Central African Republic
Situation Report for the VDPV2 Response
N°6 from June 29 to July 05, 2019

Vaccine-Derived Poliovirus type 2 (VDPV2) Outbreak in Central Africa Republic

The Minister of Public Health’s press briefing on the results and lessons learned from Round 0 and the state of preparations for Round 1. Bangui, July 02, 2019

Situation overview

- Since May 2019, Confirmation of 4 new emergence of type 2 vaccine-derived poliovirus (VDPV2) in Bambari (2) and Bimbo (2) health districts 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 response Immunization 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 26-28, 2019. The target population is 677,841 children aged 0-59 months. Preparations are in progress.

Distribution of VDPV2 cases in CAR 2019. updated as July 05, 2019

Highlights

Epidemiological situation:
04 new VDPV2 strains confirmed:
- 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: 26-28th July 2019
- Round 2: August 2019

Round 0 Results

- 3 Regions : (RS4, RS6, RS1)
- 4 districts (Bambari, Kouango-Grimari, Alindao-Mingale, Bimbo).
- Target Population: 71 465 under 5 children
- Administrative coverage: 110%
- 9/12 municipalities with coverage ≥ 95%
- IM : 6% mixed children
- IM : 5/8 municipalities (62%) with < 5% mixed children
- LOAS: Bimbo Rejected (24/60 mixed children)
  Bambari, Accepted (1/60 mixed child)
- IM : 6%

Round 1

- 3 Regions : (RS4, RS6, RS1)
- 21 districts,
- Target Population: 677 841 under 5 children
- Vaccine arrival schedule on July 16, 2019 (50%, 780 000 doses)
- Expected doses for R1 and R2: 1,560,000 doses

Financing Situation
- Feedback on the budget received from AFRO and review of the budget accordingly

Partnership
- 3rd meeting of the health cluster dedicated to updating the outbreak response
Government and partner response

Coordination
- Holding of Immunization and Polio Response steering committee on the 05th July 2019, chaired by the Minister of Health;
- Holding of 02 round 1 preparatory meetings at the national COUSP
- 3rd consultation meeting with humanitarian partners on polio the response held on Tuesday, July 02, 2019 with the participation of all NGOs involved in the health cluster including First Emergency, JUPEDEC, MSF France, IFRC, Mentor, etc.: Global commitment to contribute to polio response activities and improvement of routine EPI indicators in terms of logistics, finance and equipment;
- 05 Incident Management Coordination Meetings at WHO;
- Round 0 evaluation meeting held in Bangui on July 04, 2019.
- MoH, WHO and Unicef meeting to review Polio response plan and Round 1 budgets taking in consideration GPEI Partners feedback.

Communication
- Training of 4 members of the MoH green line to be able to answer to frequently asked questions about Poliomyelitis,
- Briefing of 25 local journalists on Round 0 polio campaign results and actions expected of them for Round 1,
- Press briefing by the Minister of Health on Round 0 in the presence of journalists and partners, focusing on the results and lessons learned;

Immunity Strengthening (Vaccination response)
- Round 0 evaluation meeting held on July 04, 2019, chaired by the Minister of Health
- Strong involvement of administrative, political, religious and traditional authorities
- Support of former rebel groups allowed access to previously inaccessible localities
- Administrative immunization coverage: 110%.
- Proportion of children not vaccinated on independent Monitoring : 6% (3% Out of door and 9% in In door)
- Only 5/8 communes (62%) have vaccinated ≥95% of children;
- Ngoubia and Bimbo 3 communes recorded unacceptable proportions of missed children, 24 and 20% outside households
- Refusals raise from 5% in April to 8% in June 1;
- Vaccine stock out reported in several localities due to poor mastering of target population due to high population movement due to insecurity;

[Administrative Vaccine Coverage by Health District, Round (June 2019)]
[Districts accepted and rejected at LQAS, Round 0 in CAR (June 2019)]
Results of the Independent Monitoring Round 0 in CAR (June 2019): Proportion of children not vaccinated by commune

<table>
<thead>
<tr>
<th>Commune</th>
<th>Not vaccinated (%)</th>
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<tbody>
<tr>
<td>PLADIMA DUKA</td>
<td>5%</td>
</tr>
<tr>
<td>MAHABAR</td>
<td>6%</td>
</tr>
<tr>
<td>BADILA</td>
<td>8%</td>
</tr>
<tr>
<td>BIMBO</td>
<td>20%</td>
</tr>
<tr>
<td>ORMA</td>
<td>7%</td>
</tr>
<tr>
<td>TAMBELE</td>
<td>7%</td>
</tr>
<tr>
<td>NGO</td>
<td>9%</td>
</tr>
</tbody>
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Results of the Independent Monitoring Round 0 in CAR (June 2019): Reasons for not vaccinating

- M+HM
- Menages
- H manages

**Pound 1 preparedness**

- Update of the operational timeline for Round 1;
- Microplanning preparations ongoing for the 21 health districts targeted by Round 1.
- Update of training modules, tools and database

**Strengthening epidemiological and laboratory surveillance**

- National Evaluation meeting of Environmental Surveillance on June 28-29, 2019 with sample collectors and regional and districts focal points.
  - Analysis of main reasons of irregular sample collection (59%) and consensus on corrective measures;
  - Planning and booking of flights to send samples for the next 2 months
- Launching of retrospective AFP case search in the 8 health districts of regions 1 and 7 from July 04 to 6, 2019.
- Polio Expert Committee members (CNEP’s ) on the field for follow up examination of inadequate AFP cases pending classification.
- Investigation of the Sabin 2 case in an environmental sample in Bangui;
- Investigation of tOPV and mOPV2 alerts reported in the ISS database: All are the typing errors to be corrected. No tOPV and mOPV2 found after investigation.

**Logistics and vaccine management**

- Order 1,560,000 doses of vaccines, or 78,000 vials for round 1 and 2. Expected date of arrival of the vaccines by the freight forwarder on 16 July 2019.
- Updating of the logistics plan for Round I and II with the update of the cold chain inventory, incinerators and vaccine distribution plan,
- Availability of Form A forms from the health districts of Bimbo, Bambari and the central level and well as the VUR
- 2,070 vials of mOPV2 from the Bambari health district and 2,130 from the Bimbp health district, i. e. 4,200 vials, were incinerated respectively in Bambari and the Pasteur centre in Bangui with a destruction report

**Critical Gaps**

- Insufficient information and mapping of security compromised areas not accessible to immunization and surveillance services (operational accessibility);
• Not mastery of all target populations
• Irregularity and absence of routine immunization services in some IDP and mining sites where some humanitarian actors are delivering heath 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 the public and private sector as well as bilateral partners;

**Way forward**
• Ongoing preparations for Round 1: microplanning, budgeting, ordering indelible markers;
• Microplanification to be done in the 21 health districts targeted by Round 1 and 2.
• Retrospective research on AFP cases continued in high-risk districts not targeted by the vaccination campaign;
• Organization of population count
• Strengthen routine vaccination during and after upcoming SIAs.

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