

Horn of Africa Response Outbreak

SITUATION REPORT #3

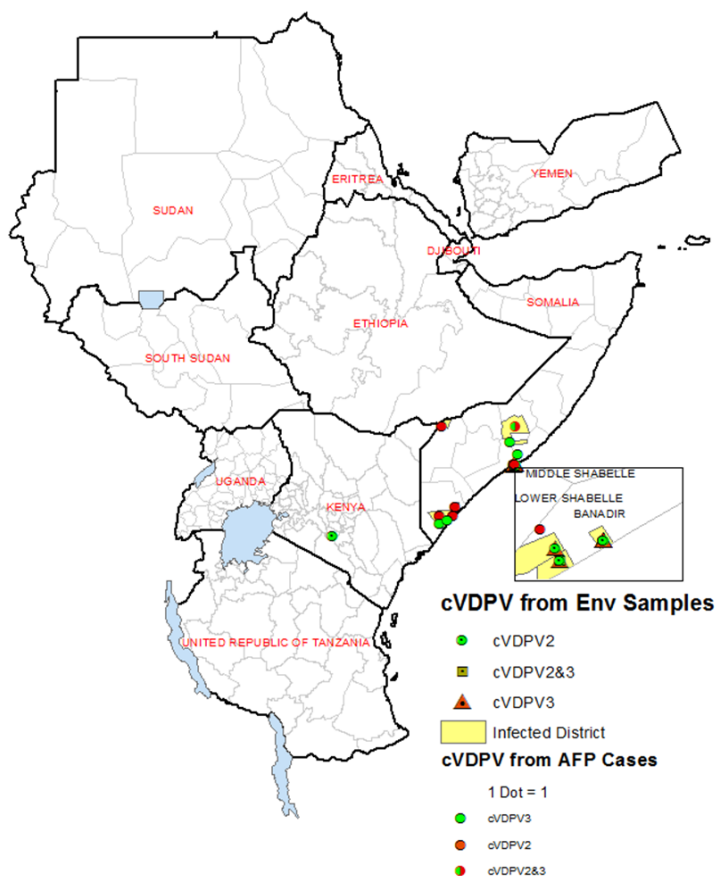
17 October 2018



Situation update

- One new case of circulating vaccine derived poliovirus (cVDPV) type 2 has been reported in Somalia in a village in Jamame West district, Lower Juba, with onset of paralysis on 2 September 2018.
- One new case of cVDPV type 3 has been reported in Runingod district, Middle Shabelle, Somalia, with onset of paralysis on 7 September 2018.
- In Somalia, the total number of cases of paralysis caused by cVDPV2 is now 5, with 14 positive environmental samples in 2018. The total number of cases of paralysis caused by cVDPV3 remains six, with 10 environmental isolates. One case of paralysis has been identified with co-infection of cVDPV type 2 and 3.

Distribution of cVDPV2 and cVDPV3 acute flaccid paralysis cases and environmental samples, Horn of Africa, 2017-2018 (as of 17 October 2018)



Summary

Number of new cVDPV2 cases reported since 3 October: 1
 Number of new cVDPV3 cases reported since 3 October: 1
 Total number of cVDPV2 cases : 5
 Total number of cVDPV3 cases : 6
 Total number cVDPV2 contacts: 3
 Total number cVDPV3 contacts: 7
 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 2017 and 2018 (as of 17 October 2018)				
Somalia	Bulo Burti, Hiran	0	0	1
Somalia	Warsheikh, Middle Shabelle	0	2	0
Somalia	Mahaday, Middle Shabelle	0	1	0
Somalia	Runingod, Middle Shabelle	0	1	0
Somalia	Dolo, Gedo	1	0	0
Somalia	Daynile, Banadir	1	0	0
Somalia	Kismayo, Lower Juba	2	2	0
Somalia	Jamaame West , Lower Juba	1	0	0
Environmental Positives 2017 and 2018 (as of 17 October 2018)				
Somalia	Mogadishu	15	9	0
Kenya	Nairobi	1	0	0

Most recent cVDPV2 case (by date of onset)

Location: Jamaame West district, Lower Juba
 Onset of paralysis: 02 September 2018
 Age: 32 months, gender: female
 Vaccination status: zero doses of OPV or IPV

Most recent case cVDPV3 (by date of onset)

Location: Runingod district, Middle Shabelle
 Onset of paralysis: 07 September 2018
 Age: 05 monthsGender: male
 Vaccination status: zero OPV doses, zero IPV doses

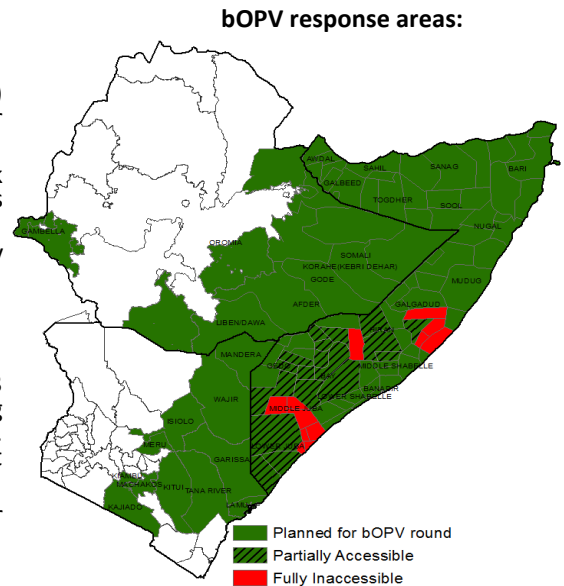
Population immunity

cVDPV3 outbreak response

- Somalia conducted the second national bivalent oral polio vaccine (bOPV) campaign from 1–4 October 2018, targeting 2.5 million children under the age of five to protect them against poliovirus types 1 and 3.
- Kenya is preparing to conduct a second bOPV campaign in 12 high risk counties bordering Somalia and Ethiopia from the 20–24 October. This campaign will target 2,875,546 children under five years of age.
- Ethiopia and Somalia are preparing for synchronized sub-national bOPV campaigns from the 29 October to the 1 November 2018.

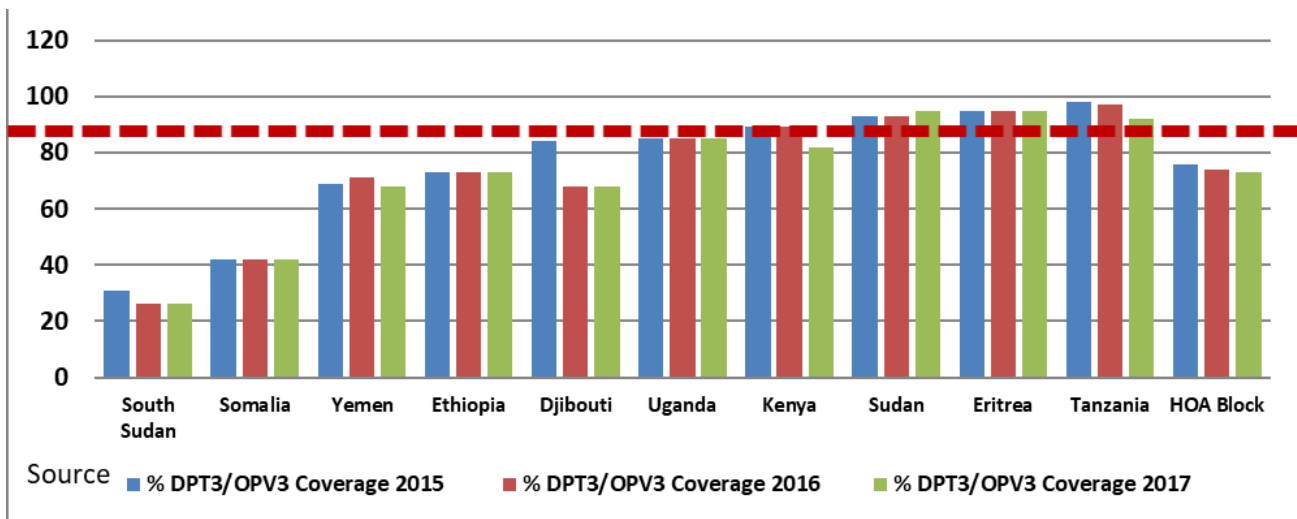
cVDPV2 outbreak response

- Monovalent oral polio vaccine (mOPV) campaigns took place from the 23 to 27 September in five zones of the Somali Region, Ethiopia, bordering Kenya and Somalia (Afdher, Dawa, Korahe, Shebele and Liban zones). This campaign targeted 516,262 children under the age of five to protect them against type 2 polioviruses.
- A monovalent OPV2 response round is planned for the 19–22 November in Somalia South and Central Zone.



Routine immunization coverage

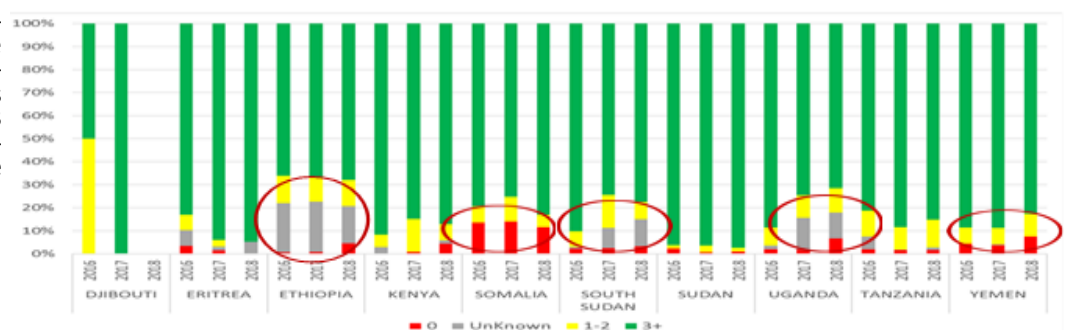
- According to routine immunization coverage figures from WHO/UNICEF for coverage of full doses or OPV (OPV3), population immunity across the Horn of Africa block is low, and shows a trend of decreasing coverage between 2015 and 2017.
- In 2017 National OPV3 coverage was under the target of 85% in Kenya, Uganda, Djibouti, Ethiopia, Yemen, Somalia and South Sudan. South Sudan and Somalia are of particular concern, where the percentage of children given three doses of oral polio vaccine through routine immunization systems is below 50%.
- Low routine immunization coverage leaves a high percentage of children vulnerable to the current polio outbreak, as well as other vaccine-preventable diseases.



Horn of Africa % coverage of diphtheria, pertussis and tetanus vaccine (3 doses) and oral polio vaccine (3 dose) 2015–2017. Source of Data: WHO/UNICEF Estimates

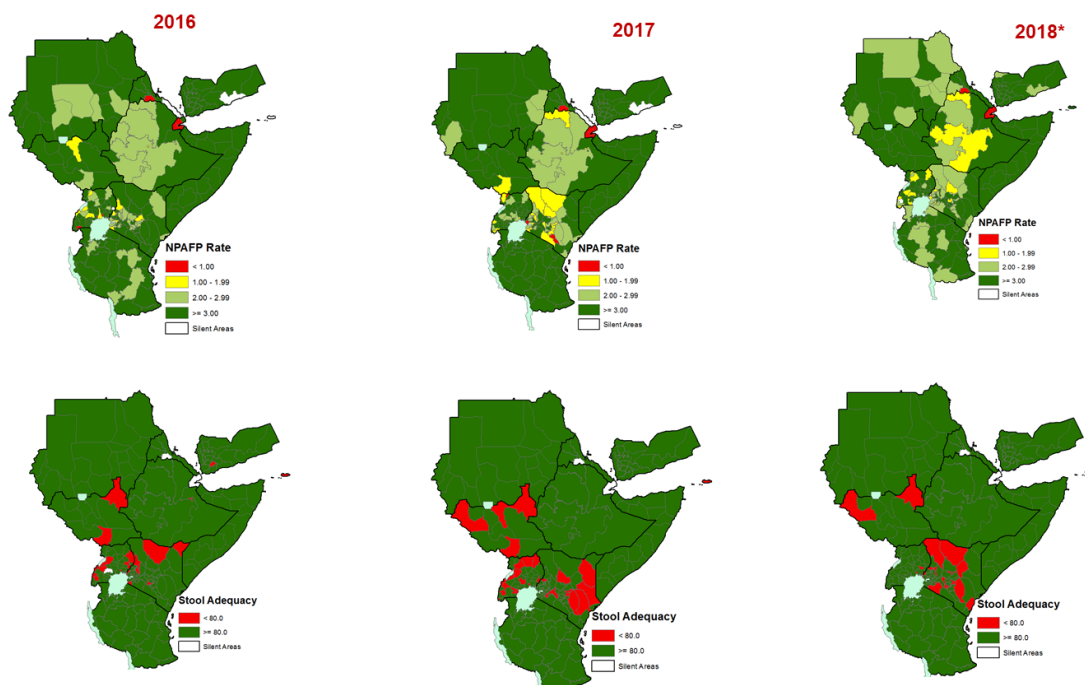
Immunity profile of NPAFP cases 6 to 59 months: 2016–2018

In Ethiopia, Somalia, South Sudan, Uganda and Yemen, there are concerns regarding the number of acute flaccid paralysis cases reported with less than 3 doses of polio vaccine and unknown vaccination status since 2016 to 2018.



Surveillance

- A one day review of the surveillance system in Somalia is taking place in Hargeisa, Somalia, on 17 October to identify actions needed to strengthen surveillance in all zones.
- Discussions on operationalizing the newly selected environment sites in Ethiopia, Kenya and Somalia are being held both at the Horn of Africa and country levels.
- Over the last three years, all the reporting countries in the Horn of Africa have registered improvement towards achieving the set targets of non-polio acute flaccid paralysis rates (a key indicator of the sensitivity of the surveillance system). However, the stool adequacy performance (which is essential for poliovirus to be detectable by the laboratory) appears to be declining, especially in high risk areas of some countries including Kenya, over the same period.



Non-polio acute flaccid paralysis and stool adequacy trends 2016—2018 (data as of 8 October 2018). Data source: WHO.

Micro-planning activities

Following a cross border workshop in early October 2018 to improve micro planning along the Kenyan border with Somalia, 38 health facilities, 36 points of interest and 284 settlements were added to existing maps of Garissa, Wajir and Mandera. One hundred and four supervisor areas were clarified, which will contribute to improved implementation supervision in upcoming cam-

Monitoring and evaluation

- Continuous monitoring has been ongoing to support country activities.
- In Kenya, in depth analysis was done in 28 villages from six sub-counties where more than 10% of children were missed during the last campaigns. This revealed the need for strengthened team performance and enhanced supportive supervision during campaigns. These findings will be used to improve performance for the next round.

Communications for development

Analysis of the virus has shown mobile and hard to reach populations (including pastoralists nomadic groups, refugees, asylum seekers, internally displaced persons and migrants) to be particularly at risk during this outbreak. Strategies to reach these groups have been specially developed, including tracking the movements and settlements of nomads, internally displaced persons and refugees; engaging social mobilisers from these communities; using water points to disseminate messaging to nomads; and broadcasting customised radio dramas with messaging for pastoralist nomadic communities.

Independent monitoring data from Somalia and Kenya demonstrate the effectiveness of these campaigns to raise awareness in high risk groups. In Somalia, awareness of the October bOPV campaigns amongst accessible mobile populations was higher than amongst rural or urban families at 97%. Refusals to accept the vaccine were not higher among high risk groups, although were found to be lower amongst pastoralist nomadic communities. In Kenya, awareness of the September bOPV campaign was found to be slightly higher in refugee camps than in the rest of the country.

Coordination and support

- In Somalia, a programme review took place from 14—18 October in Hargeisa, Somaliland, with representatives from WHO, UNICEF and the CORE Group. The attendants reviewed the performance of the October National Immunization Days and reviewed preparedness for upcoming rounds, as well as reviewing surveillance and communications for development.
- 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.
- 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.



Kenya is preparing to vaccinate nearly 3 million children against polio. © WHO/LDore



Children have their fingers marked to show they have been vaccinated in Banadir, Somalia ©WHOSomalia

Background to the ongoing outbreak

- 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.
- To date, human cases of paralysis have been found in the south and central zones of Somalia. However, cVDPV2 was identified in an environmental sample in Nairobi, Kenya, in April 2018. Outbreak response activities are currently ongoing in Ethiopia, Kenya and Somalia.
- 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.

Calendar of events

- World Polio Day, 24 October

Meetings:

- Annual Regional Certification Commission meeting, Nairobi: 12-16 November 2018
- OBRA dates: 18—24 November
- HOA TAG Meeting in Nairobi: 26 - 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
- [Somalia Weekly Situation Report](#)

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