DEMOCRATIC REPUBLIC OF THE CONGO

Immunization						Surveillance			
12-month immunization indicator			National		Immunization Performance	Percent of states / provinces with:		Virology	Surveillance Performance
District: % missed children in SIAs**	Province: % missed children in SIAs***	Overall 12-month immunization indicator	POL3	0-dose		NPAFPR >=2*	Adeq. Stools >=80%*		
Intermediate	**Intermediate**	**Intermediate**	**74**	**11.4**	**Weak**	**100**	**45.4**	**some**	**Weak**

* based on the upper 90% confidence limit

** 12-month district immunization indicator: Based upon DRC's 2011 MPI for immunization but using data from SIAs conducted during the previous 12 months (9 March 2010 – 8 March 2011). Additional details in Methods Supplement.

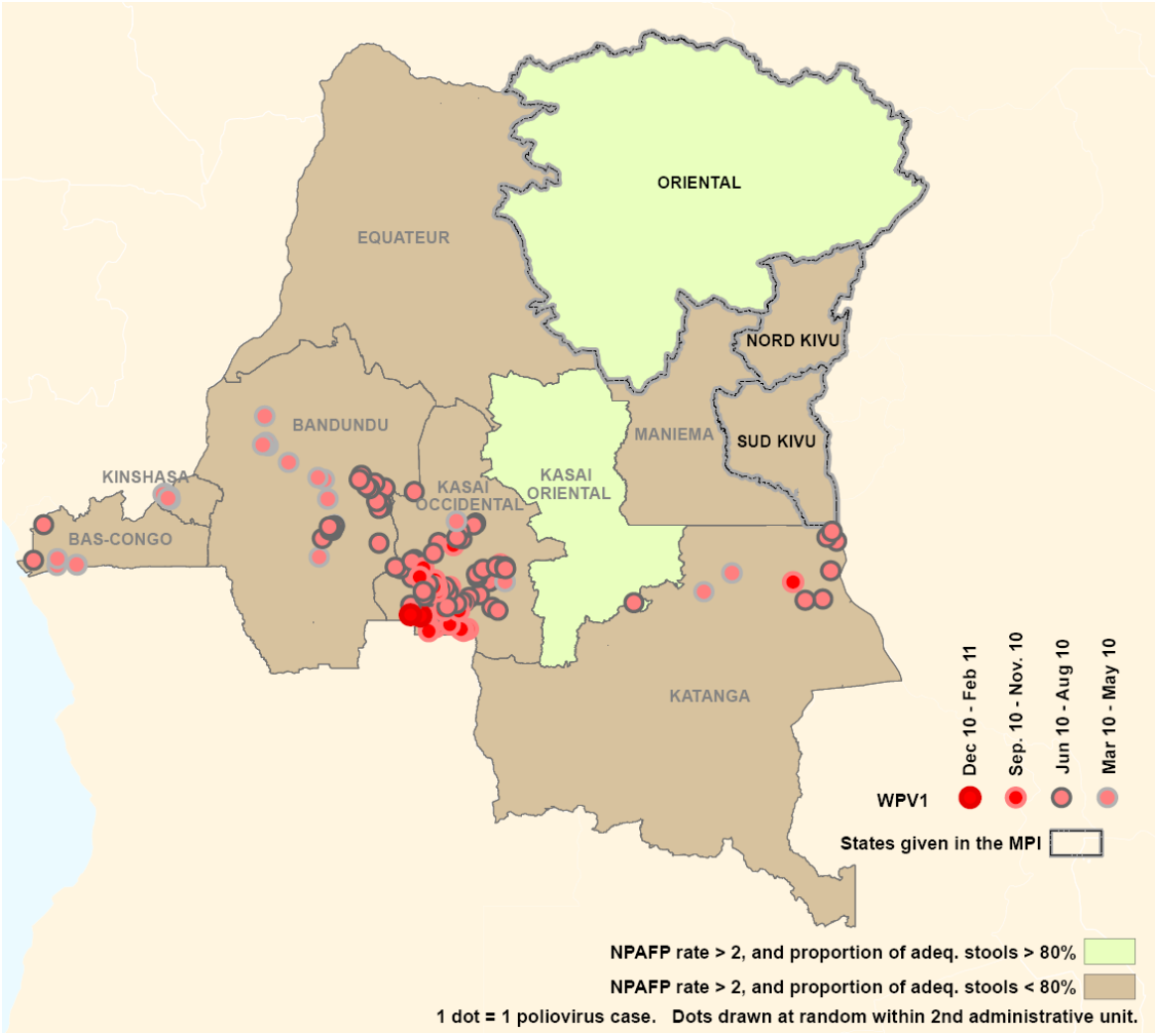
*** 12-month provincial immunization indicator: Based upon SIAs conducted in all provinces in DRC except the provinces of Orientale and North and South Kivu (MPI provinces) during the previous 12 months (9 March 2010 – 8 March 2011). The provinces of Orientale and North and South Kivu were omitted given their consideration in the 12-month district immunization indicator. Additional details in Methods Supplement.

DRC has a high risk of failure to detect and interrupt WPV transmission by the end of 2011. WPV1 cases at the southwest provinces of DRC represent spread after importations from Angola in 2010. Re-established transmission of WPV1 since introduction in 2006 persisted in the eastern provinces until at least December 2010. DRC is at high risk of failure to meet the end-2010 milestone of stopping transmission in countries with re-established transmission (i.e., if additional related cases are found). Provinces from which WPV cases were confirmed in 2010 and 2011 were Bandundu, Bas-Congo, Kasai-Occidental, Katanga, and Kinshasa. Provinces in 2010 with confirmed cases of cVDPV were Equateur, Kasai Occidental, and Maniema. Although SIA monitoring data suggest improvements, immunization performance remains weak. Surveillance performance is weak, with poor collection of adequate specimens and virologic data that support the epidemiologic data that substantial surveillance gaps exist in eastern provinces. Caution will be needed in interpreting the last date of WPV case onset as an indicator of the end of transmission in eastern provinces because of surveillance limitations.

Current Quarter	Nov.'10 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 in each SIA in Orientale, North & South Kivu

Democratic Republic of Congo: surveillance indicator with wild poliovirus cases, onset during March 2010 - February 2011.



The Strategic Plan Major Process Indicator for immunization addresses the provinces of Orientale, North and South Kivu. No WPV or cVDPV cases were detected in these three provinces in 2010–2011. The current risk assessment included SIA monitoring data from all other provinces that conducted SIAs as equivalent to these. WPV cases were confirmed in 2010 and 2011 in Bandundu, Bas-Congo, Kasai-Occidental, Katanga, and Kinshasa. Cases of cVDPV were confirmed in Equateur, Kasai Occidental, and Maniema. Taken together, these provinces and the provinces in the MPI comprise the totality of the country. Consideration should be given to broadening the geographic scope of the MPI through 2012 or modifying for 2011 as long as WPV continues to circulate widely.