

The Urgepi project - Developing locally adapted measles vaccination strategies in the DRC

July 2024

Birgit Nikolay

The Urgepi project

- Project started in 2018 – strategy revised in 2021

- **Objective:**

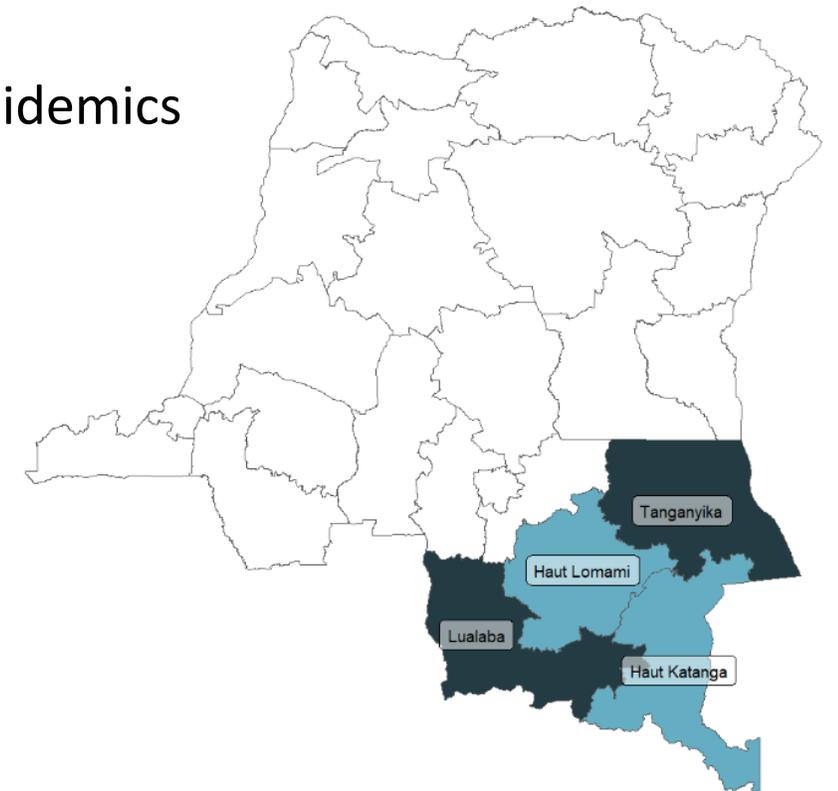
To improve strategies of prevention/response for measles epidemics

- **Type of activities:**

- Preventive vaccination activities
- Surveillance
- Biological confirmation (laboratory in Lubumbashi)
- Interventions (vaccination, case management)
- Operational research

- Targeted approach through identification of **high-risk (priority) health zones (HZ)**

**Implementation in 4 provinces
(Katanga region - DRC):**



The Urgepi project

- Project started in 2018 – strategy revised in 2021

- **Objective:**

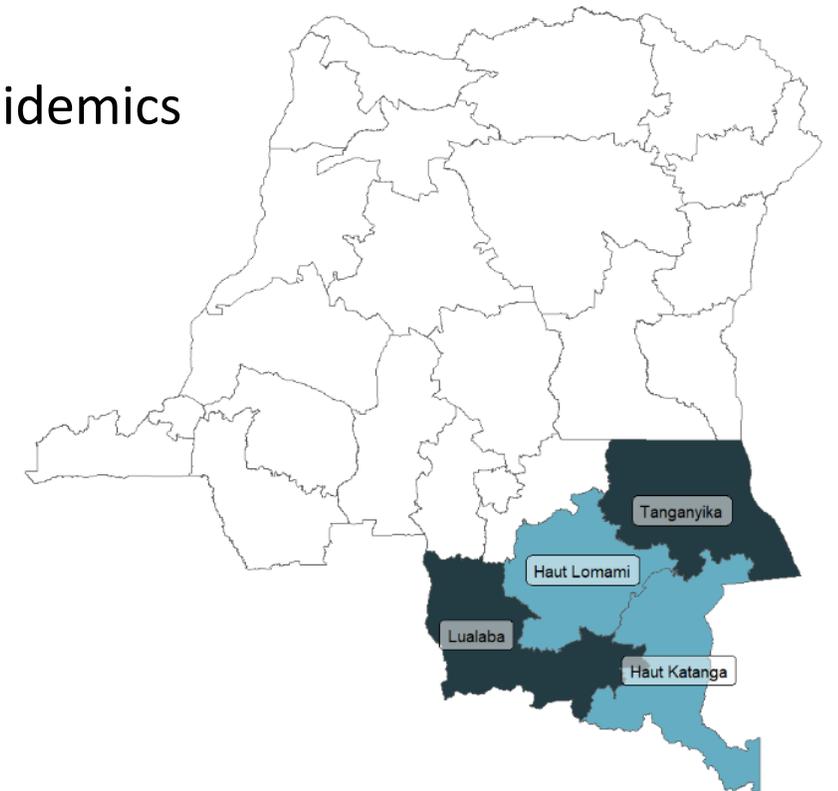
To improve strategies of prevention/response for measles epidemics

- **Type of activities:**

- Preventive vaccination activities
- Surveillance
- Biological confirmation (laboratory in Lubumbashi)
- Interventions (vaccination, case management)
- Operational research

- Targeted approach through identification of **high-risk (priority) health zones (HZ)**

**Implementation in 4 provinces
(Katanga region - DRC):**



• The Urgepi project – Preventive Vaccination Activities •

1) Evaluation of preventive vaccination activities in 2021

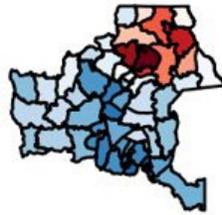
2) Preventive vaccination strategies in 2024/2025



Selection of priority HZ in 2021

Model-based risk ranking:

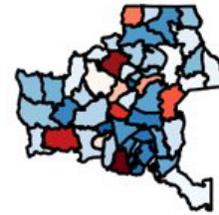
Vaccination coverage
(DHS 2014)



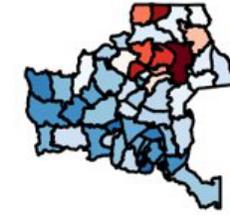
Estimated number
non-vaccinated



Estimated number
susceptible



Final
prioritization



+ Other criteria:

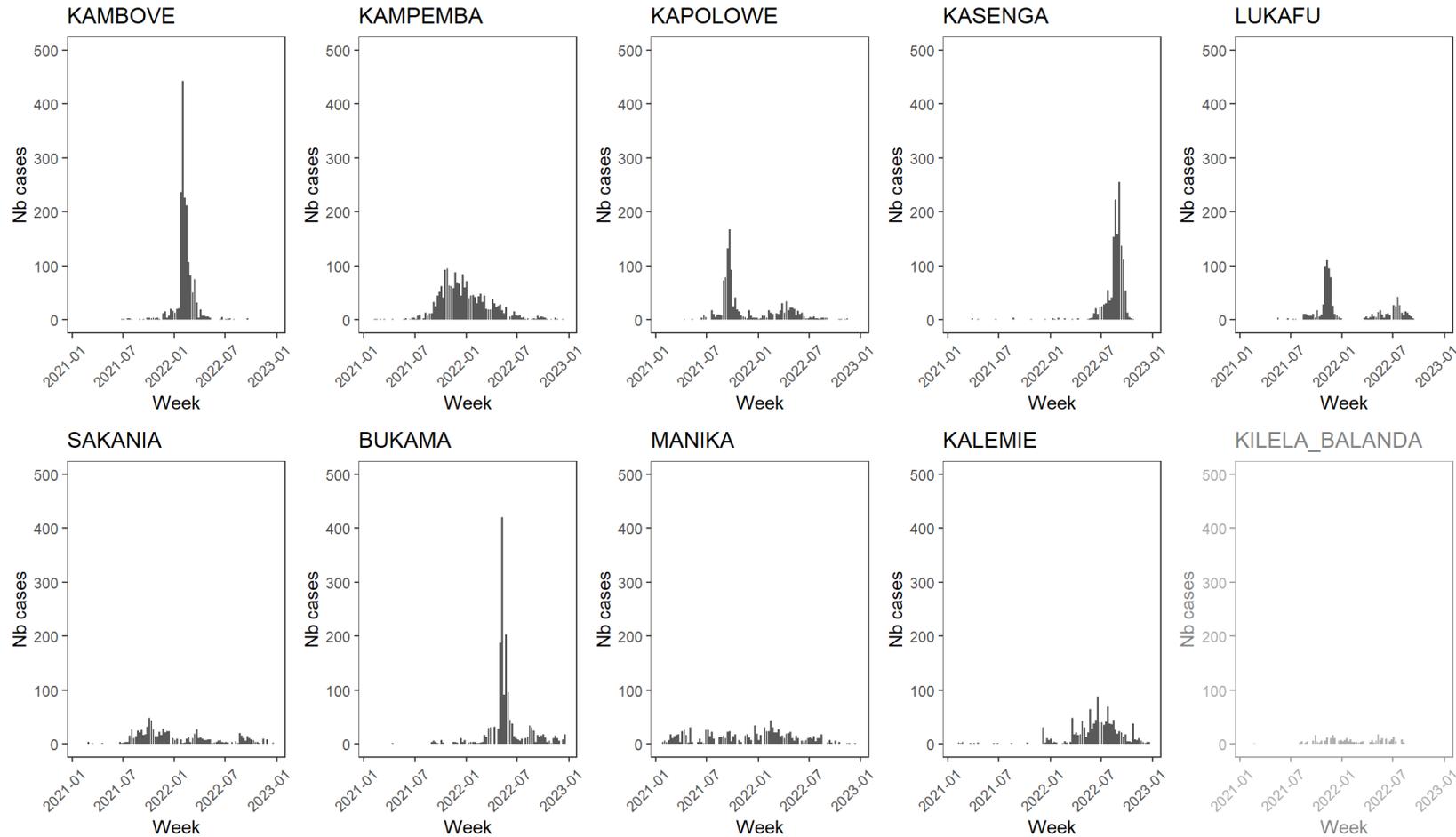
- Focus on Haut-Katanga for logistical reasons
- Model-based ranking combined with alternative risk analysis
- **21 priority HZ** (11 Haut-Katanga, 3 Haut-Lomami, 3 Lualaba, 4 Tanganyika)

Preventive vaccination activities 2021

- Preventive vaccination activities in 9 priority HZ in collaboration with MoH
- Depending on the HZ the activities targeted:
 - all children aged 6 to 59 months (Dilolo, Kasaji, Kinkondja, Mukanga, Kabongo)
 - all children 6 to 23 months (Manono, Kyiambi)
 - selectively unvaccinated children aged 9 to 23 months (Pweto, Kilwa)



What happened in priority HZ without preventive vaccination?

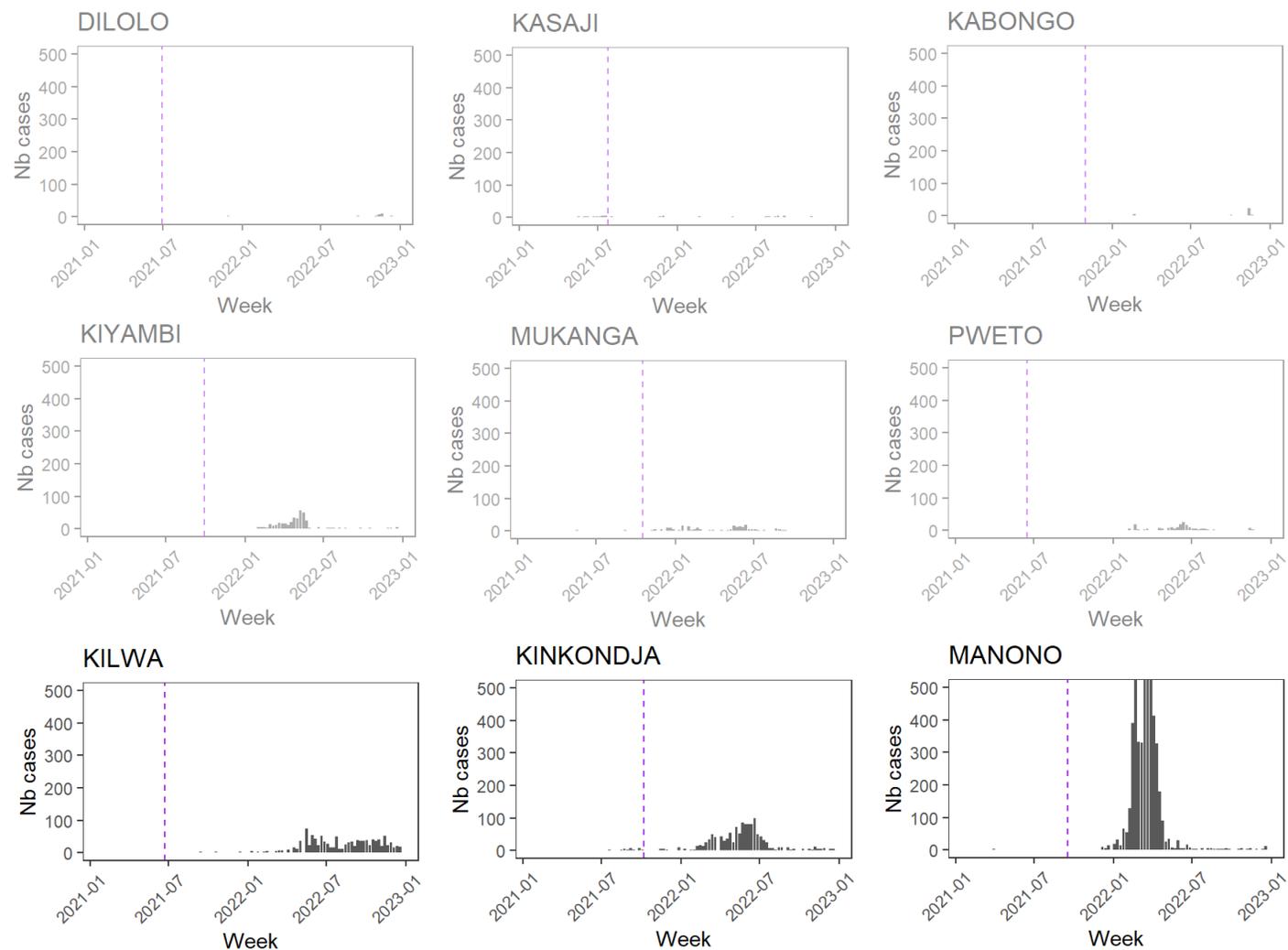


- 9/10 unvaccinated priority HZ* experienced a large epidemic

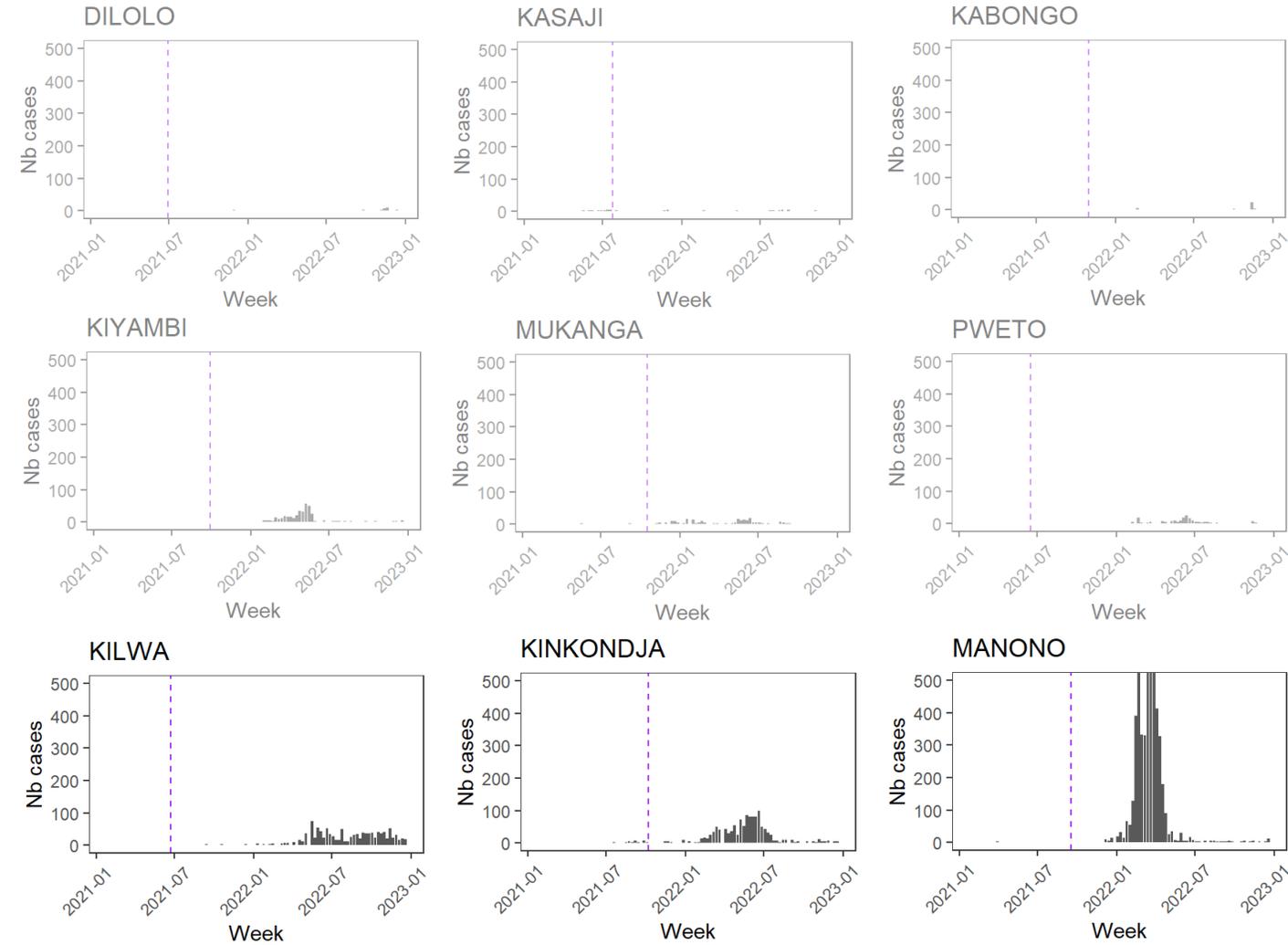
*excluding 2 priority HZ with early reactive vaccination

Impact of preventive vaccination

- Preventive vaccination likely averted large epidemics in 6/9 vaccinated priority HZ



Impact of preventive vaccination

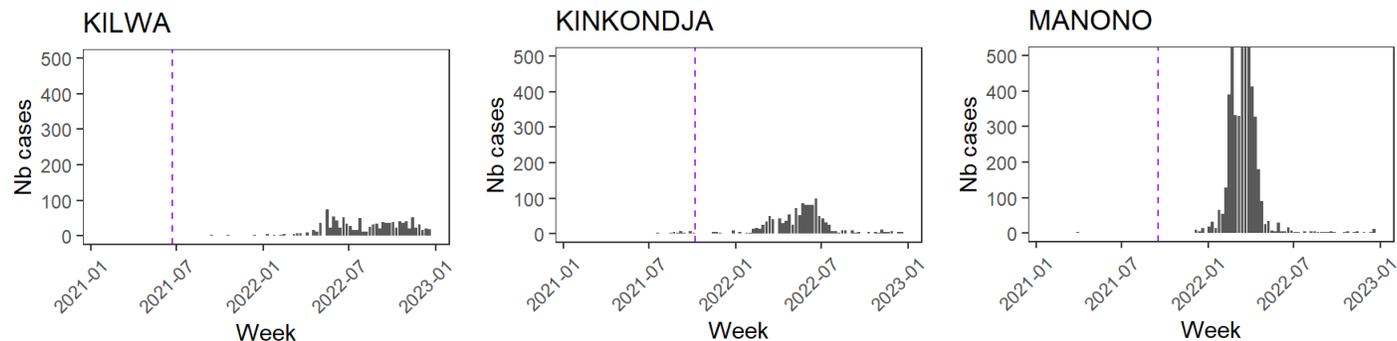


- Preventive vaccination likely averted large epidemics in 6/9 vaccinated priority HZ
- Evaluation based on number and % of ZS experiencing large epidemics (≥ 500 cases) or the median attack rate:

Type of ZS	Nb HZ ≥ 500 cases	Nb HZ total	%HZ ≥ 500 cases [95%CI]	p-value	Median AR per 100,000
Priority HZ without early vaccination	9	10	90.0 [55.5-99.7]	Ref.	401
Preventive	3	9	33.3 [7.5-70.1]	0.02	103

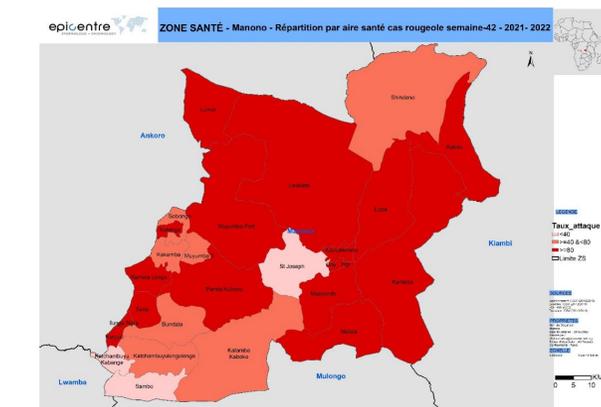
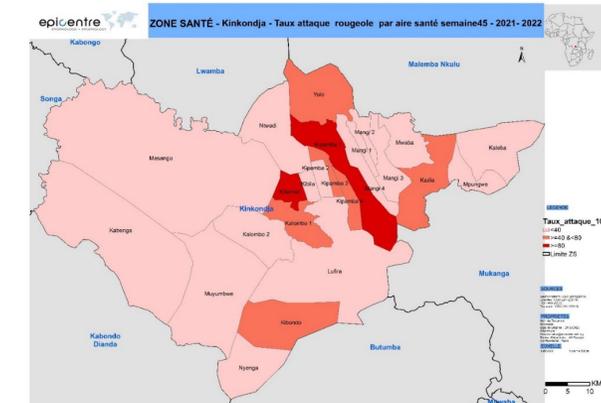
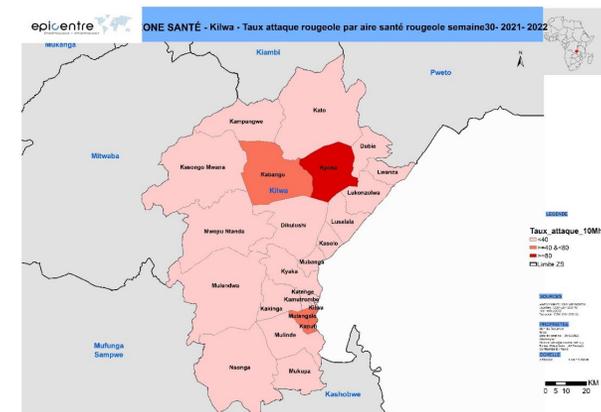


Epidemics in 3 HZ with preventive vaccination



Epidemics in 3 vaccinated priority HZ likely due to low coverage:

- All three epidemics were biologically confirmed (not rubella)
- Cases occurred in age-groups that were part of vaccination target
- While measles epidemics were limited to geographic pockets in Kilwa and Kinkondja, the entire HZ was affected in Manono
- Vaccination coverage surveys in Manono and Kinkondja confirmed low coverage



Conclusion – Evaluation of Preventive Activities

- Preventive vaccination in high-risk zones is a powerful strategy, particularly in areas with difficult access during certain periods of the year (e.g. rainy season)
- Locally adapted strategies may be needed in some places to improve vaccination coverage and prevent epidemics fully



Conclusion – Evaluation of Preventive Activities

- Preventive vaccination in high-risk zones is a powerful strategy, particularly in areas with difficult access during certain periods of the year (e.g. rainy season)
- Locally adapted strategies may be needed in some places to improve vaccination coverage and prevent epidemics fully

Recommendations for 2024/2025

- Selection of high-risk health zones based on low historical vaccination coverage
- Development of vaccination strategies that are targeted towards geographic areas or population groups with low vaccination coverage
- IOA to better understand immunization barriers to improve vaccination coverage in challenging locations



• The Urgepi project – Preventive Vaccination Activities •

1) Evaluation of preventive vaccination activities in 2021

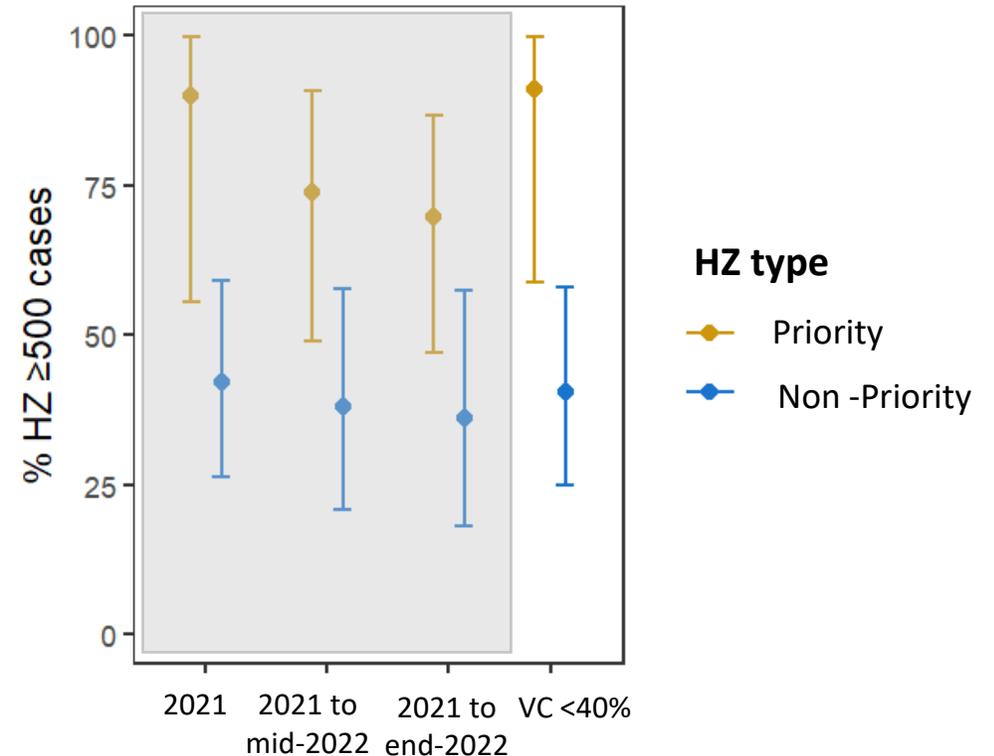
2) Preventive vaccination strategies in 2024/2025



Selection of Health Zones for Preventive vaccination

- Health zones with low vaccination coverage in Katanga region:

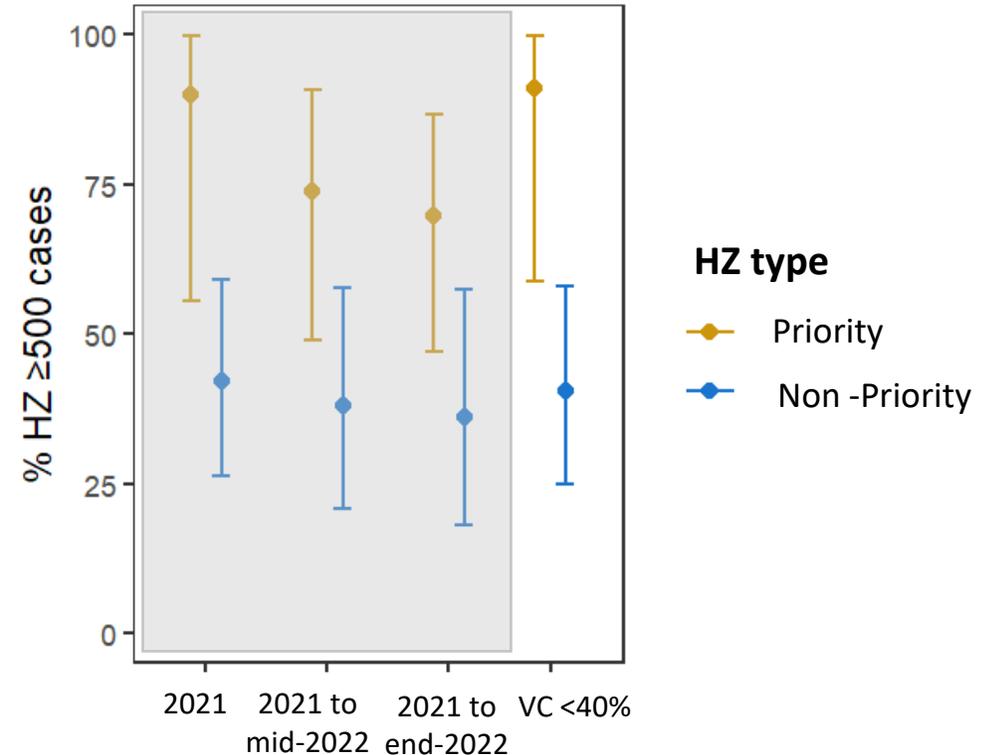
- <40% based on DHS 2014 survey was good predictor for large epidemics
- Compare to more recent coverage estimates



Selection of Health Zones for Preventive vaccination

- Health zones with low vaccination coverage in Katanga region:

- <40% based on DHS 2014 survey was good predictor for large epidemics
- Compare to more recent coverage estimates



- Selection of health zones together with MoH that face different challenges:

- Difficult geographical access, insecurity, mobility of population, comorbidities



A horizontal line of light blue dots is positioned at the top of the slide, above the main title.

Targeted Vaccination – Selecting Health Areas

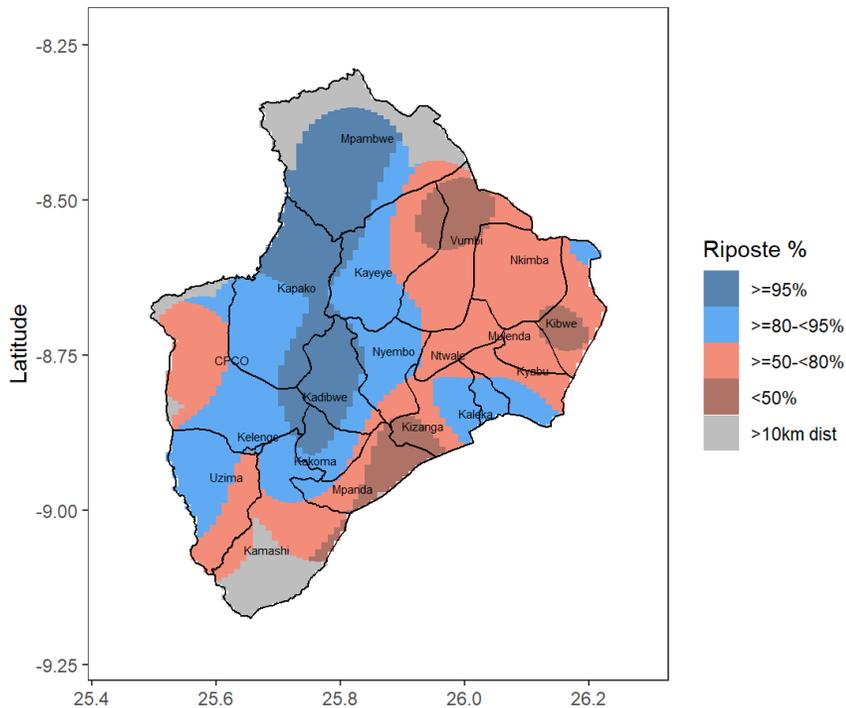
- How to avoid re-vaccinating already immunized children?
- How to find and target non-vaccinated children?



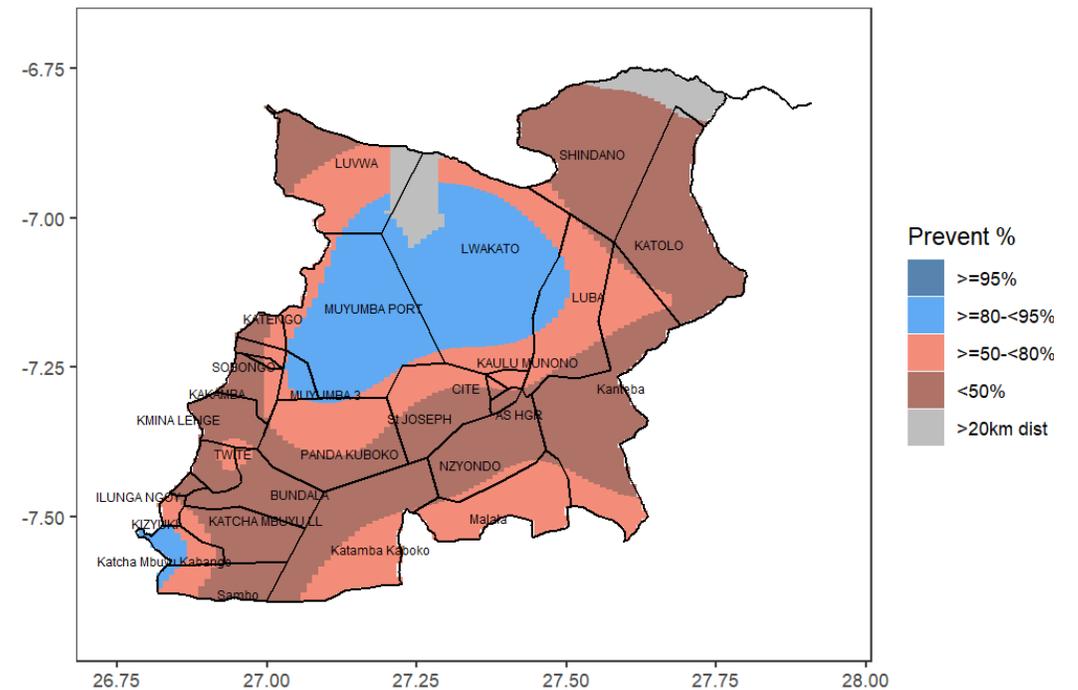
Targeted Vaccination – Selecting Health Areas

- How to avoid re-vaccinating already immunized children?
- How to find and target non-vaccinated children?
- Vaccination coverage often varies within a health zone:

Reactive vaccination, Kabondo Dianda 2022



Preventive vaccination, Manono 2021

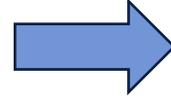


Developing Locally Adapted Vaccination Strategies

**1. Community based
vaccination coverage survey:**
Where are pockets of low
coverage?

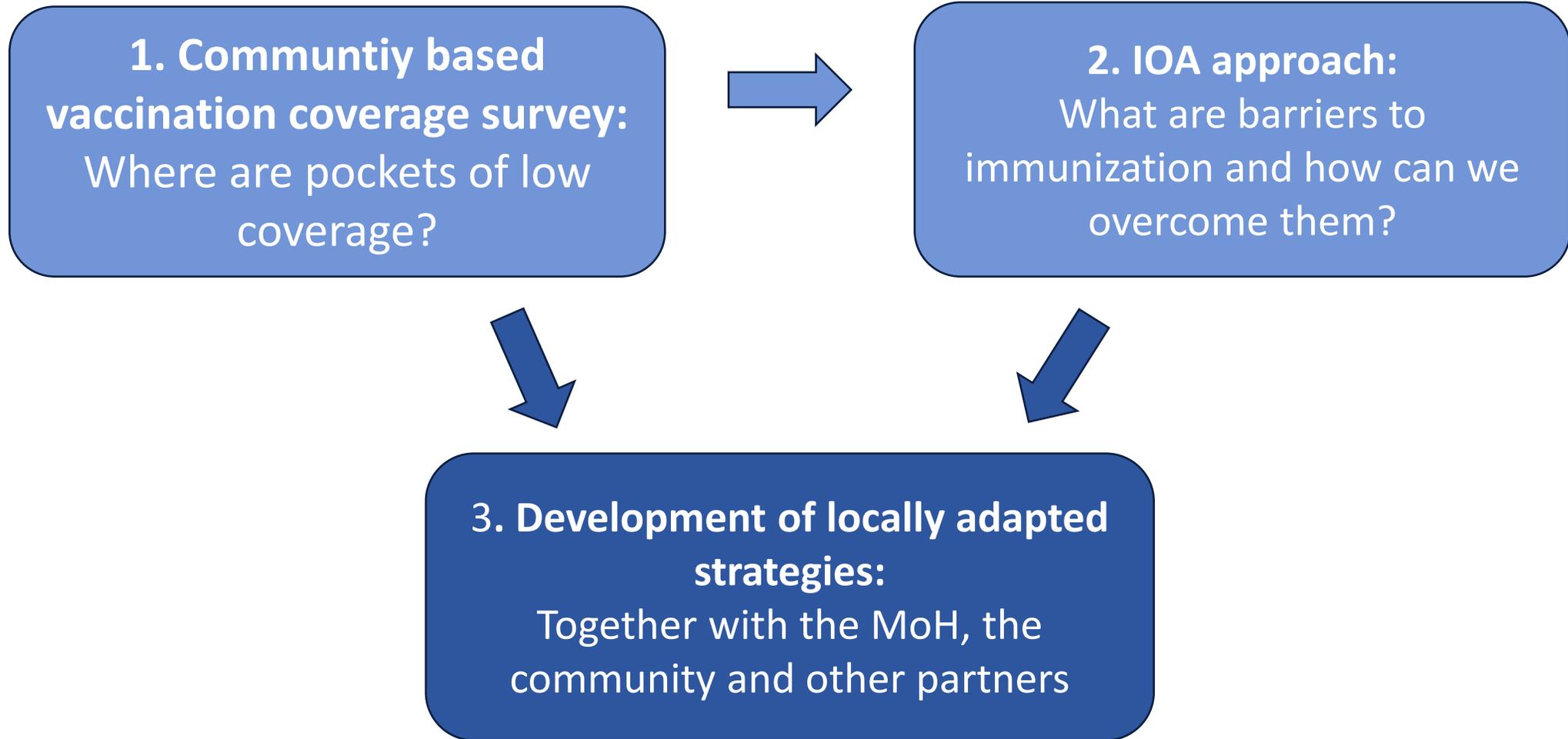
Developing Locally Adapted Vaccination Strategies

1. Community based vaccination coverage survey:
Where are pockets of low coverage?



2. IOA approach:
What are barriers to immunization and how can we overcome them?

Developing Locally Adapted Vaccination Strategies



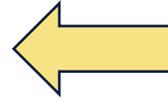
• Evaluation of Vaccination Strategies

**Implementation of locally adapted
vaccination strategy**



Evaluation of Vaccination Strategies

**Implementation of locally adapted
vaccination strategy**

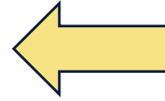


**1. Vaccination coverage survey at
vaccination sites during activities:
Are we vaccinating non-vaccinated
children?**

Evaluation of Vaccination Strategies

Implementation of locally adapted vaccination strategy

1. Vaccination coverage survey at vaccination sites during activities:
Are we vaccinating non-vaccinated children?



2. Post-vaccination community survey:
Which coverage did we achieve with activities?



Conclusion

- Preventive vaccination is a powerful strategy to prevent measles epidemics
- Locally adapted vaccination strategies needed to improve impact

Strategic Plan 2024/2025

- Using vaccination coverage surveys and IOA approach to inform vaccination strategies
- Evaluation of vaccination activities with 2 types of vaccination coverage surveys
- Chronogram: 2 high-risk health zones in 2024 and 2 high-risk health zones in 2025



Urgepi project team
MSF – OCP
Epicentre
Cellule d'Analyse Intégrée, DRC

Ministry of Health DRC
INRB Kinshasa
Grand Laboratoire de Lubumbashi

Thank you!!



Contact et plus d'informations sur :

www.epicentre.msf.org epimail@epicentre.msf.org

 Epicentre_MSF

 msf-epicentre

 Epicentre - MSF