

DEMOCRATIC REPUBLIC OF THE CONGO

Immunization			Surveillance				
12-month immunization indicator *	National		Immunization Performance	Percent of states / provinces with:		Virology	Surveillance Performance
	POL3	0-dose		NPAFPR >= 2**	Adeq. Stools >= 80%**		
Intermediate	72	6	Intermediate	100	54.6	Little	Weak

* 12-month immunization indicator: Based upon DRC's revised 2011 MPI for immunization but using available data from SIAs conducted during the previous 12 months (25 Nov 2010 - 10 Nov 2011). Additional details in the 4th Quarter 2011 Progress Report of the GPEI Process Indicators for 2011 and Methods Supplement.

** based on the upper 90% confidence limit

The Democratic Republic of the Congo (DRC) has a high risk of failure to detect and interrupt WPV transmission by the end of 2012. Thus far, 92 cases of WPV1 were confirmed in DRC in 2011 in six different provinces. Re-established transmission of WPV1 persisted in Katanga province in 2011; 12 cases have been confirmed in five districts within the province, with 18 November 2011 as the most recent date of onset. One confirmed case in neighboring Maniema province had an onset of 28 November 2011 and represents the most recent case confirmed in the country. The viruses isolated in these two provinces are from a single, genetic cluster that was detected in 2010 after having been detected last in eastern DRC in mid-2008. Two cVDPV2 cases were confirmed in 2011, both from Katanga province.

The 2011 WPV1 cases in Bandundu (22 cases), Bas Congo (22 cases), Kasai Occidental (2 cases), and Kinshasa (33 cases) provinces represent continued transmission after importations from Angola and the Republic of the Congo in 2010. Among these 4 provinces only Bandundu and Bas Congo have had confirmed WPV1 cases with onset in the last 6 months, which suggests a real contraction in transmission; the most recent case (Bandundu Province) had an onset date of 29 September 2011.

There were numerous sub-national SIAs during the 12-month period being assessed, primarily using mOPV1, in 2011. In addition, there were 3 national SIAs during which a type 3-containing OPV was administered. SIA IM data aggregated at the provincial level and analyzed according to the risk assessment algorithm indicate SIA performance at the same level (intermediate) as in the most recent risk assessment. An analysis of IM data collected during NIDs only and aggregated at the provincial level, indicated only 2 (Bandundu and Orientale) of the 7 provinces in the MPI had <10% missed children in all 3 NIDs. LQAS surveys have not yet been conducted in DRC. In the north of Katanga province where recent WPV cases have occurred, parents in certain religious groups are refusing vaccination for their children; analyses of the situation are ongoing to determine how this will impact efforts to eliminate transmission in the province and what can be done to improve vaccination acceptance.

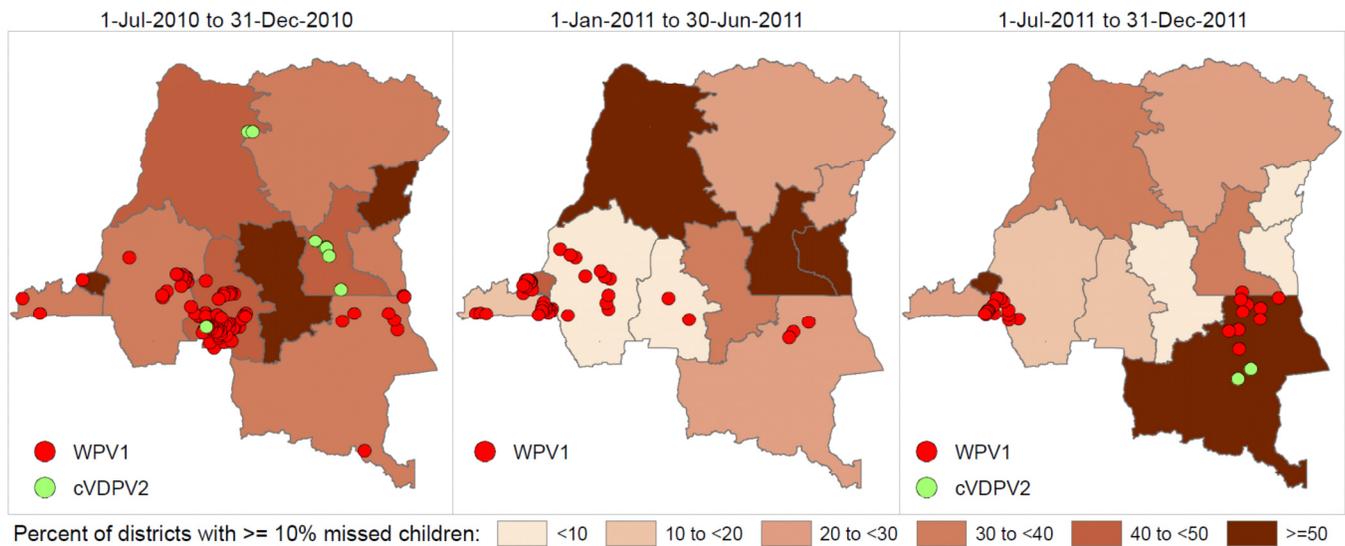
For the current 12-month period, the proportion of children with NPAFP with 0-dose histories has again decreased in this quarter. However, a high proportion of NPAFP cases (12.2%) continue to lack vaccine dose history, which limits the quality of 0-dose data. Immunization performance is intermediate in this assessment.

Surveillance performance continues to be weak; although sub-national NPAFP rates have met standards, there has been chronically poor collection of adequate specimens. Caution will be needed in interpreting the last date of WPV case onset as an indicator of the end of transmission in several provinces unless sub-national surveillance indicators improve.

Current Quarter	3rd Qrt. Report
Overall risk of failure to detect and interrupt WPV transmission	Overall risk of failure to detect and interrupt WPV transmission
High	High

GPEI MPI	end-2010	●	>80% adequate specimens in all provinces
	end-2010	●	AFP rate >2 in all provinces
	end-2010	●	<10% missed children in each SIA in Orientale, North & South Kivu
	end-2011	●	>80% adequate specimens in all provinces
	end-2011	●	AFP rate >2 in all provinces
	end-2011	●	<10% missed children during at least 4 SIAs in Bandundu, Bas-Congo, Katanga, Kinshasa, North Kivu, Orientale, and South Kivu (amended Q3 2011)

Democratic Republic of the Congo: Wild poliovirus type 1 (WPV1) and circulating vaccine derived poliovirus type 2 (cVDPV2) cases with onset 1 Jul. 2010 – 31 Dec. 2011 and results of out-of-house independent monitoring for Supplemental Immunization Activities (SIAs) conducted 1 Jul. 2010 – 31 Dec. 2011 by 6-month periods*



*For each 6-month period for each district in the country where data were available, independent monitoring data from all SIAs conducted were pooled, and the total number of missed children was divided by the total number of children observed to obtain an overall percentage of missed children for the district for the period. Then for each province in the country, the percentage of districts with ≥10% missed children was calculated. Color coding was assigned to ranges of percentages as indicated in the maps and legend above. For 1 July 2010 – 31 December 2010, data were available from 5 Sub-National Immunization Days (SNIDs), for 1 January 2011 – 30 June 2011, data were available from 2 National Immunization Days (NIDs) and 4 SNIDs, and for 1 July 2011 – 31 December 2011, data were available for 1 NID and 6 SNIDs. Not all districts were monitored in a given SIA, and different districts could have been monitored in different SIAs. To be included in the analysis, a district had to have monitoring data for at least one SIA during the 6-month period. Provinces with white color coding had no monitoring data for analysis. WPV1 and cVDPV2 cases are mapped at the district level.

The maps provided above illustrate the concentration of WPV1 cases in the 2nd half of 2011 in DRC in Bas Congo and Bandundu provinces in the west and Katanga and Maniema provinces in the east. Available IM data pooled in 6-month periods suggest a trend in some provinces with fewer districts with ≥10% missed children in SIAs. Only 1 NID was conducted in the 1 July 2011 – 31 December 2011 period and thus some provinces only had one round of IM data for that period of analysis. As noted previously, special attention is being given to Katanga Province to resolve the issue of high proportions of missed children being reported through IM data. Kinshasa Province has consistently had a high percent of districts with ≥10% missed children.