

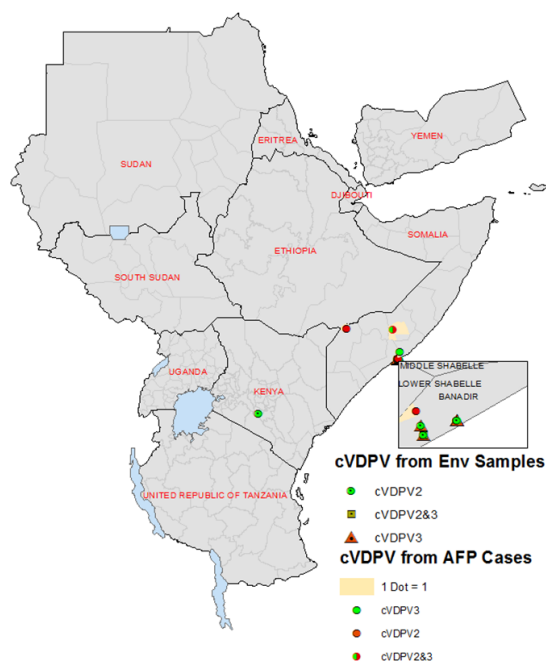
Horn of Africa Response Outbreak

SITUATION REPORT

15 August 2018



Distribution of cVDPV2 & cVDPV3 AFP cases and positive environmental samples, Horn of Africa, 2017-2018



Key Highlights

- Circulating vaccine-derived poliovirus' type 2 (cVDPV2) and type 3 (cVDPV3) have been confirmed in the Horn of Africa and declared as Public Health Emergency Grade 2.
- In Somalia, the epicentre of the current outbreaks has isolated eleven isolates (10 isolates type 2 and 7 isolates type 3) in the four environmental surveillance sites. Also five human cases have been confirmed: Two cVDPV2, two cases of cVDPV3 and one case with a co-infection of cVDPV2 and cVDPV3.
- In Kenya Nairobi, one cVDPV2 was isolated in April 2018 in the environmental site; the isolates was genetically linked to VDPV2s in Somalia indicating a regional outbreak. Another VDPV2 was isolated from environmental sample collected on 05 June 2018, however the case is not linked to other cases thus classified as ambiguous

Regional Immunization Response

- Three limited rounds of mOPV2 and one IPV round were conducted in Banadir Region and neighboring regions Middle and Lower Shabelle in Somalia in response to the detection of the initial cVDPV2 isolates in October 2017. These rounds were conducted in December 2017, January and March 2018.
- Limited round was conducted in all sub-Counties of Nairobi County, May 2018 in response to the Nairobi cVDPV2 isolate.
- After the high risk assessment in the Horn of Africa the two synchronized rounds of mOPV2 were planned to be conducted in high risk areas of Somalia, Kenya and Ethiopia in June and July 2018. However, due to insecurity in Somali Region, Ethiopia the first mOPV 2 synchronized round was instead conducted in July and the second round in August 2018. Ethiopia is yet to conduct the Second synchronized mOPV2 round in view of the same reason.

Summary

Number of new cVDPV2 cases this week: 1
 Number of new cVDPV3 cases this week: 0
 Total number of cVDPV2 cases : 2
 Total number of cVDPV3 cases : 2
 Total number cVDPV2 contacts: 1
 Total number cVDPV3 contacts: 3
 Total number cVDPV3 Healthy Children: 2
 Total number of co-Infection (cVDPV2 & cVDPV3) : 1

Infected country (by region and district):

Country	District, Region/County	cVDPV2	cVDPV3	cVDPV2 & cVDPV3
AFP Cases				
Somalia	Bulo Burti, Hiran	0	0	1
Somalia	Warsheikh, Middle Shabelle	0	2	0
Somalia	Dolo, Gedo	1	0	0
Somalia	Daynile, Banadir	1	0	0
Environmental Positive				
Somalia	Mogadishu	10	7	0
Kenya	Nairobi	1	0	0

Most recent cVDPV2 case (by date of onset)

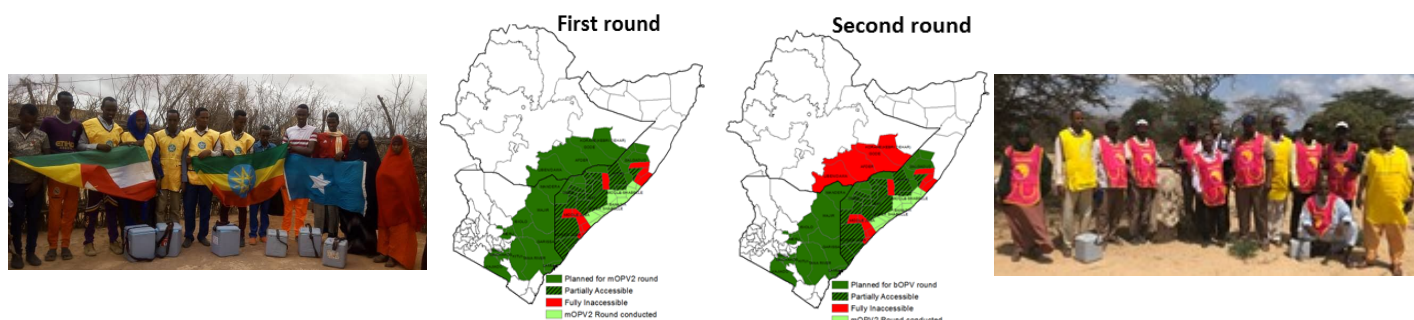
Location: Daynile, Banadir Region
 Onset of paralysis: 10 July, 2018 , age: 36 months, gender: male
 Vaccination status: seven OPV/ zero IPV

Most recent case cVDPV3 (by date of onset)

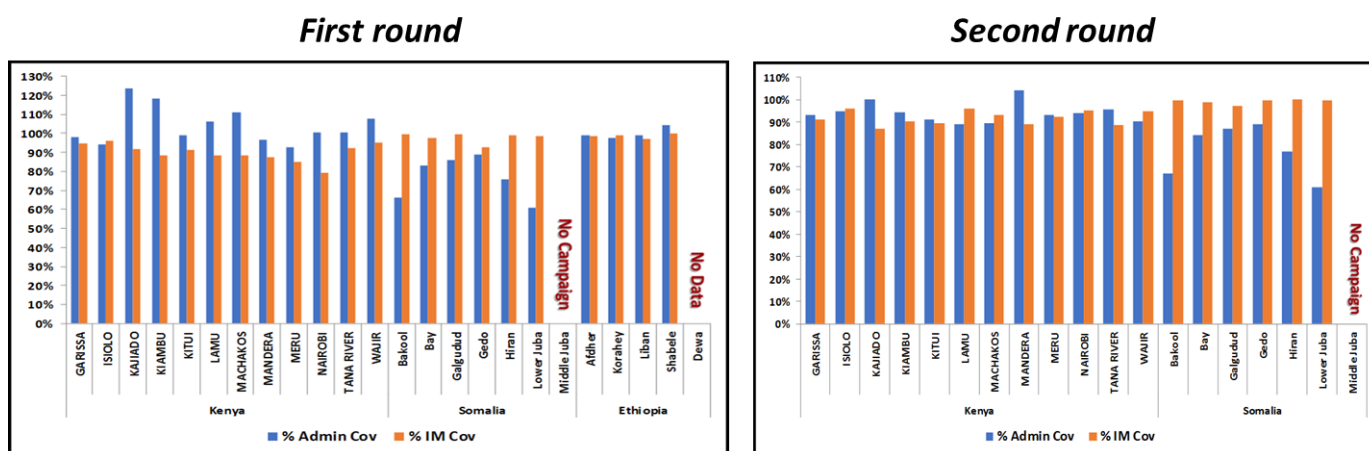
Location: Warsheikh, Middle Shabelle
 Onset of paralysis: 23 May, 2018 , age: 39 months, gender: male
 Vaccination status: zero OPV/zero IPV

mOPV2 rounds results

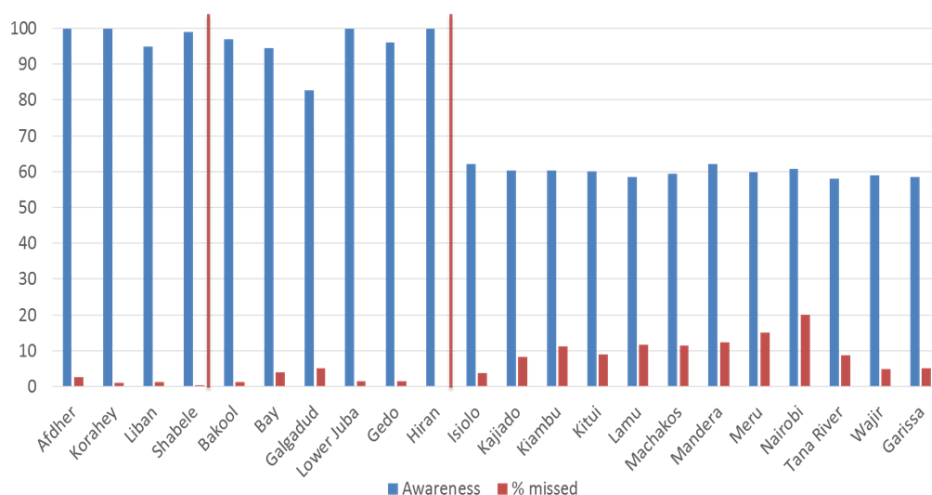
- The first round administrative data shows that a total 370,462 (100.1%) children were vaccinated in high risk area in Somali Region in Ethiopia, 2,506,326 (103%) children in 12 counties in Kenya and 666,421 (73.2%) children in Central and South Zone of Somalia.
- In the second round, Kenya adjusted the target population from 2,423,617 to 2,827,092 to harmonize the denominator with the first coverage. A total of 2,668,556 (94.4%) children were vaccinated in Kenya and 670,895 (73.7%) children in Somalia.



- The LQAs and Independent Monitoring was done in all the countries that conducted both rounds.
- The first round LQAs data shows that a total of 86 districts were surveyed in the three countries; Kenya 41, Ethiopia 17 and Somalia 28. The results indicate only 16 districts in Kenya, 9 in Ethiopia and 24 in Somalia had coverage above 90%. Those who achieved the coverage between 80 to 90% were 16 in Kenya, 4 in Ethiopia and 4 in Somalia. Those who achieved 60 to 79.9% were 9 in Kenya, 3 in Ethiopia and non in Somalia. Only one district achieved coverage below 60% in Ethiopia.
- Comparison between administrative data and independent monitoring (IM) data by counties, zones and regions for two rounds is as captured below.



- The reasons for missed children are: Child absent in Somali (73%) and Ethiopia (81%) and in Kenya is Team Performance (60%). Non compliance is 10% in Somalia and only 5% in both Kenya and Ethiopia.
- The awareness level was high in Somalia and Ethiopia as compared to Kenya
- Several communication channels were used in these countries; radios, TV, Religious and Community Leaders.

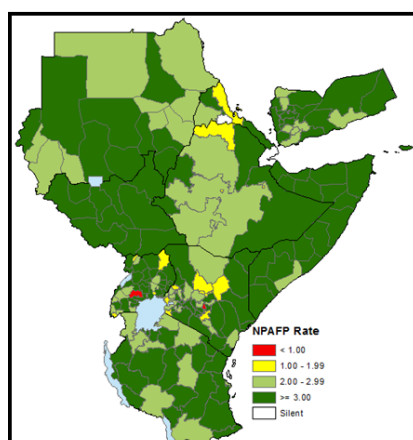


Enhance Surveillance

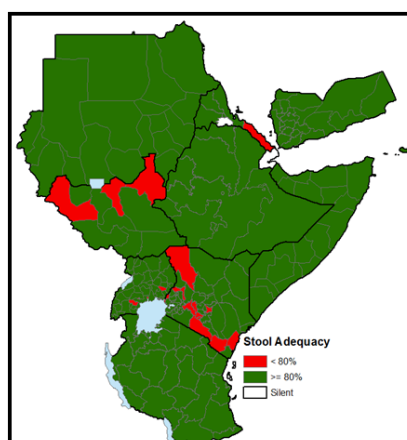
- All countries in the HoA have National AFP case detection rate of above 3:100000 except Eritrea and Ethiopia.
- Djibouti has not reported AFP cases for more than one rolling year; date of onset of most recent AFP case: 13 March 201
- Training and deployment of National STOP Team has been done in the 7 Northern and Nairobi Counties to support AFP Surveillance activities in the sub counties.
- Core Group continue to conduct active search activities in the health facilities on the cross borders areas of Kenya and Somalia
- In 2018 the Sub national level AFP case surveillance performance is below the operational level of 3:100000 in most of districts especially in Ethiopia, Uganda, Kenya and Tanzania, Stool adequacy rate is low in some of the districts in Kenya, Uganda and South Sudan. Non Polio Entrovirus is not good in all countries

AFP Core Indicators as of 15 August 2018						
Country	Expected AFP	Reported AFP Cases	AFP Detection Rate	Adequate Cases	Stool adequacy	NPENT
Eritrea	21	30	2.8	29	97%	3%
Ethiopia	543	580	2.1	537	93%	6%
Kenya	251	386	3.1	325	84%	3%
South Sudan	77	210	5.4	194	92%	14%
Tanzania	297	500	3.4	457	91%	6%
Uganda	256	478	3.7	434	91%	13%
Somalia	81	210	5.2	206	98%	8%
Sudan	228	357	3.1	343	96%	11%
Yemen	178	361	4.0	333	92%	2%
Djibouti	0	0	0.0	0		
HOA Block	1933	3112	3.2	2858	92%	7%

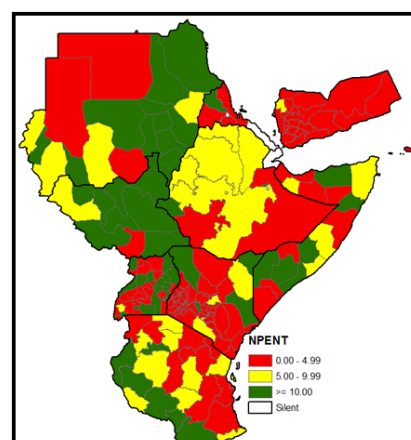
NPAFP Rate



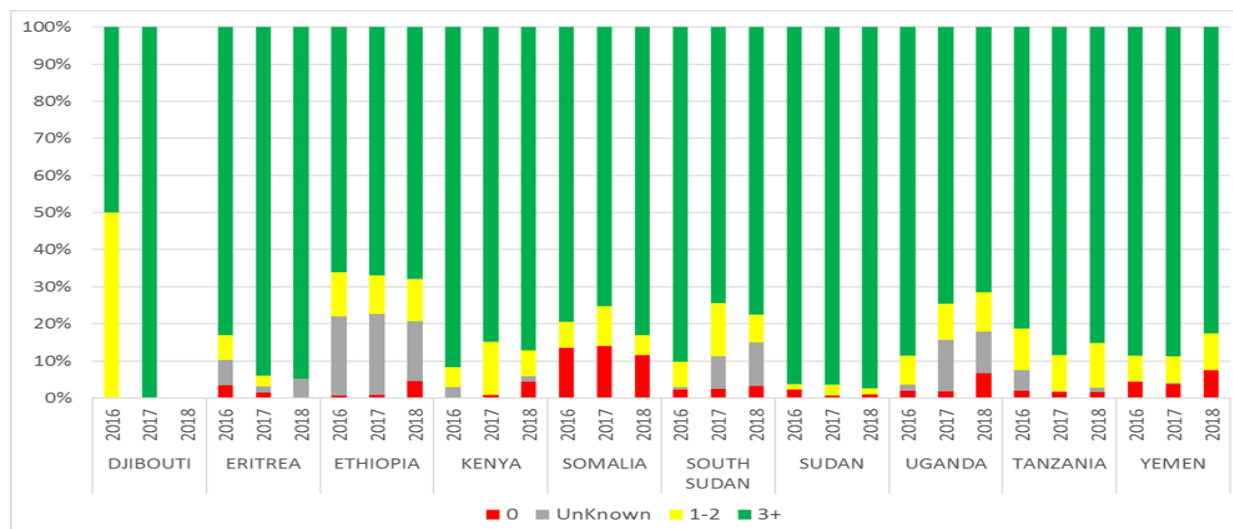
Stool Adequacy Rate



NPENT Rate



- Active case search for AFP cases monitored by the Integrated Supportive Supervision (ISS) using mobile monitoring tools.
- Ethiopia, Somalia, South Sudan and Uganda have more than 10% of zero and unknown doses of AFP cases.



bOPV response preparation

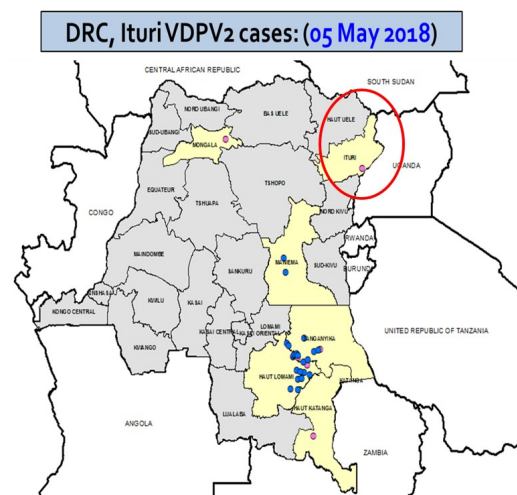
- In response ongoing VDPV3 outbreak, two bOPV round campaigns have been planned in high risk areas of Somalia, Kenya and Ethiopia in September and October 2018.
- Kenya they plan to start the campaign 15th September 2018 and Somalia on 1st October 2018.
- Because of the security situation in Somali Region in Ethiopia the first round of bOPV has been postponed.
- Intensive micro plans are developed to ensure ALL IPDs and Nomads Community are included in the campaign
- Mapping of all inaccessible settlements with social data being done and strategies to reach the children are developed.
- Cross border micro planning using satellite imagery is done and will be used
- A coordinated approach to micro planning using satellite imagery will help to ensure highest coverage of communities living along borders, nomadic mobility patterns and high-risk populations.

Regional Risks

- The high risk situation in the HoA region is security and natural disasters (floods and drought) leading to high;
 - ◆ number of Internal Displaced People Camps and Refugee camps
 - ◆ population movements
- DRC VDPV2 outbreak create high transmission risk of the virus in the HoA countries. Most at risk are Uganda, South Sudan, Zambia and Tanzania.

Coordination and Support

- Implementation of 17th HoA Technical Advisory Group (TAG) recommendations
- Innovative country specific strategies have been used to enhance surveillance, monitoring and facilitate real time decision making this includes use of e-surveillance systems like AVADAR in South Sudan, Integrated Support Supervision and geocoding of AFP cases
- Environmental surveillance sites and Polio Labs reviews was conducted in Uganda, Kenya, Ethiopia and South Sudan as per 17th TAG Recommendation. Actions are being developed to address the findings and recommendations.
- Global Polio Eradication Initiative HOA Technical Review meeting was held involving the five high risk countries to address the main challenges and gaps in the areas at risk: Main challenges identified inaccessible areas because on insecurity, low population immunity and AFP surveillance gaps
- Surge teams from Global Polio Eradication Initiative (GPEI) continue to support the regional response and monitor the outbreak situation, exchange information, and assist in the response.



Planned Activities and Meetings

- 1st Round synchronized bOPV campaign September 2018
- 2nd Round synchronized bOPV campaign October 2018
- Outbreak Response Assessment (OBRA): 22 October - 3 November 2018
- ARCC meeting in Nairobi : 12-16 November 2018
- HOA TAG Meeting in Nairobi: 27 - 29 November 2018

Relevant Links

- [Global Polio Eradication Initiative \(GPEI\) website](#), updated weekly.
- [Vaccine-derived polioviruses video](#)
- [Responding to an outbreak of VDPV video](#)
- [What is vaccine-derived polio?](#)
- [GPEI factsheet—VDPV](#)

For more information:

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