



REPUBLIC OF NAMIBIA

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**OFFICE OF THE EXECUTIVE DIRECTOR**

Ref: 9/2/2/1  
Enq.: U. Kaura

Date: 07 November 2019

Dr Amid Azadeh  
Chief Executive Officer  
Medical Association of Namibia  
PO Box 3369  
Klein Windhoek  
Windhoek

Cc All Medical Practitioners

Dear Dr Azadeh

**Subject: Ongoing Circulating Vaccine Derived Polio Virus type 2 (cVDPV2) in Angola**

Reference is hereby to abovementioned subject. This memo serves to inform you about the cVDPV type 2 outbreaks in Angola. During the week of 3 June 2019, the World Health Organization (WHO) received confirmation of cVDPV2 in Angola, with 10 nucleotide changes from Sabin 2, which is the closest virus match, suggesting a new emergence. The cVDPV2 was isolated from an acute flaccid paralysis (AFP) case, with onset of paralysis on 22 March 2019, from Lunda Norte province, bordering the Democratic Republic of Congo (DR Congo). DR Congo has been affected by known circulating VDPV2 outbreaks since early 2017 and has been conducting outbreak response with monovalent OPV type 2 (mOPV2). Several more cases were confirmed and the country is yet to control the outbreak. To date, 29 cases have been confirmed, affecting several districts.

This is a real setback for the sub-region as the end game of Polio Eradication is nearing. VDPVs are rare strains of poliovirus that have genetically mutated from the original strain contained in the oral polio vaccine. It's important to note the following:

- Most vaccine associated cases are due to type 2 or 3 and on very rare occasions, if a population is **seriously under-immunized**, there are enough susceptible children for the

excreted Vaccine Derived Polio to begin circulating in the community. These viruses are called cVDPV.

- The lower the population immunity, the longer these viruses survive. The longer they survive, the more they replicate, change, and exchange genetic material with other enteroviruses
- If a population is fully immunized against polio, it will be protected against the spread of both wild and vaccine strains of poliovirus.

Given cross-border population movements, sub-national immunity and surveillance gaps, and the fact that poliovirus is a highly infectious pathogen, Lunda Norte province is considered to be a high-risk for any poliovirus re-introduction or re-emergence. In the absence of a timely and high-quality vaccination response, there is an eminent risk of further transmission of this cVDPV2, potentially leading to a significant outbreak of paralytic polio.

It is therefore of paramount importance for Namibia, especially the northern regions to be on high alert and ensure that there is no interruption in regular delivery of routine immunization activities. Surveillance should also be strengthened and every case of Acute Flaccid Paralysis in the age group of younger than 15 years should be investigated. In addition, we urge you to ensure that all eligible children receive at least one dose of Inactivated Polio vaccine (IPV) as it is the only vaccine that contains all 3 sero-types against the virus.

Yours sincerely

  
**BEN NANGOMBE**  
**EXECUTIVE DIRECTOR**

