

Democratic Republic of the Congo cVDPV2 Outbreak Situation Report

December 2017



Summary

Status: Affected by circulating vaccine-derived poliovirus.
 Number of cases reported in December: 2.
 Total cases in 2017: 17.

Infected provinces:

| Province: | Reported Case total: | Onset date of latest case: |
|-------------|----------------------|----------------------------|
| Haut Lomami | 7 | 27/07/17 |
| Maniema | 2 | 18/04/17 |
| Tanganyika | 8 | 25/11/17 |

Latest case:

Location: Ankoro district, Tanganyika province.
 Onset of paralysis: 25 November 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

- The Democratic Republic of the Congo (DRC) is currently facing two separate circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks: in Maniema province, and in Haut Lomami province (with spread to Tanganyika province).
- In December, two new cases of cVDPV2 were reported in Tanganyika province. One occurred in Manono district, with onset of paralysis on 9 November, and one occurred in Ankoro district, with onset on 17 November.
- The latest detected case (reported January 2018), occurred in Tanganyika province, Ankoro district, with onset on 25 November 2017.
- From 21 – 23 December, vaccinators used monovalent oral polio vaccine 2 (mOPV2) to vaccinate 849 914 children in Haut Lomami, Tanganyika, Lualaba and Haut Katanga provinces.

Immunization and surveillance response

Immunization

- The three districts (Lwamba, Haut Lomami province, and Ankoro and Manono, both in Tanganyika province) which have reported new cVDPV2 cases since the conclusion of the June and July campaigns were covered by the supplementary immunization rounds taking place in November and December.
- Independent monitoring data for the December campaign suggests that coverage targets were met in the majority of districts, but there remain chronically missed children.

- Planning is ongoing to decide on the date and scope of additional campaigns, in light of virus spread.

Surveillance

- Following the detection of new cVDPV2 cases in Tanganyika, the programme is taking advantage of team travel during vaccination campaigns to actively search for cases, thereby strengthening surveillance.

Coordination and surge support

- WHO, UNICEF, CDC and BMGF continue their support through deployment of national and international surge.
- Following the recent Outbreak Response Assessment, a new structure to improve coordination between GPEI partners has been put in place in Lubumbashi. Under the supervision of the response coordinator, the heads of the Lubumbashi sub-offices for each partner will work together to oversee outbreak response in the provinces of Haut Lomami, Tanganyika, Lualaba and Haut Katanga. The new structure is intended to improve the quality of vaccination, acute flaccid paralysis surveillance, and the efficiency of logistics and communication.

Social mobilization activities

- Information collected from 20 health zones following campaigns earlier in 2017 found that over 50% of parents in those areas use social mobilizers as their primary source of information. 15% of parents hear about campaigns through attending church, proving the critical role that religious leaders play in increasing awareness of the importance of vaccination.
- During December, UNICEF used door to door awareness raising, community radio stations, and advocacy by local leaders to mobilize society. This contributed to the parental awareness noted above.

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