DEMOCRATIC REPUBLIC OF THE CONGO

Immunization				Surveillance			
12-month immunization indicator *	National		**Immunization Performance**	Percent of states / provinces with:		Virology	**Surveillance Performance**
% missed children in SIAs	POL3	0-dose		NPAFPR >= 2**	Adeq. Stools >= 80%**		
Intermediate	**72**	**7.8**	**Intermediate**	**100**	**36.4**	**Little**	**Weak**

* 12-month immunization indicator: Based upon DRC's revised 2011 MPI for immunization but using data from SIAs conducted during the previous 12 months (8 Sept 2010 – 7 Sept 2011). Additional details in the 3rd Quarter 2011 Progress Report of the GPEI Process Indicators for 2011 and Methods Supplement.

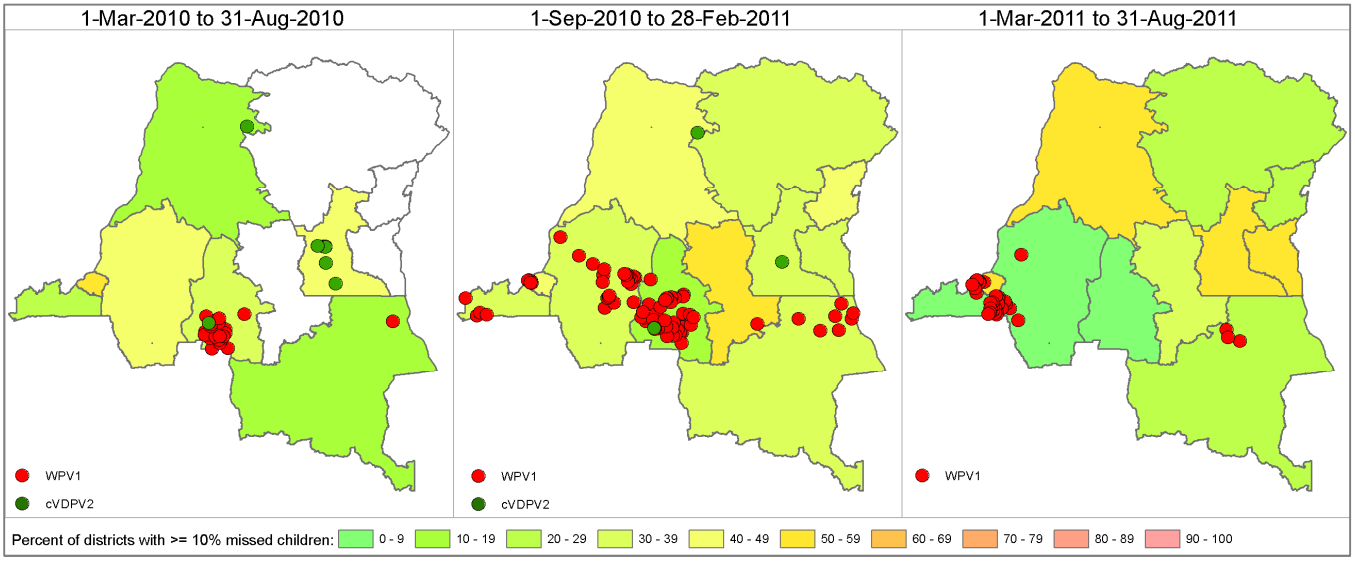
** based on the upper 90% confidence limit

DRC has a high risk of failure to detect and interrupt WPV transmission by the end of 2011. Re-established transmission of WPV1 in the east following introduction in 2006 from Angola has persisted in Katanga province into 2011. 2010–2011 WPV1 cases in the other provinces represent spread after importations from Angola and the Republic of the Congo in 2010. The provinces with confirmed WPV1 cases within the last 6 months are Bandundu, Bas-Congo, Katanga, and Kinshasa which are now added to the MPI. cVDPV2 cases were confirmed during 2010; none have been identified thus far in 2011. In addition to numerous subnational SIAs during the current 12-month period, primarily using mOPV1, there were two national SIAs in the 2nd quarter of 2011, using first bOPV and then tOPV. In four of the seven MPI provinces, province-level IM data indicated <10% missed children in both NIDs. In subsequent subnational SIAs in four MPI provinces, IM data indicated <10% missed children at the provincial level with the exception of one round in Kinshasa (20.3% missed children). 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 (12.6%) are lacking vaccine dose history, limiting the quality of 0-dose data. Immunization performance is intermediate in this assessment. 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	2nd 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 March 2010 – 31 August 2011 and results of independent monitoring for Supplemental Immunization Activities (SIAs) conducted during 1 March 2010 – 31 August 2011 by six month periods*



*For each six-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 map above. For the period 1 March – 31 August 2010, data were available from 3 Sub-national Immunization Days (SNIDs), for the period 1 September 2010 – 28 February 2011, data were available from 6 SNIDs, and for the period of 1 March – 31 August 2011, data were available for 2 National Immunization Days (NIDs) and 5 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 six-month period. Provinces with white color coding had no monitoring data for analysis. WPV and cVDPV2 cases are mapped at the district level.

For DRC for the previous consecutive 6-month intervals, the national pooled percent of districts with >=10% missed children was 42.7% for the period 1 March – 31 August 2010, 37.4% for the period 1 September 2010 – 28 February 2011, and 31.3% for the period of 1 March – 31 August 2011 suggesting an overall trend towards fewer missed children during SIAs. When analyzed at the provincial-level, there is not a consistent trend.

The Major Process Indicator for SIAs in DRC has been modified at the request of the IMB by consensus of CDC, the World Health Organization (WHO) and the Ministry of Health to reflect recently WPV-affected areas.

Prior: In each year, Democratic Republic of the Congo: <10% missed children in each SIA in Orientale, North & South Kivu.

Revised: By end-2011, <10% missed children during at least 4 SIAs in Bandundu, Bas-Congo, Katanga, Kinshasa, North Kivu, Orientale, and South Kivu. (By end-2012, in at least 8 SIAs)