

Angola



Capital: Luanda

Infant Mortality Rate: 81.75/1,000 live births

Population: 18,565,269 (July 2013 est.)



Overview

Acute respiratory disease is one of the major causes of morbidity and mortality within the Angolan population and the country is classified at high risk for infection and spread of avian influenza within the Pandemic Risk Index (PRI) scale. The Republic of Angola has been collaborating with the U.S. CDC on influenza control since 2006 through the Cooperative Agreement (CoAg) for avian influenza. The National Institute of Public Health (INSP) is the Central Reference Laboratory (CRL) of the Ministry of Health (MoH). Notably, influenza laboratory diagnosis capacity has improved since the beginning of the collaboration. The agreement has also enhanced the general level of preparedness and response capacity for influenza and other emerging diseases in Angola.

In 2011, the country was approved for a new five year CoAg. The current proposal was submitted by the National Public Health Directorate (DNSP) on behalf of the Ministry of Health to strengthen the existing influenza surveillance system, initiated during the previous cooperative agreement. Last year's performance was affected by lack of laboratory consumables due to insufficient funds.

Highlights

- Created two new sentinel sites (Municipal Hospital of Cazenga and Samba).
- Conducted regular data analysis meetings with the data manager, senior and junior epidemiologists and the virologist.
- Conducted TWG (Technical Work Group) meetings.

Surveillance

The country has been able to implement one fully operational sentinel site — Pediatric Hospital David Bernardino (HPDB) in the capital city, Luanda. During this period, two new sentinel sites (municipal hospitals of Cazenga and Samba) have been created in the province of Luanda. We updated the case definitions for influenza-like illness (ILI) and severe acute respiratory illness (SARI) in accordance with WHO guidelines. ILI and SARI were incorporated in the list of notifiable diseases. A student from the Field Epidemiology and Laboratory Training Program (FELTP) was integrated in the TWG to monitor the new sentinel sites. A database in Epi Info 7 was developed for the registration of epidemiological and laboratory data.

Surveillance Activities

- Educated laboratory focal points and emergency room hospital staff at the following sentinel sites, Hospitals Américo Boavida and Josina Machel about the importance of sample collection.
- An FELTP student conducted sensitization meetings for doctors, nurses, and laboratory technicians from Hospital Josina Machel (sentinel site) on the importance of sample collection from all suspect cases.
- Developed a check list for sentinel site supervision.
- Notified and received samples for 292 cases (142 female and 150 male) of ILI by HPDB.
- Requested sample collection and diagnosis material from WHO AFRO, through the WHO local office.

Laboratory

- Due to lack of reagents, samples from HPDB are not being tested at this time.

Training

- Trained laboratory technicians at the new sentinel sites (two for each unit).
- Participated in the CDC Grants Management Training (Principal Investigator and Finance Focal Point).
- Attended the Data Management and Basic Epidemiologic Analysis for Influenza Training Course in Johannesburg, South Africa, November 2011.
- Attended the 3rd Annual African Network for Influenza Surveillance and Epidemiology (ANISE) Meeting in Nairobi, Kenya, February 2012.

Publications

Radin JM, Katz MA, Tempia S et al. Influenza surveillance in 15 countries in Africa, 2006–2010. *J Infect Dis.* 2012 Dec 15;206 Suppl 1:S14–21. Doi:10.1093/infdis/jis606.