and sustained surveillance effort is therefore more crucial than ever.

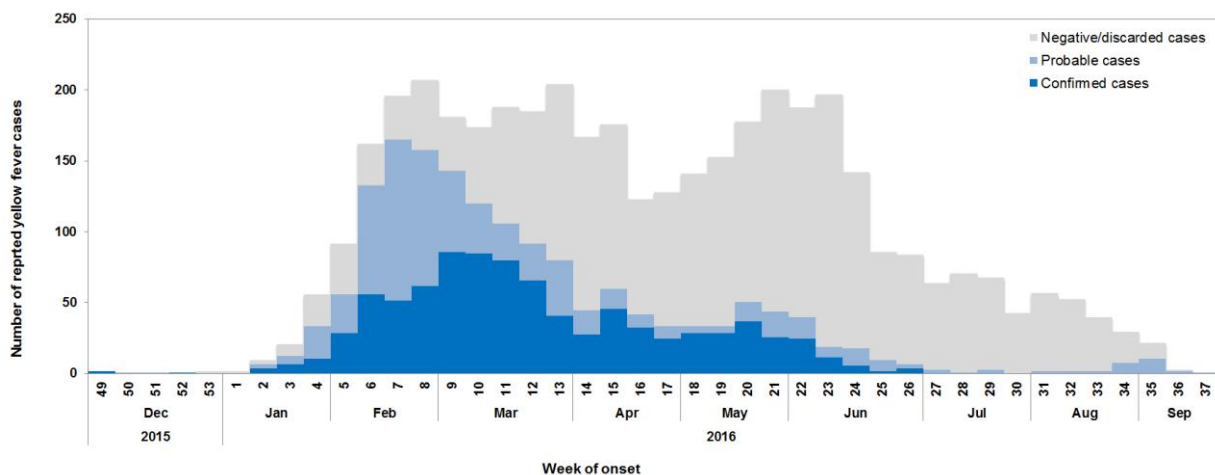
EPIDEMIOLOGICAL SITUATION

Angola

- There have been four new laboratory positive cases this week, two of which have been discarded as having recent vaccination history. The other two are currently under investigation.
- The weekly average number of suspected cases over the last two weeks (29.5) has decreased from the prior two weeks (59).
- From 5 December 2015 to 8 September 2016 (Table 1):
 - 4100 suspected cases, with 373 deaths (case fatality rate, CFR: 9.1%);

- 884 cases have been laboratory confirmed, with 121 deaths (CFR: 13.7%).
- Since the start of the outbreak, suspected cases have been reported from all 18 provinces; confirmed cases have been reported from 80 districts in 16 provinces (Table 2). Autochthonous transmission has been reported from 45 districts in 12 provinces.
- Luanda and Huambo provinces have reported the highest number of total cases. As of 8 September, 2072 cases including 488 confirmed cases (23.6%) have been reported in Luanda and 641 cases including 128 confirmed cases (20.0%) have been reported in Huambo.

Figure 1. National weekly number of probable and confirmed yellow fever cases in Angola, 5 December 2015 to 8 September 2016



Data source: Angola yellow fever situation report 8 September 2016. Data for the past four weeks are subject to revision pending ongoing investigation and reclassification.

Democratic Republic of The Congo (DRC)

- From 1 January to 14 September 2016 (Table 1):
 - 2707 suspected cases reported from all 26 provinces;
 - 76 confirmed cases have been identified from 2345 suspected cases that have been laboratory tested, with 16 deaths (CFR: 21%);
 - Of the 76 confirmed cases, reported from eight provinces (Fig. 2), 57 acquired infection in Angola, 13 are autochthonous¹, and six are cases of sylvatic² transmission (not related to the outbreak).
- Sud Ubangui province, which borders the Republic of the Congo and Central African Republic, reported a potential case in Bominenge Health Zone for the first time in the week to 25 August. The case remains under investigation. A second notified case was reported in the week to 8 September in Budjala Health Zone which is also in Sud Ubangui province, has been confirmed and classified as a sylvatic case not related to the outbreak.
- The 13 autochthonous cases were reported from 10 Health Zones in three provinces: Kinshasa (six cases), Kongo Central (two cases) and Kwango (five cases).

¹ Autochthonous infection is considered to be an infection acquired among patients with no history of travel during the incubation period, excluding cases classified as sylvatic.

² <http://www.who.int/mediacentre/factsheets/fs100/en/>

- The date of onset of the most recent confirmed case in Kinshasa is 22 June. The date of symptom onset of the most recent confirmed sylvatic case in DRC (not related to the current outbreak) is 17 August in the Budjala Health Zone in Sud Ubangui province.

Table 1: Reported yellow fever cases and deaths in Angola and Democratic Republic of The Congo

Cases and deaths	Angola		Democratic Republic of The Congo	
	Recent week (2 – 8 Sept)	Cumulative (5 Dec – 8 Sept)	Recent week (9 – 14 Sept)	Cumulative (1 Jan – 14 Sept)
Confirmed cases	0	884	1*	76*
Confirmed deaths	0	121	0	16
Reported cases	35	4100	104	2707
Reported deaths	1	373	0	115

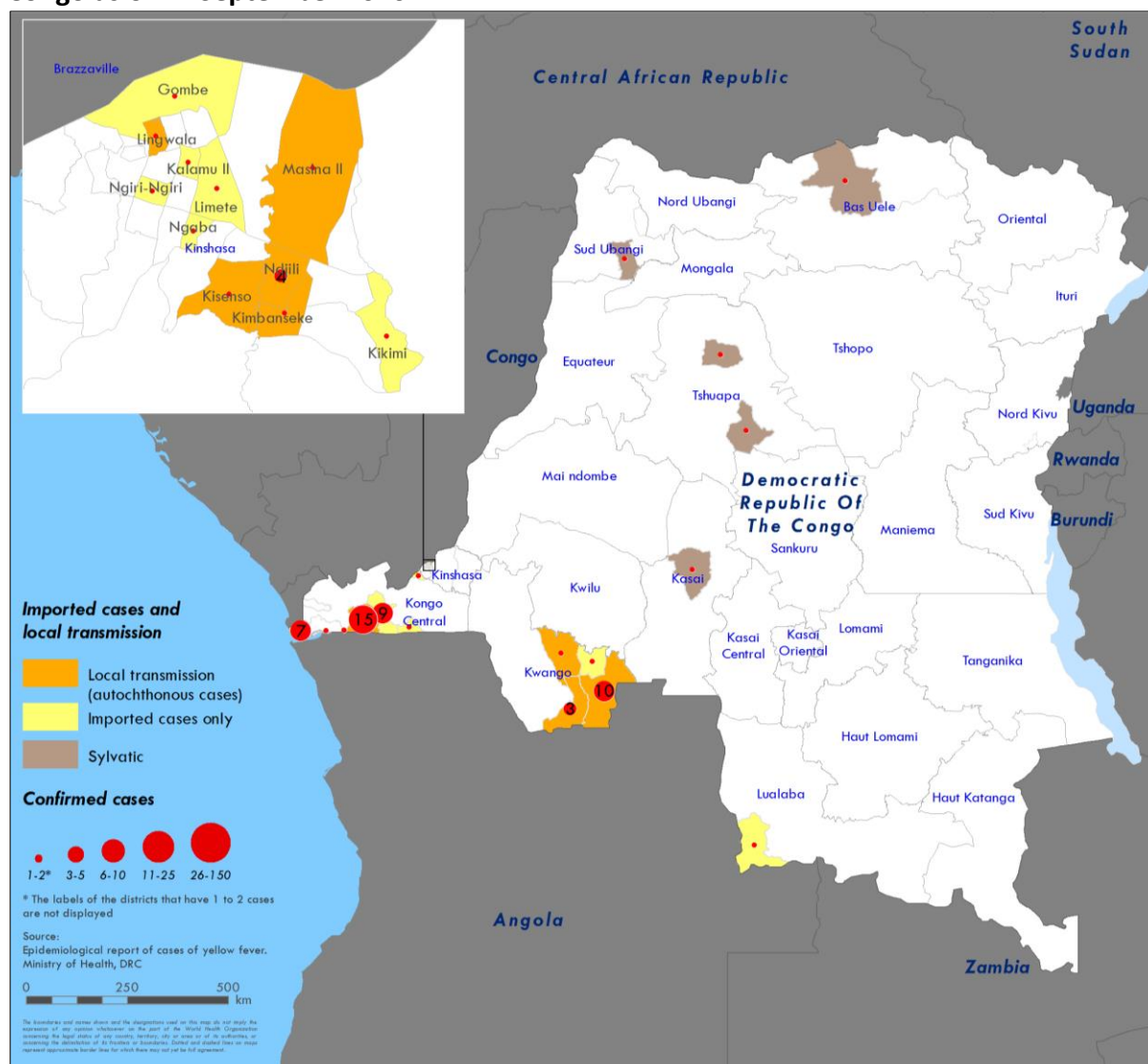
Cases and deaths include autochthonous, sylvatic and imported cases. Data are as of most recent week for which data are available. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. *Six cases are sylvatic yellow fever cases not associated with the outbreak.

Table 2: Geographical distribution of yellow fever cases in Angola and Democratic Republic of The Congo

Geographical distribution of cases	Angola		Democratic Republic of The Congo	
	Recent week (2 – 8 Sept)	Cumulative (5 Dec – 8 Sept)	Recent week (9 – 14 Sept)	Cumulative (1 Jan – 14 Sept)
Districts/ health zones with confirmed cases	0	80	1*	29*
Districts/ health zones with documented local transmission (autochthonous and sylvatic)	0	45	1*	15*
Provinces with confirmed cases	0	16	1*	8*
Provinces with documented local transmission (autochthonous and sylvatic)	0	12	1*	7*

Data are as of most recent week for which data are available. Data are subject to revision due to retrospective investigation and availability of laboratory results. Data for the most recent week represent newly affected districts/ health zones or provinces. *Includes sylvatic cases.

Figure 2. Distribution of confirmed yellow fever cases in Democratic Republic of The Congo as of 14 September 2016



RESPONSE

- Information on the current outbreak continues to be updated on the WHO website³.
- In Angola, Phase II of the vaccination campaign has been prepared and will begin shortly in 12 districts in nine provinces.
- The pre-emptive vaccination campaign in DRC has concluded. The results indicate that overall administrative immunization coverage is 102.7% in the six provinces after more than ten million people were vaccinated. Coverage in the six provinces is 104% in Kinshasa, 102% in Kasai Central, 98% in Kongo Central, 95% in Kasai, 101% in Kwango, and 101% in Lualaba. A reactive vaccination campaign is being planned in Feshi and Mushenge Health Zones in Kwango province.

³ <http://www.who.int/features/qa/yellow-fever/en/>

- WHO has sent nearly 27 million vaccine doses to Angola and DRC through the International Coordinating Group (ICG) global stockpile and with additional vaccines from Bio-Manguinhos in Brazil.
- As of 14 September 2016, 18.1 million vaccine doses have been approved for Angola and 9.4 million doses for DRC (Table 3).
- The number of vaccines currently available for the emergency response is 5.7 million through the ICG (Table 4). The amount of doses already allocated to respond to the outbreak is not included in this number.

Table 3. Vaccination coverage in Angola and Democratic Republic of The Congo (DRC) as of 15 September 2016

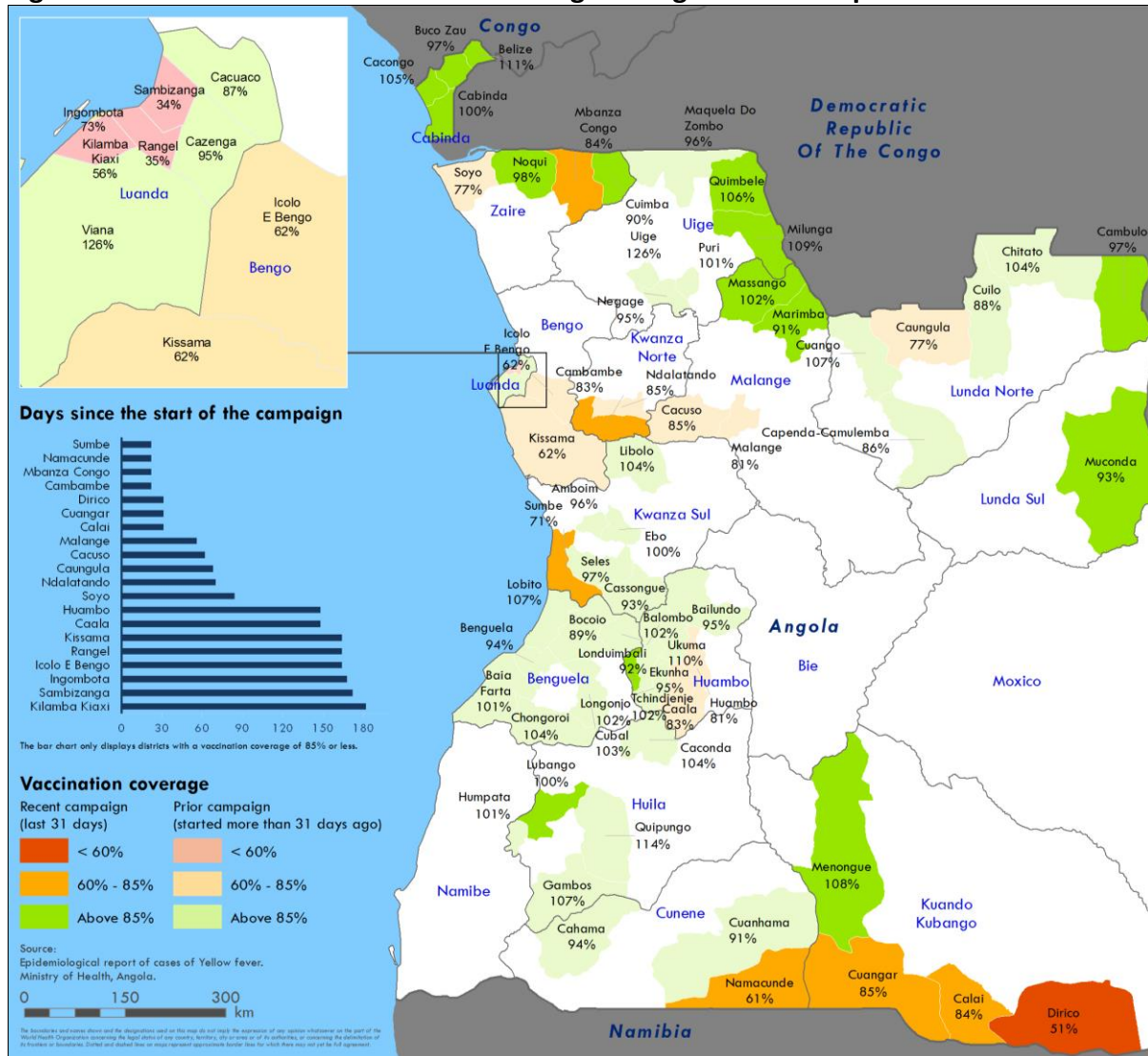
Country	Target areas: Province/Region (District/Health zone)	Doses approved (in millions)
Angola	Luanda (Viana)	1.8
	Luanda (all 8 districts)	5.6
	Benguela, Bie, Huambo, Kwanza Sul	4.3
	Benguela, Bie, Cunene, Huila, Kuando Kubango, Kwanza Norte, Kwanza Sul, Namibe, Uige	3.3
	Preventive vaccination campaigns in areas which border DRC	3.1
DRC	Kinshasa, Kongo Central	2.2
	Kwango province (3 health zones), Kinshasa (Kisenso)	1.1
	Preventive vaccination campaigns in Kinshasa and areas which border Angola	5.8
	Kwango (Feshi), Kasai (Mushenge)	0.3

Table 4. Cumulative number of vaccine doses (millions) available and projected for emergency stockpile

Date (as of)	Number of vaccine doses available*
14 September	5.7
Cumulative number of vaccine doses projected°	
30 September	19.7
31 October	21.0
30 November	27.7
31 December	24.7

*Number of doses available is the current stock minus number of vaccine doses planned to be distributed for emergency response. °Projections are revised on a regular basis.

Figure 3. Vaccination administrative* coverage in Angola as of 8 September 2016



*These coverage figures represent number of doses administered, divided by estimated population. As such, figures may not reflect true vaccination coverage due to inaccurate population estimates.