

Democratic Republic of the Congo cVDPV2 Outbreak Situation Report

November 2017



Summary

Status: Affected by circulating vaccine-derived poliovirus.
 Total number of cVDPV2 cases reported in November: 0.

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

- During 2017, there have been two separate outbreaks of cVDPV2 in the Democratic Republic of the Congo (DRC): in Maniema province, and in Haut Lomami province. The most recent case (located in Tanganika province, onset 14 September) is linked to the cases seen in Haut Lomami province earlier this year.
- No new cases of cVDPV2 were reported during November.
- The Outbreak Response Assessment (OBRA) for the Democratic Republic of the Congo ran from the 23 October - 12 November, identifying the successes of the programme in this latest stage of the response, and identifying challenges to be overcome in the coming months.
- Immunization activities were held at the end of November into December, targeting over 800,000 children with monovalent oral polio vaccine 2 (mOPV2).

Immunization and surveillance response

Immunization

- The Ministry of Health and Global Polio Eradication Initiative (GPEI) partners are taking necessary measures to improve the quality of vaccination campaigns. These include:
 - Setting up a three level coordination mechanism at central (Kinshasa), regional (Lubumbashi) and provincial level.

- Training and deploying 100 national supervisors to the 20 health zones targeted by the mOPV2 campaign; and an additional 20 supervisors who are being deployed from the provincial level.

- The UNICEF team has trained more than 600 independent campaign monitors selected by the National Committee of Health Ethics in partnership with local authorities to make sure that polio vaccine is properly managed during outbreak response.
- UNICEF is also working to strengthen vaccine management by comparing campaign data in order to better detect discrepancies and correct errors.



Polio workers inspect vaccine availability in a storage facility in Mobayi Mbongo, DRC. Photo Credit: WHO DRC.

- At the end of the October campaign, vials were deactivated using chlorine, and incinerated, in accordance with the operating procedures of the GPEI Strategic Plan for Polio Eradication.
- The International Health Regulations Emergency Committee for poliovirus met on 14 November to review progress made in polio eradication. The committee praised the efforts made in the challenging environment of the DRC, but noted that there is more work to be done to ensure that every child is reached with vaccines.

Surveillance

- During November, project AVADAR was expanded to Haut Katanga and Kasai-Oriental provinces, and three health zones: Rwashi, Tshamilemba and Mpokolo. AVADAR is a mobile phone application, which allows trained users to easily report cases of acute flaccid paralysis (AFP) in remote health facilities and local communities. The global polio surveillance network investigates each case to determine whether the paralysis is caused by poliovirus.

- The November OBRA reiterated the importance of ongoing efforts to build surveillance capacity, as well as update surveillance sites, increase active case search and improve systems to validate AFP cases.



A programme worker is briefed on the use of immunization monitoring curves. Photo Credit: WHO DRC.

- Physiotherapy centers in Nyemba and Kalemie have been added to the list of high priority sites that should be visited systematically every week, to ensure that no AFP cases are missed.
- The Democratic Republic of the 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.

Coordination and surge support

- WHO, UNICEF, CDC and BMGF continue their support through deployment of national and international surge.

- To increase immunity, WHO and UNICEF teams are strengthening microplanning. This includes an increased focus on identifying small and remote settlements, including through GIS technology.
- In mid-November, the polio programme lent infrastructural support to measles outbreak response in the Bonkonzi health area, delivering vaccines into hard to reach communities.

Social mobilization activities

- During November, UNICEF used door to door awareness raising, community radio stations, and advocacy by local leaders to mobilize society. In some areas, theatre groups performed plays with a pro-immunization message, engaging children and parents who might otherwise be unaware of the benefits of vaccination.
- UNICEF has recruited community mobilizers from groups who are often reluctant to allow their children to be vaccinated, encouraging community ownership and greater engagement with campaigns.
- Active searches continue to find AFP cases in communities. Trained teams of STOPpers (from the Stop Transmission Of Polio programme) are also attempting to identify every child missed during campaigns, recording each address to ensure that vaccinators visit their homes during the next immunization round.



< Community mobilizers are briefed before going out into their communities to promote the benefits of vaccination. Photo Credit: WHO DRC.



Lending support to the measles outbreak response. Photo Credit: WHO DRC.

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