



Central African Republic

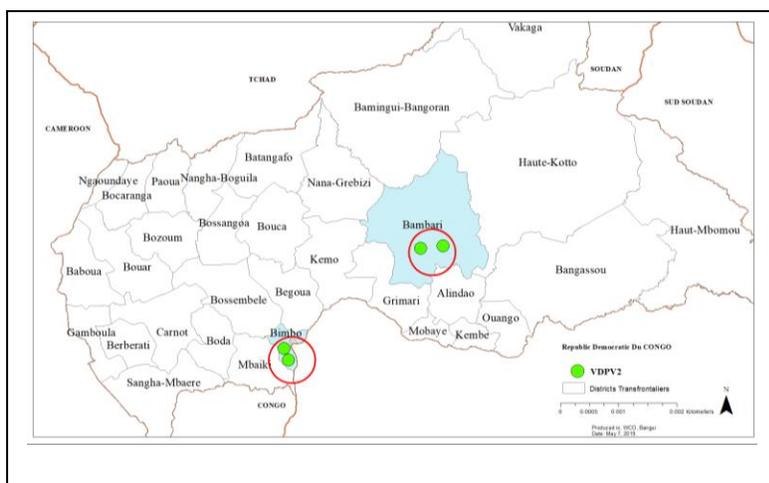
Situation Report for the VDPV2 Response

N°3 from June 15 to 21, 2019



Situation overview

- Between May 29 and June 21, 2019: Confirmation of 4 new polio emerging type 2 vaccine-derived poliovirus (VDPV2) in Bambari (2) and Bimbo (2) districts;
- Official declaration of national public health emergency on May 30, 2019 by the Ministry of Health and Population.
- Organization of round 0 of the vaccination campaign in 04 health districts: Bimbo from June 17 to 19 and Bambari, Grimari, Alindao from June 19 to 21, 2019.
- Teleconference held with advisory group with the participation of the Minister of Health and during which the scope of rounds 1 and 2 was approved.



Location of the two VDPV2 polio emergence in Central Africa Republic

Highlights

Epidemiology of the polio virus

Two confirmed VDPV2 :

- District of Bambari, RS4, onset of paralysis : May 02 2019
- District of Bimbo, RS1, onset of paralysis May 06 2019
- 4 distinctive virus types of VDPV2.

Calendar of SIA

- Round 0: 16-19 June 2019
- Round 1: July 2019
- Round 2: August 2019

Round 0

Portée :

- 3 Régions : (RS4, RS6, RS1)
- 4 districts (Bambari, Kouango-Gtrimari Alindao-Mingala ,Bimbo)
- Population cible
- 71 465 enfants <5 ans

Vaccines and Logistics

- VPOm2
- Vaccines arrived 14/6/2019
- Available doses : 82,185
- Needed doses : 82,185

Financial Situation

- « No Regret » funds released
- Resource mobilization ongoing

Partnership

- Inclusion of Red Cross volunteers in social mobilization

Government and Partners Response

Coordination

- Teleconference with Global Advisory Group with Minister of health participation on May 20 during which the scopes of rounds 1 and 2 were validated;
- Monitoring teleconferences held with Lake Chad coordination, IST, AFRO and HQ on the progress of response activities;
- 05 campaign preparation meetings held at the COUSP level to analyse campaign feedback and take appropriate corrective measures;
- Official launching of the campaign in BIMBO by the Minister of Health accompanied by WHO and UNICEF representatives on June 16,2019.
- Minister of Health missions to Bambari accompanied by livestock Minister to support coordination activities at the local level and strengthen the involvement of the Peuhls communities and armed groups for the vaccination of the children of sedentary and nomadic populations;
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Communication

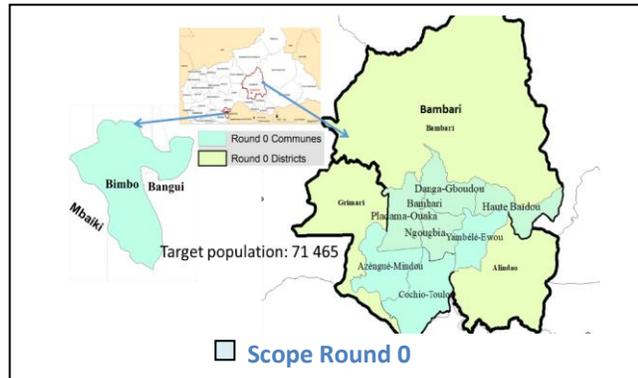
- Training and deployment of social mobilizers for local communication in households;
- Advanced deployment of central level communication experts in the Bambari and Bimbo health districts;
- Radio and TV broadcasting of specific polio programmes and advertisements on vaccination on NDEKELUKA radio;
- Involvement of community leaders and authorities of Bambari and Bimbo in social mobilization;



Sensitization meeting with the Ministry of Health, WHO Representative at the Bambari “Elevage” site

Renforcement de l’immunité (Riposte vaccinale)

- Official launching of the campaign in Bimbo by the Minister of Health accompanied by the WHO and UNICEF representatives on 15/06/2019;
- Training and deployment of local supervisors in the municipalities targeted for the response on 15/06/2019;
- Training and deployment of vaccination teams and volunteers in the districts and villages and cascading start of the campaign on 16/06/2019;



- 90.1% of children aged 0-59 months were vaccinated in Bimbo and Bambari during the 3 days of the campaign (partial datas)



The Minister of Health administering the mOPV2 at the Bimbo Polio Round 0 Campaign



Unicef Representative administering mOPV2 at launching ceremony, Round 0 in Bimbo



WHO Representative administering mOPV2 at launching ceremony, Round 0 in Bimbo

Logistics and vaccine management

- No loss in vials reported so far.
- Vaccine stock out reported in all districts from day 2 due to underestimation of target population resulting from frequent internal population displacement and creation of new IDPs camps and villages;
- Field deployment of monitors to supervise vaccine management, particularly empty vials.

Strengthening epidemiological and laboratory surveillance

- Finalization of risk analysis for rounds 1 and 2 and sharing at all levels;
- Epidemiological and socio-anthropological investigation of the 2 confirmed cases of VDPV;
- Identification of two new environmental monitoring sites, one in Bambari and one in Bimbo;
- Preparation of a national active research mission including the 9 silent districts.
- Detection and investigation of one hot case of AFP during round 0 in Bambari.

Cross Border Activities

- Sharing of information between the DRC and CAR to harmonize corrective actions to be implemented;
- Identification of crossing points between the two countries and planning of training for entry point surveillance officers.
- Special Vaccination teams placed in the villages along the river to vaccinate target populations;

Special Interventions (migrating populations, IDPs and compromised security zones)

- Dialogue with former armed groups to ensure access of the humanitarian corridors for vaccination of populations living in compromised security areas;
- Strengthening active AFP surveillance and vaccination in IDP and nomadic camps;
- Recruitment of vaccinators and mobilizers in IDP camps and among nomadic and indigenous populations (forest sector);
- Establishment of special teams for the vaccination of villages along the Ubangi River.



Challenges

- Ensuring access to compromised security areas, by engaging with former armed groups;
- Effective vaccination of special populations: nomads, internally displaced persons, minors, indigenous population through the strategies put in place;
- Review of actual demographic data for better estimation of vaccine needs to avoid stock-outs during rounds 1 & 2.

Way forward

- Preparation activities for rounds 1 and 2: planning, budgeting, ordering vaccines and finger markers;
- Updating districts Microplans in selected districts for round 1;
- Retrospective AFP and other vaccine preventable diseases case search in high risk districts;
- Strengthening surveillance focal points capacities on AFP and vaccine preventable diseases and set up an accountability system.

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