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Feasibility study of a diarrhea rotavirus in pediatric hospital of Kingasani on the introduction of the vaccine in DRC/objective 2017

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After malaria, respiratory infections, and meningitis, severe diarrhea is one of the major causes of public health problems worldwide. According to the current statistics of the WHO, the disease causes more or less 483,000 child death per year. Children with the aforementioned age are permanent victims of this very deadly disease. Note here that the vaccine against rotavirus gastroenteritis is already operational in some developed countries whose main objective remains that of reducing its impact. Rotavirus diarrhea remains a paramount concern among public health problems in underdeveloped countries and developing ones; it is the case particularly in Latin America and in sub-Saharan Africa. To get the best strategy adopted unanimously by all parties that addictive when that resolution was to target three sentinel sites namely: our Kingasani Pediatric Hospital, and the Pediatric Hospital Kalembe Lembe for the pool Kinshasa, including Sendwe, the hospital in Lubumbashi. Note again that the choice made for the adoption of these three hospital sites was based on their expertise and specialties in the care of sick children. To explain the impact of the supervision of different cases registered in our pediatric service, we will insert data collected among children from 0 to 59 months hospitalized cases of rotavirus diarrhea. This is an exploratory study based on semi-structured direct interviews with parents of sick children in our pediatric service. That is to say, we looked at these parents around the inclusion criteria different registered cases. The targets of our monitoring are children aged from 0 to 59 months supported during our investigation period Pediatric Hospital Kingasani, whose population of this health area is $236,584 in this children who suffered from rotavirus diarrhea account for 55% of the population. During the last five years, surveillance of rotavirus has made progress in our pediatric hospital in Kingasani simply by collecting stool specimen and the ELISA test, but also the presence of a motivated and trained staff in the site can explain this success. From August 2009 until December 2014, we recorded 1204 cases of severe acute diarrhea. It remains to note that all these stool samples were collected and analyzed by a test immun-Ologiegique for rotavirus, and 656 samples were positive rota virus (55%). In our study, 55% of children hospitalized for severe rotavirus diarrhea those whose age varies between 0 and 59 months is attributed to rotavirus infection in our sentinel site. The results show the need to introduce the vaccine against rotavirus gastroenteritis in our country to help reduce the high rate of prevalence and mortality of children between 0-59 months without ignoring the death due to the same disease. Since the seasonality is high time cases of rotavirus diarrhea, it is possible to introduce the vaccine so that it has full coverage through synchronization throughout the country. This study is a big step in our activities in our pediatric hospital in Kingasani since a case of an epidemic is now a global threat.

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