



Central African Republic

Situation Report for the VDPV2 Response

N°4 from June 22 to 28, 2019

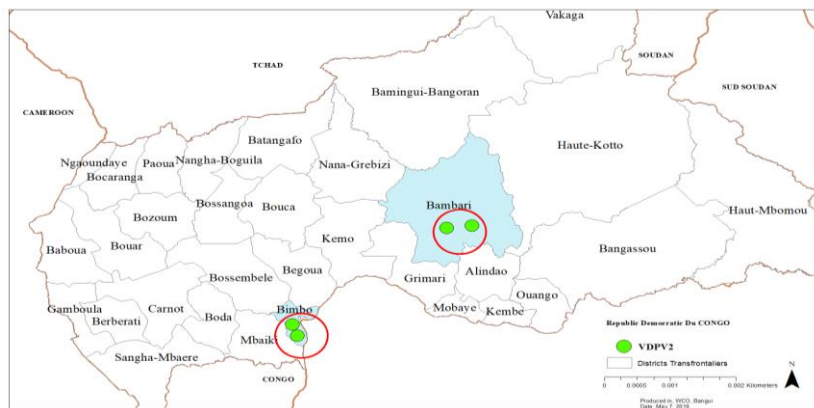


Situation overview

- Since May 2019, Confirmation of 4 new emergence of type 2 vaccine-derived poliovirus (VDPV2) in the districts of Bambari (2) and Bimbo (2) without any genetic link between them and other known viruses
- Bambari Health District: CAF-RS4-BAM-19-058, onset of paralysis: May 02, 2019. 07 positive contacts with the same genetic link. Community samples CAF-RS4-BAM-19-058CC14 and CAF-RS4-BAM-19-058CC17 positive, genetically related to each other but not genetically linked to the CAF-RS4-BAM-19-058 index case (new emergence)
- Bimbo Health District: CAF-RS1-BIM-19-062, onset of paralysis: May 05, 2019. A positive contact, genetically related to the index case. 02 other positive contacts (CAF-RS1-BIM-19-062C4 and CAF-RS1-BIM-19-062C5), genetically related to each other but not genetically related to the index case CAF-RS1-BIM-19-062 (new emergence)
- Organization of round 0 of vaccination response campaign in 04 health districts: Bimbo from June 17 to 19, and Bambari, Grimari, Alindao from June 19 to 21, 2019;
- Round 1 response in 21 health districts planned for July 19-21, 2019. The target population is 677,841 children aged 0-59 months. Preparations are in progress
- Strategic meetings on 25 June 2019 with humanitarian partners (OCHA, UNHCR, IOM, IFRC, WHO, UNICEF) to explore ways of sharing information and synergies of actions in support of the response to the outbreak.



Strategic meetings on 25 June 2019 with humanitarian partners (OCHA, UNHCR, IOM, IFRC, WHO, UNicef) for synergic activities around polio response,



Distribution of VDPV2 cases in CAR 2019. updated as June 28, 2019

Hihglights

Epidemiological situation:

04 confirmed VDPV2 :

- District of Bambari, RS4, onset of paralysis : May 02 2019
- District of Bimbo, RS1, onset of paralysis May 06 2019

SIA shedules

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

Round 0 Results

Résultats Round 1

- 3 Régions : (RS4, RS6, RS1)
- 21 districts,
- Target Population : 677 841 children <5 years

Vaccins et logistics

- Approval of the VPOm2 request for Round 1 & 2
- Vaccine arrival schedule on July 03, 2019
- Required doses: 1,560,000 doses

Financing situation

- Budget including rounds 1 and 2 prepared and transmitted
- Ongoing local resource mobilization

Partnership

- High-level advocacy with OCHA, UNHCRA, FIRC, SCOUT for their involvement in the response
- Already involved: WHO, UNICEF, CDC, Rotary, PROVERESCA, Minusca, IFRC, World Bank, Radio Ndeke Luka,



Government and partner response

Coordination

- 03 preparatory meetings Held for the next campaign at the national COUSP level;
- Partners' consultation meeting on the response held on Tuesday 25 June 2019 with the participation of WHO, UNICEF, UNHCR, FIRC, OCHA;
- 05 Incident Management Coordination Meetings Held at WHO;
- Finalization of the national response plan for cVDPV2 cases, July to December 2019
- Establishment of a WhatsApp group of the response coordination team;
- Holding a consultation meeting with the Nomadic Focal person.

Communication

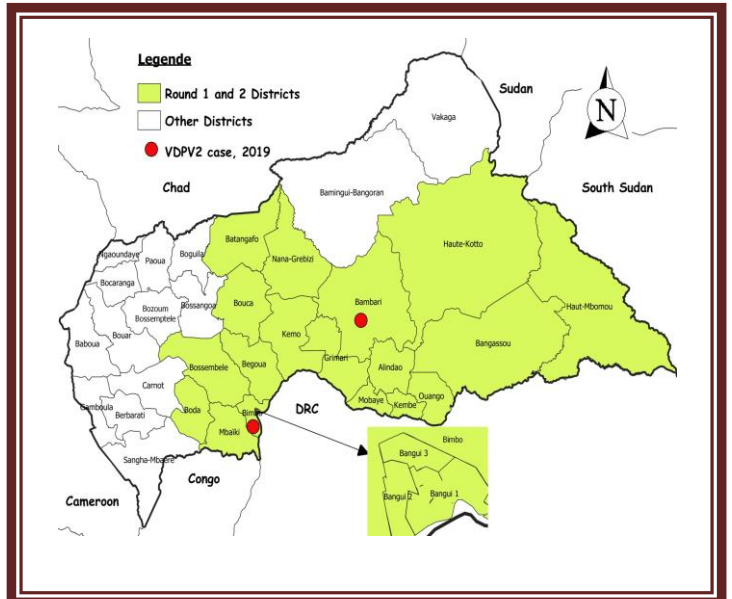
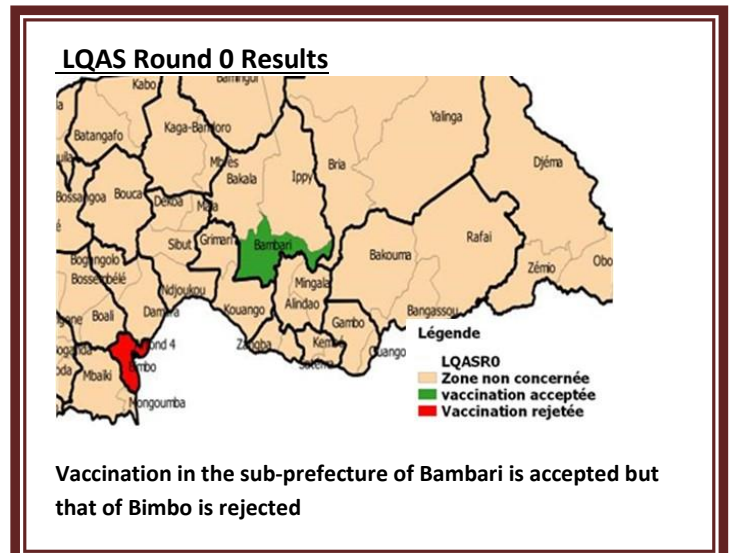
- Identification of 13 civil society associations and elaboration of their mapping in the 21 health districts targeted by Round I and II,
- Identification of the intervention package to be carried out in the different health districts according to their specificities,
- Development of 3 spots broadcast by Radio Ndeke Luka on the importance of routine vaccination, handwashing and the use of latrines,
- Revision of Radio Ndeke Luka's messages on Polio in inter-campaign

Immunity Strengthening (Vaccination response)

- Round 0 independent evaluation : 1 out of 2 districts rejected during the LQAS that of Bimbo in red on the map
- 5.8% of children missed at the MI
- 8% of zero doses of 12-59 months
- Inventory of villages not vaccinated due to vaccine stock out is ongoing with related populations.
- 120% of children aged 0-59 months were vaccinated in Bimbo and Bambari. This reveals challenges in mastering effective population number in this country where there are regular populations displacement.
- Operational timeline for the implementation of the Round 1 campaign validated;
- Preparations for microplanning in the 21 health districts targeted by Round 1.

Strengthening epidemiological and laboratory surveillance

- Environmental surveillance monitoring review meeting with sample collectors and supervisors from 28-29, 2019.
- Preparation for the retrospective AFP cases search across the country. Beginning in Bangui and around next week.
- Active collection of the 60th day follow-up examinations so that the CNEP can classify inadequate AFP cases;
- Community samples from Bimbo collected and transmission to the laboratory. Results awaited for the final classification of the VDPV2;
- Reinforcement of active AFP case search and vaccination in camps for internally displaced persons classified as very high priority sites (twice a week);



Logistics and vaccine management

- Order of 1,560,000 doses of vaccines, that is 78,000 vials for round 1 and 2. Arrival scheduled for July 03, 2019.
- Update of the cold chain inventory and logistics plan for Round I and II and the vaccine distribution plan,
- Receipt of the A forms from the Bimbo and Bambari health districts,
- Incineration of 2,070 vials of mOPV2 in the Bambari health district, sanctioned by a destruction report

Cross border activities

- Information collection from UNHCR and IOM on returnees and movement planning to integrate the provision of immunization services upon arrival in the country.
- Official notification of the outbreak to the DRC authorities.

Interventions spéciales (populations migrantes, IDPs, et zones à sécurité compromises)

Special interventions (migrant populations, IDPs, and compromised security areas)

- Meeting to evaluate the effectiveness of nomadic focal points and bottlenecks that are hindering the successful implementation of this project Held on June 27, 2019 in WHO country office.
- Recruitment of vaccinators and mobilizers in IDP camps; among nomadic and indigenous populations (forest sector);
- Establishment of special teams for the vaccination of villages along the Ubangi River.

Critical Gaps

- Insufficient information and mapping of security compromised areas not accessible to immunization and surveillance services (operational accessibility);
- Irregularity and absence of routine immunization services in some IDP and mining sites where some humanitarian actors are delivering health care;
- Lack of evidence of effective coverage of special populations by routine immunization and surveillance services: nomads, internally displaced persons, minors, indigenous population through the strategies put in place;
- Mobilizing local resources from public and private sector and bilateral partners;

Way forward

- Advocacy to the MoH for the official activation of Polio EOC and appointment of the Coordinator;
- Preparations for rounds 1 and 2: microplanning, budgeting, ordering indelible markers;
- Retrospective AFP cases search in high-risk districts not targeted by the upcoming campaigns;
- Establish a list/mapping of security compromised areas for vaccination services;
- Holding a consensus meeting between the MoH and humanitarian actors on a systematic introduction of vaccination services as part of essential health care delivered by humanitarian in any sites.

Contacts et addresses:

Dr KALTHAN Ernest, Director of Epi. Surv. & Public Health Emergencies, [Mobile:+236 75233390](tel:+23675233390), [Email:](mailto:etiennedolido@yahoo.fr)

Dr DOLIDO Etienne, EPI Director, [mobile:+236 75047719](tel:+23675047719), [email: etiennedolido@yahoo.fr](mailto:etiennedolido@yahoo.fr)

Dr RITTER VON XYLANDER, Représentant de l'OMS en RCA, afwcocf@who.int

Dr NIMPA MENGOUO Marcellin, Incident Manager, [email: nimpamengouom@who.int](mailto:nimpamengouom@who.int)

