

Afghanistan Polio Update



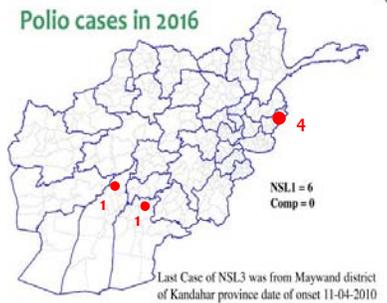
AT A GLANCE:

- Two new polio cases this quarter—6 cases in 2016
- Over 9.3 million children vaccinated during National Immunization Days (NIDs) campaign in May; Sub-NIDs in April
- Two case response vaccination campaigns in Kunar and Helmand
- 1,427 AFP cases reported this year
- 42 environmental samples from 14 sites collected this quarter
- An external AFP surveillance review was conducted in June
- Successful switch from tOPV to bOPV in April
- Ulama conferences organized in Kunar and Kandahar

POLIO CASES:

Region	Confirmed cases		
	2014	2015	2016
Central	0	0	0
East	6	10	4
South east	4	0	0
South	17	4	2
North	0	1	0
Northeast	0	0	0
West	1	5	0
Country	28	20	6

Afghanistan reported two wild poliovirus (WPV) cases in the second quarter of 2016: one from Shahwalikot district of Kandahar and one from Shigal wa Sheltan district of Kunar province. This brings the total number of WPV cases in Afghanistan to 6 this year. All these cases are of P1 serotype. WPV1 transmission is limited to small geographical area in Kunar province in the East and northern parts of Helmand and Kandahar in the South.



The total number of AFP cases reported to date is 1,427—no compatible or vaccine-derived poliovirus (VDPV) case is reported in 2016.

IMMUNIZATION CAMPAIGNS:

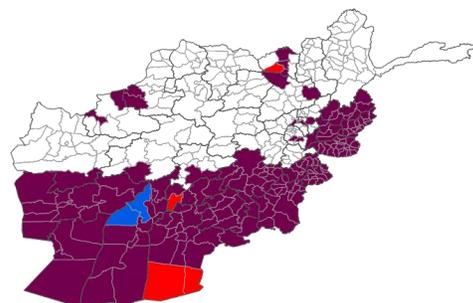
- ◆ National Immunization Days (NIDs) were successfully completed from 16-20 May, reaching over 9.3 million children under the age of 5. Children aged 2-5 were also given de-worming tablets. Read the press release [here](#).
- ◆ Sub-national Immunization Days (SNIDs) were conducted from 19-23 April with over 5.5 million children vaccinated
- ◆ Two case response campaigns were conducted in Kunar and Helmand provinces reaching over 300,000 children



Photo: WHO/J. Jalali

Inactivated Polio Vaccine (IPV) Campaigns (IPV+bOPV)		
Dates	Province	14W-59m children
2-7 April	Kunar	55,197
4-7 April	Helmand	208,973
25 April - 1 May	Helmand	108,103
1-7 June	Kunar	7374
	Helmand	91,067
26 June - 2 July	Herat	79,709
16-21 June	Farah	12,828

April Sub-national Immunization Days



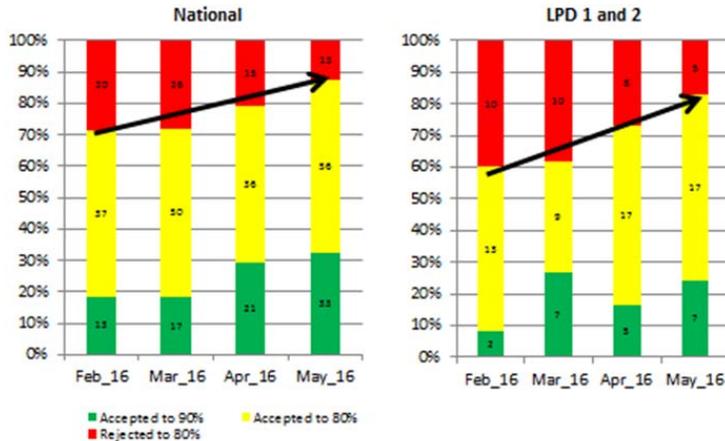
May National Immunization Days



Campaign not planned
 Not accessible
 bOPV
 tOPV
 IPV

QUALITY OF SUPPLEMENTARY IMMUNIZATION ACTIVITIES

Progressive improvement in SIA quality LQAS results (Q1-Q2, 2016)



Lot Quality Assessment Sampling (LQAS) data shows improvements in the quality of supplementary immunization activities over the past 6 months. In the 47 very high-risk districts the proportion of failed lots reduced from 40% in the February campaign to 17% in May 2016.

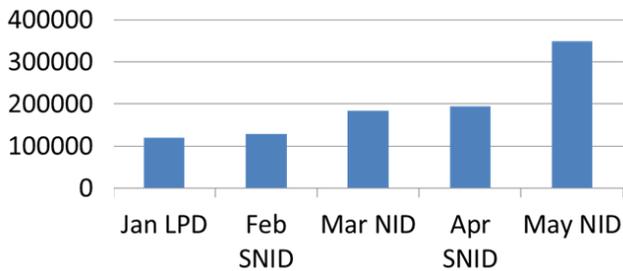


Photo: WHO/S.Ramo

A child is vaccinated during the May NIDs on a Friday re-visit day in a women's park in Kabul

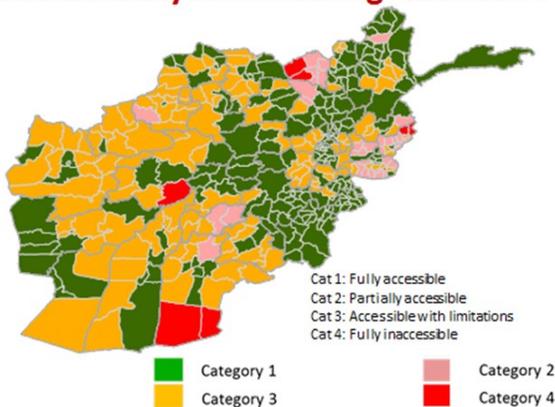
ACCESSIBILITY

Inaccessible Children: January-May 2016



Region	Jan LPD SIA	Feb SNID	Mar NID	Apr SNID	May NID
East	41,744	22,938	25,869	30,555	131,781
North	0	0	0	0	3,376
NE	65,584	97,998	146,810	106,281	165,333
South	12,335	7,079	11,684	56,662	22,811
SE	0	380	0	380	400
West	0	0	0	0	25,410
Central	0	0	0	0	0
Total	119,663	128,395	184,363	193,878	349,111

Accessibility status during recent SIA



The number of inaccessible children varies from campaign to campaign due to the dynamic security situation on the ground.

The security and access situation has deteriorated more rapidly in the past few months. Around 320,000 children were not reached during the May NID campaign due to lack of access, mainly in the Eastern and North-eastern regions.

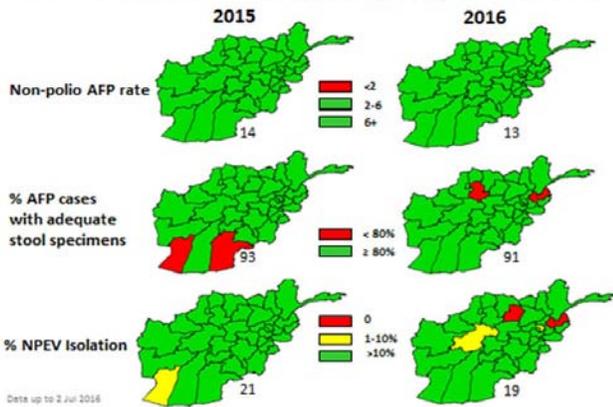
The situation in the North-eastern region has remained static since late 2015 - the programme has been missing around 165,000 children.

The situation in the Eastern region has deteriorated rapidly in April/May 2016 as the number of inaccessible children increased from 26,000 in March NID to 130,000 in May SNID.

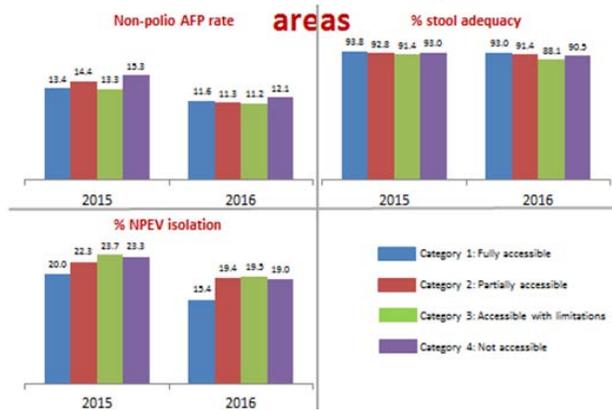
POLIO SURVEILLANCE

- ◆ 42 environmental samples from 14 pre-selected sites located in five provinces of Southern, Eastern and Central Regions have been collected and sent to the laboratory in good condition during this quarter.
- ◆ 84 samples have been collected in 2016 and laboratory results have been received for 70 samples—none of the samples are positive for WPV.
- ◆ Afghanistan is maintaining very high levels of surveillance with a non-polio AFP (NPAFP) rate of more than 9, adequate stool rate of more than 80% and non-polio enterovirus (NPEV) rate more than 10% in all regions and most of the provinces. Surveillance capability is strong also in access-compromised areas.

AFP surveillance: quality key indicators



Surveillance in access compromised areas



AFP SURVEILLANCE REVIEW



AFP case investigation in Kandahar



Investigation of WPV case reported from Shigal wa Shultan district of Kunar

Photos: WHO/A.Zahed

A detailed field review of the AFP surveillance system in Afghanistan was conducted in the Eastern, Western, Central and Southern regions by teams comprising of national and international experts from the Ministry of Public Health, UNICEF, WHO and partners in June. Following a detailed desk review of surveillance data, field visits were carried out by the teams in different regions to assess the surveillance system for its ability and speed to detect polioviruses in the communities.

KEY FINDINGS:

- ◆ Circulation of WPV or cVDPV is unlikely to be missed in Afghanistan
- ◆ The extent of the existing surveillance network is sufficient
- ◆ Key AFP surveillance indicators are surpassing global targets in almost all provinces (a few exceptions, e.g. Nuristan)
- ◆ Overall there is good documentation of AFP data and a broad reporting network with involvement of community-based reporting volunteers
- ◆ AFP awareness among health workers overall is good but there is a need for regular orientation of reporting volunteers
- ◆ Active surveillance practice is generally good

“Circulation of the wild poliovirus is unlikely to be missed in Afghanistan”

(External AFP Surveillance Review)



Photo: : WHO/J.Jalali

Pharmacist Shah Qurishi is a volunteer working on AFP surveillance in Kandahar City. “As a pharmacist, I am often in touch with people more than a doctor is, especially with the villagers,” he says.

Religious Scholars Convened in Kunar and Kandahar to Support Polio Eradication



Photos: MoPH/A, Qahar

Ulama conferences in Kunar and Kandahar have rallied support from religious leaders for polio eradication. Over 100 Ulamas gathered for a conference in Kunar province in May and 90 Ulamas convened in Kandahar in June to show their support for the polio eradication effort. The Declaration adopted by Ulamas in a conference in Kabul in February was fully endorsed by Ulamas in both conferences. To enhance the programme’s engagement with religious scholars, more Ulama conferences are planned for 2016 in Helmand, Nangarhar and Farah provinces. A National Islamic Ulama Group (NIUG) was formed in the Kabul conference in February. [Click here](#) to read about the Ulama conference organized in February 2016 in Kabul and [here](#) for the Ulama Declaration.

“The Switch” Successfully Implemented

Afghanistan, together with approximately 150 countries, switched from using trivalent oral poliovirus vaccine (tOPV) to bivalent oral poliovirus vaccine (bOPV) in April. The Ministry of Public Health, along with WHO, UNICEF and NGOs implementing the Basic Package of Health Services, carried out Afghanistan’s vaccine switch on 23 April.

Planning, implementation, monitoring and validation of the switch, a massive logistical exercise, were successful with no doses of tOPV vaccine

remaining in health facilities providing routine immunization services across Afghanistan.

Afghanistan was the first ever country in the world using bOPV in low-performing districts during SNIDs since 2009. To help to reduce the risks associated with the withdrawal of OPV type 2, Afghanistan introduced a dose of IPV to routine immunization programs in September 2015.



Photo: WHO

Zahra works to secure a polio-free Afghanistan



Photo: WHO/J.Jalali

Zahra (name changed), a polio campaign monitor from Nangarhar province, is one of the heroes of the polio eradication effort, dedicating her work to ensuring that every child receives 2 drops of the polio vaccine during every single campaign. Her work is not often easy: as a woman in a traditional society where women’s mobility is restricted, she faces many challenges as she moves from house to house in remote villages. Women like Zahra are vital for the success of polio eradication efforts around the country. You can read more about Zahra [here](#).

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