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	9	Intermediate	100	36.4	Little	Weak

* 12-month district immunization indicator: Based upon DRC's 2011 MPI for immunization but using data from SIAs conducted during the previous 12 months (8 June 2010 – 7 June 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 (8 June 2010 – 7 June 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.

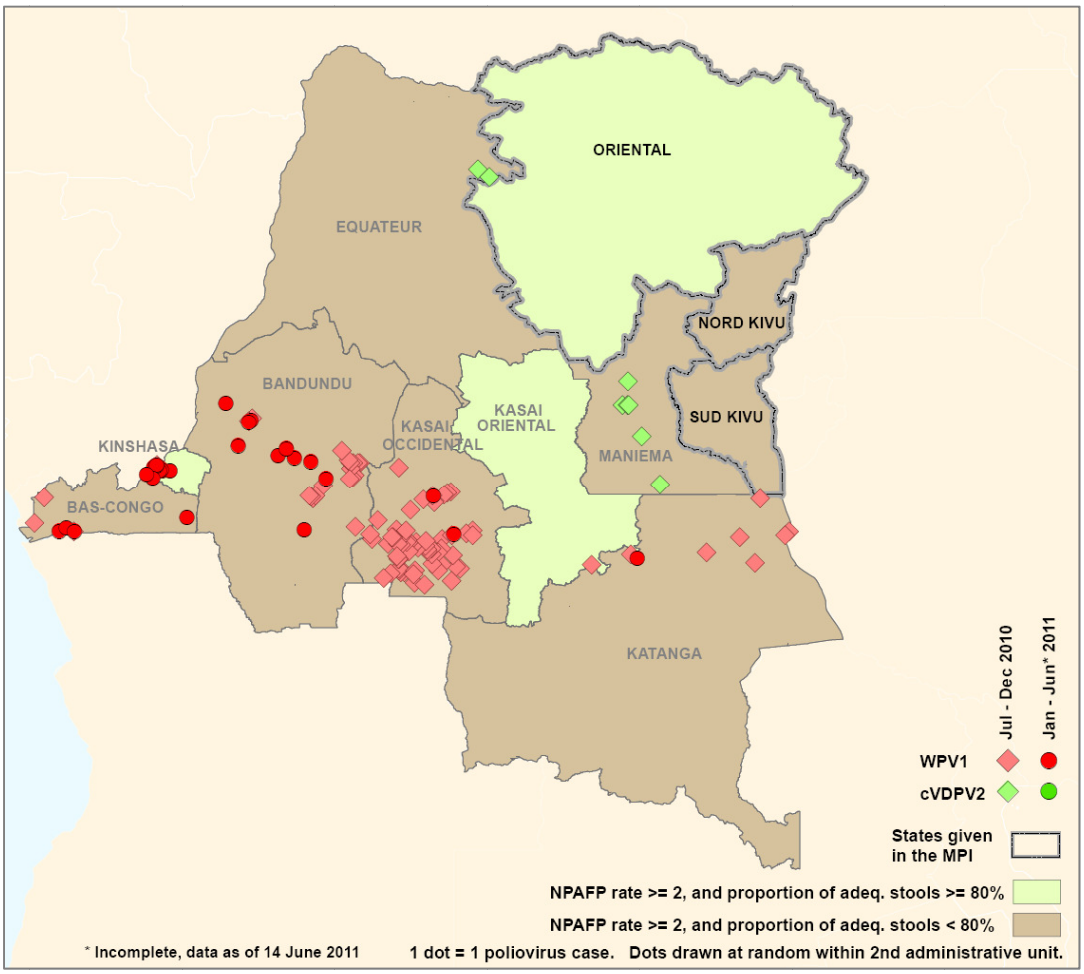
*** based on the upper 90% confidence limit

DRC has a high risk of failure to detect and interrupt WPV transmission by the end of 2011. WPV1 cases in the southwest provinces of DRC represent spread after importations from Angola in 2010. Re-established transmission of WPV1 following introduction in 2006 has persisted in the eastern provinces into 2011. The provinces from which WPV cases were confirmed in 2010 and thus far in 2011 are Bandundu, Bas-Congo, Kasai-Occidental, Katanga, and Kinshasa. Provinces in 2010 with confirmed cases of cVDPV2 were Equateur, Kasai-Occidental, and Maniema; no cVDPVs have been identified thus far in 2011. Aggregate SIA monitoring data suggest overall improvement; however, there are many districts remaining where the proportions of missed children do not meet the applied MPI criterion. Nonetheless, there are concerns about the validity of the monitoring data. Immunization performance is intermediate in this assessment, changed from weak in the 1st quarter 2011 risk assessment. For the current 12-month period, the proportion of children with NPAFP with 0-dose histories has decreased in this quarter; however, a high proportion of NPAFP cases (12.5%) are lacking vaccine dose history, limiting the quality of 0-dose data. The extent of WPV and VDPV transmission in 2010 and WPV transmission in 2011 indicate ongoing weaknesses in routine immunization and SIA coverage. National Immunization Days (NIDs) were not conducted in DRC during 2009–2010. Following the use of mOPV1 in limited areas, SIA implementation was expanded into more areas in end-2010, increasingly using type 3-containing OPV. In the 2nd quarter of 2011, NIDs were conducted, primarily using bOPV. Surveillance performance is weak; although sub-national NPAFP rates meet standards, there is 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	1st 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 in each SIA in Orientale, North & South Kivu

Democratic Republic of the Congo: Wild poliovirus (WPV) cases and circulating vaccine-derived polioviruses (cVDPV), onset during July 2010 - June 2011, and Major Process Indicator for surveillance (8-June-2010 to 7-June-2011)



Note: A WPV type 1 case from Orientale province, DRC was reported by the World Health Organization (WHO) on 15 June 2011. Reference laboratory results available since that date have confirmed that the virus isolated from the AFP case was Sabin type 1 and not WPV type 1. The case was officially retracted on 20 June and is not included in any count of polio cases in DRC in 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 or thus far in 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 cVDPV2 were confirmed in Equateur, Kasai Occidental, and Maniema provinces in 2010. Taken together, these provinces and the provinces in the MPI comprise nearly the totality of the country. As recommended in the 1st quarter risk assessment, 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.