

# Democratic Republic of Congo cVDPV2 Outbreak Situation Report October 2017



**Summary**

Status: affected by circulating vaccine-derived poliovirus.  
 Total number of cVDPV2 cases reported in October: 1.

**Infected provinces:**

| Province:   | Case total: | Onset date of latest case: |
|-------------|-------------|----------------------------|
| Haut Lomami | 7           | 27/07/17                   |
| Maniema     | 2           | 18/04/17                   |
| Tanganika   | 1           | 14/09/17                   |

**Latest case:**  
 Location: Ankoro district, Tanganika province.  
 Onset of paralysis: 14 September 2017.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Source: Democratic Republic of the Congo, Administrative map, DFS, United Nations 2016.

## Key highlights

- In late October, one new case of type 2 circulating vaccine-derived poliovirus (cVDPV2) was reported in the Democratic Republic of Congo. The case was reported from Ankoro district, Tanganika province, with onset of paralysis on 14 September.
- This raised the total number of cVDPV2 cases this year to ten.
- During 2017, there have been two separate outbreaks of cVDPV2 in the Democratic Republic of Congo: in Maniema province (two cases with onset of paralysis, with an additional isolate detected in a healthy individual with sample collection), and in Haut Lomami province. This most recent case is linked to the seven cases seen earlier this year in Haut Lomami province, where the onset of paralysis of the most recent case was 27 July.
- The next immunization activities are scheduled for late November, targeting children in 32 districts. Forming part of this, mobilization activities continue to be strengthened.

## Immunization and surveillance response

### Immunization

- The first monovalent oral polio vaccine 2 (mOPV2) round was implemented on 27-29 June in the two affected provinces; and the second mOPV2 round ran from 13-15 July in Haut Lomami and 20-22 July in Maniema.
- Released data from the completed immunization campaign in Maniema in July shows that over 300,000 doses of mOPV2 were given to children under 5 years.

- From 14-16 September, a methodical search for missed children was carried out in 3 health zones, 2 in Haut Lomami and 1 in Maniema.
- During October, over 700,000 children in Haut Lomami province were immunized with bivalent oral polio vaccine (bOPV). The campaign was led by staff from WHO, UNICEF, and partner agencies.
- Outbreak response continues to take place across the country in response to the most recent cases, including use of mOPV2 in line with internationally-agreed outbreak response protocols.



### Surveillance

- In areas found to have hampered access, such as in parts of Tanganika, planning aims to accommodate and find solutions to security concerns, allowing for increased immunization coverage.
- Active searches are ongoing in Haut Lomami, Tanganika, and Maniema provinces to find any new evidence of poliovirus transmission. Secondary vaccination teams are following up on areas that were missed, or which had a high rate of absent children in previous vaccination rounds.
- Teams in these provinces are working to increase contact sampling and healthy individual testing.
- The Democratic Republic of Congo remains a difficult place to work, with widespread insecurity. With a high number of displaced people, it is critically important to bolster surveillance to ensure that poliovirus does not migrate with moving populations.

*"I want my children to be vaccinated because vaccination will protect them. If the children are vaccinated, they will not get sick."* - Feza, mother and resident of the village of Lububula in the territory of Kasongo, Maniema. Photo Credit: UNICEF DR Congo.

### Coordination and surge support

- Since the beginning of the outbreak, the UNICEF team has trained more than 300 independent campaign monitors selected by the National Committee of Health Ethics (CNES) in partnership with local authorities to make sure that mOPV2 is properly managed during outbreak response.
- To increase immunity, WHO and UNICEF teams have focused on strengthening microplanning. This has included an increased focus on identifying small and remote settlements, including through GIS technology.



*“Participation and community engagement is key to gaining the fight against poliomyelitis” - Thierry Dentice, UNICEF’s head of Office for the Eastern Zone.*

Image: A campaign monitor helps to manage the July immunization round. Photo Credit: UNICEF DR Congo.

### Social mobilization activities

- In Haut Lomami and Maniema there remain groups that refuse vaccination. Social mobilization continues to be used to access these populations, and ensure that every child receives polio vaccine.
- In Haut Lomami, this has been done via community mobilization activities, which focus on addressing refusals through use of engaged community influencers.



Advice and teaching from community mobilizers like Deo has a positive effect on campaign success. Photo Credit: UNICEF DR Congo.

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