

# Horn of Africa Response Outbreak

## SITUATION REPORT #2

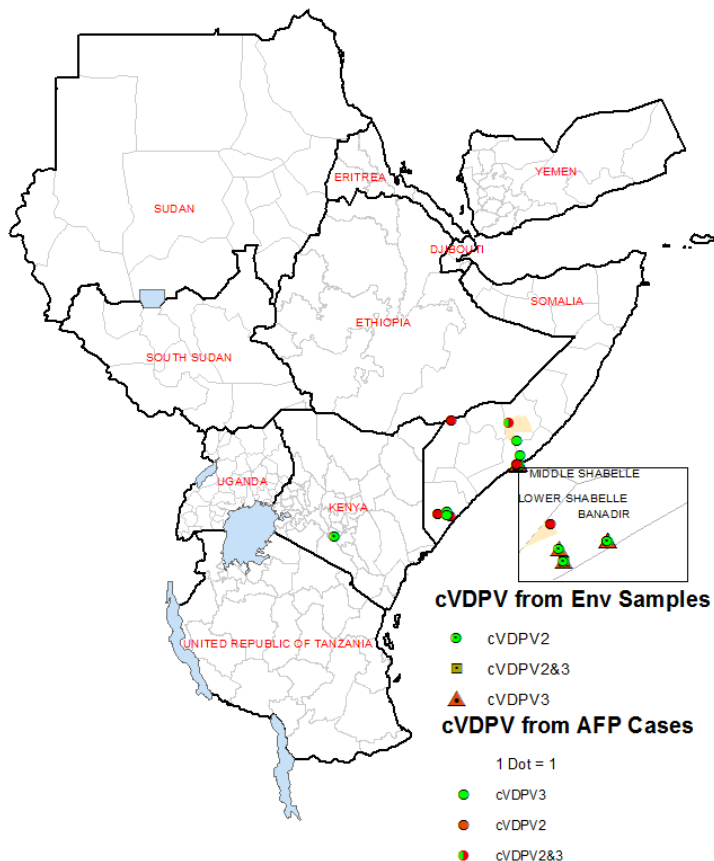
### 03 October 2018



### Situation update

- Two outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) and type 3 (cVDPV3) are ongoing in the Horn of Africa. The situation has been declared a Public Health Emergency Grade 2 by the World Health Organisation
- Two new cases of cVDPV2 were reported in the last week in Somalia. No new cases of cVDPV3 were reported.
- The total number of human cases of paralytic polio caused by cVDPV2 and 3 is now 10.
- In Somalia, the total number of human cases of cVDPV2 is now 4 and one co-infected, and 14 environmental samples have been isolated. Five human cases of cVDPV3 have been identified, with 10 environmental isolates. One case has been identified 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.

### Distribution of cVDPV2 & cVDPV3 acute flaccid paralysis cases and environmental samples, Horn of Africa, 2017-2018



### Summary

Number of new cVDPV2 cases this week: 2

Number of new cVDPV3 cases this week: 0

Total number of cVDPV2 cases : 4

Total number of cVDPV3 cases : 5

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
<b>AFP Cases</b>				
Somalia	Bulo Burti, Hiran	0	0	1
Somalia	Warsheikh, Middle Shabelle	0	2	0
Somalia	Mahaday, Middle Shabelle	0	1	0
Somalia	Dolo, Gedo	1	0	0
Somalia	Daynile, Banadir	1	0	0
Somalia	Kismayo, Lower Juba	2	2	0
<b>Environmental Positives</b>				
Somalia	Mogadishu	13	10	0
Kenya	Nairobi	1	0	0

### Most recent cVDPV2 case (by date of onset)

Location: Kismayo, Lower Juba Region

Onset of paralysis: 30/08/2018

Vaccination status: 3 doses including mOPV2 from the last mOPV2

### Most recent case cVDPV3 (by date of onset)

Location: Kismayo, Lower Juba

Onset of paralysis: 27 July, 2018 , age: 156 months, gender: male

Vaccination status: 6 OPV doses /zero IPV

## Vaccination campaigns

### cVDPV3 outbreak response

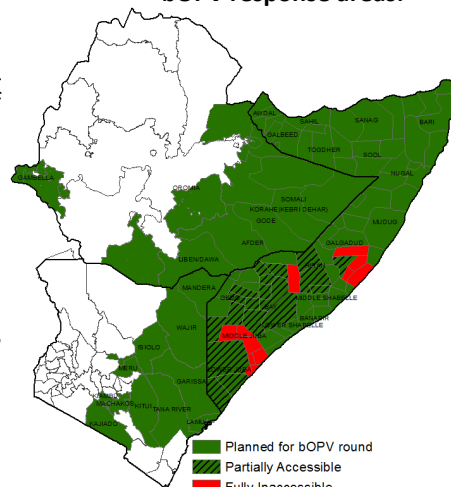
- In Kenya, the first round of bivalent oral polio vaccine (bOPV) campaigns were conducted in 12 high risk counties bordering Somalia and Ethiopia from the 15 - 20 September 2018. This campaign targeted 2,875, 546 children under the age of five.
- Two synchronised sub-national bOPV campaigns are planned in Ethiopia and Somalia from the 1—5 October and 29 October —1 November 2018.

### cVDPV2 outbreak response

- A monovalent oral polio vaccine type 2 (mOPV2) campaign was completed in Somalia between the 19—22 of September targeting 50,000 children under the age of five in the Daynile district.
- Monovalent OPV campaigns took place from the 23 to 27 September in five zones of the Somali Region, Ethiopia, bordering Kenya and Somalia. This campaign targeted 502,967 children under the age of five.
- Further mOPV2 rounds are planned for the 19—22 November in Somalia South and Central Zone.



bOPV response areas:



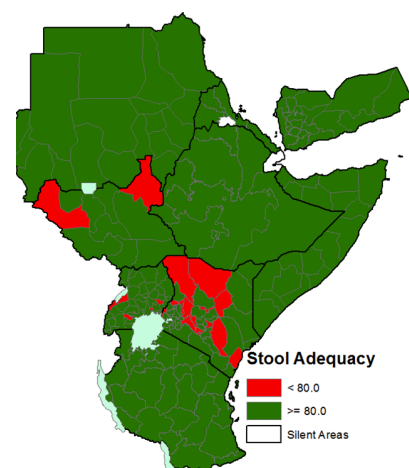
### Joint Launching of Polio Campaign

A launch event was conducted in Garissa County in Kenya on 15 September hosted by the Intergovernmental Authority on Development (IGAD) to mark the start of coordinated bOPV campaigns in the Horn of Africa. Health Ministers and representatives from Kenya, Ethiopia, Somalia and South Sudan who were in attendance signed a joint communique to reiterate their commitment to ending polio in the region. WHO, UNICEF, the Core Group and Red Cross were also in attendance.

## Surveillance

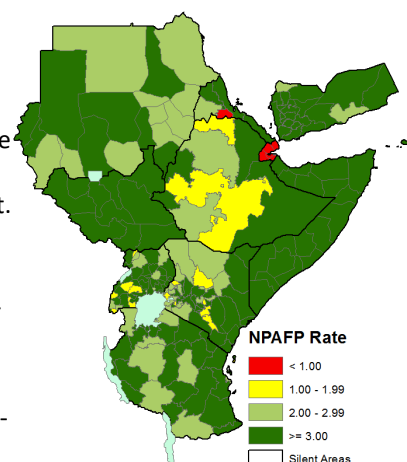
### Environmental surveillance enhancement

- Reviews of environmental surveillance sites and polio laboratory capacity and performance were conducted in Uganda, Kenya, Ethiopia and South Sudan as per the 17th Technical Advisory Group recommendations. A plan is being developed for improvements based on the findings and recommendations.
- Twenty seven sites are currently in place in the Horn of Africa (across Kenya, Somalia, South Sudan and Uganda).
  - In Ethiopia, environmental surveillance is undergoing expansion and site placement is being optimised in Addis Ababa, Dire Dawa and Jijiga.
  - In Kenya, a plan is in place to add new sites to the nine previously in operation, with 4 four being added in Nairobi, one in Isiolo and three in Mombassa.
  - In Somalia, plans are underway to expand environmental surveillance beyond the Banadir region.



### AFP Surveillance

- 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 acute flaccid paralysis cases.
- Seven of the 10 Horn of Africa countries are currently achieving the required surveillance indicator rates at a national level, although subnational gaps remain. A standardised reporting template is being developed to identify gaps and opportunities for improvement.
- In Kenya, LogTag is being introduced to improve the performance of the reverse cold chain to ensure that stool samples reach the laboratory in a good condition for testing. This will help to improve non-polio enterovirus rates, which are currently below 10% for almost all Horn of Africa countries.
- Use of the Open Data Kit application has been intensified across the Horn of Africa to improve information gathering in priority areas. This is helping to identify gaps and readjust strategies.



## Communication for development (C4D)

### Polio communication profiles

This month, profiles have been developed for each county or region participating in the cVDPV 2 and 3 outbreak response in Ethiopia, Somalia and Kenya including epidemiological, social and demographic data on social mobilization activities and communities. The profiles provide in-depth, local information on the reasons for missed children, absences and refusals. This local data will provide evidence to prioritise areas most in need and to design customised C4D strategies to increase awareness of vaccination campaigns and reduce pockets of refusals.

### C4D training for outbreak response

In preparation for upcoming vaccination rounds in Somalia, a C4D training was held in Mogadishu between 10–20 September with nine regional social mobilization coordinators and 64 district social mobilization coordinators from 10 regions of south-central Somalia (Banadir, Middle Shabelle, Lower Shabelle, Lower Juba, Bay, Galgadud, Hiran, Bakol, Gedoa and south of Hobwo).

The training focussed on strengthening the capacity of government C4D staff on data collection and use to target local challenges, audience analysis, microplanning for C4D with a special focus on mobile populations, community engagement, interpersonal communications, monitoring and evaluation and supportive supervision. Participants were also trained on the use of new social mapping and microplanning forms intended to improve the analysis and planning of C4D activities. These enhance the focus on the needs of high risk populations (including internally displaced persons, migrants and pastoralist nomadic groups). The training was designed by UNICEF and implemented with the support of the Ministry of Health and WHO.

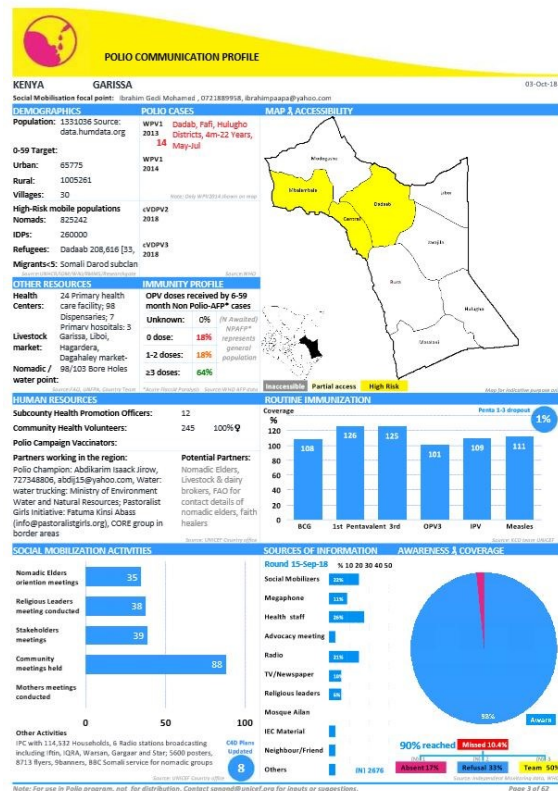
Between the two October bOPV vaccination campaigns, a meeting with the district and regional focal points will be held to assess the impact of the training on campaign quality and reinforce technical knowledge.

## Microplanning activities

- Efforts are ongoing to improve the maps available for microplanning activities in the Horn of Africa.
- From the 1–3 October, a mapping workshop took place with 30 supervisors from three high-risk areas of Kenya to identify settlements, IDPs and points of interest, and to clarify supervisor and ward boundaries within 15 km of the border with Ethiopia and Somalia in Garissa, Mandera and Wajir counties.

## Monitoring and evaluation

- In Kenya, end process monitoring of the bOPV campaign (15–19 September) showed improved performance compared to the previous two rounds.
  - ◇ Lot Quality Assurance Sampling showed no county with vaccination coverage below 60%
  - ◇ However, missed children continues to be a concern with 12% of wards having missed over 10% of children. Improved supervision and microplanning were identified as areas for improvement ahead of the next round.
- In Somalia, independent monitoring found coverage to be over 95% in all three districts that carried out the bOPV campaign in the Daynile district from 23–26 September. Ahead of the next campaign, improvements will be made to increase the quality of house marking.
- Results from the mOPV campaign that took place in Ethiopia from 23–27 September are pending.



Communications profiles have been developed by UNICEF to improve local evidence-based strategy development.

## Regional risks

- Insecurity, natural disasters and nomadic populations contribute to high levels of displacement in the region. A significant proportion of the target population for vaccination campaigns reside in camps for internally displaced persons or refugees. Seventeen districts in Somalia remain inaccessible, and 23 are partially inaccessible.
- The current outbreak of cVDPV2 in the Democratic Republic of the Congo (DRC) as well as the cVDPV 2 and 3 outbreaks in the Horn of Africa are contributing to the increased risk of international spread of polio in Uganda, South Sudan, Zambia and Tanzania. A cross border coordination meeting took place in Uganda between DRC, Uganda and South Sudan on 25/26 September to strengthen risk mitigation activities.

## Coordination and support

- Countries are currently implementing recommendations from the 17th Horn of Africa Technical Advisory Group (TAG). The 18th Horn of Africa TAG meeting will take place from 27—29 November.
- Polio Eradication Partners in the Horn of Africa conducted a two day meeting to review the outbreak response on 15—16 August. Representatives from five high risk countries (Somalia, Kenya, Ethiopia, South Sudan and Uganda) gathered to address the main challenges and gaps in the ongoing response. Inaccessibility, insecurity, low population immunity and acute flaccid paralysis surveillance gaps were identified as major challenges across the region. Each countries developed short and long term strategies to address these gaps.
- From the 25—27 September, the CORE Group hosted a meeting of the Joint Kenya-Somalia Cross Border Health Coordination Forum in Kismayo, Somalia, to strengthen cross-border coordination for polio eradication. There was a particular focus on mapping and reaching nomadic populations who live along the border, to strengthen surveillance and increase population immunity.
- Surge teams from Global Polio Eradication Initiative partners continue to support the regional response and monitor the outbreak situation, exchange information, and assist in the response. Four surge staff have joined since the last Situation Report was released.



*His Excellency Ahmed Mohamed Islam, President of Jubaland State of Somalia, addresses the meeting. © CORE Group.*

## Calendar of events

- World Polio Day, 24 October

### **Vaccination campaigns:**

- Coordinated bOPV campaigns:
  - Somalia : first round 1—5 October, second round 29 October to 1 November
  - Ethiopia: first round is proposed to start on 10 October 2018
  - Kenya: second round 20—24 October
- Somalia mOPV campaign: 19—22 November

### **Workshops:**

- GIS mapping workshop for Kenya sub-counties bordering Ethiopia and Somalia, 1—3 October

### **Meetings:**

- Annual Regional Certification Commission meeting, 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 explainer](#) animation
- [Responding to an outbreak of VDPV](#) interview with Michel Zaffran, Director of Polio Eradication WHO
- [What is vaccine-derived polio](#) Q&A
- [GPEI vaccine derived poliovirus](#) factsheet

## For more information please contact:

Christopher Kamugisha, Horn of Africa Coordinator  
World Health Organization

Email: [kamugishac@who.int](mailto:kamugishac@who.int) | Telephone: +254 727 954 451