

Horn of Africa Response Outbreak

SITUATION REPORT #6

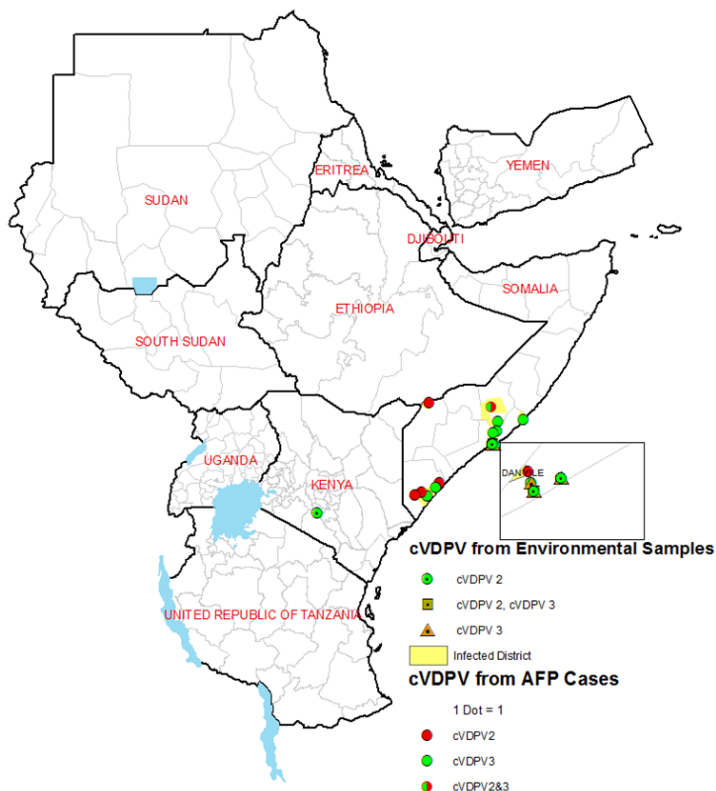
05 December 2018



Situation update

- No new human cases of circulating vaccine-derived poliovirus (cVDPV) type 2 have been reported this week. The latest case had onset of paralysis on 2 September 2018 in Somalia. The total number of cases remains 5.
- Two new isolates of cVDPV2 were found in a sample taken from the environment in Somalia on the 11 October. This brings the total number of cVDPV2 environmental isolates to 20 since the onset of the outbreak.
- No new human cases or environmental samples of cVDPV type 3 have been reported this week. The total number of cases of paralysis caused by cVDPV3 remains six, with 10 positive environmental isolates. The most recent case had onset of paralysis on 7 September 2018 in Somalia.
- One case of paralysis has been identified with co-infection of cVDPV type 2 and 3, and one environmental sample has been found with both viruses.

Distribution of cVDPV2 and cVDPV3 acute flaccid paralysis cases and environmental samples, Horn of Africa, 2017-2018 (as of 05 December 2018)



Summary

Number of new cVDPV2 cases reported since 14 November: 0
 Number of new cVDPV3 cases reported since 14 November: 0
 Total number of cVDPV2 cases : 5
 Total number of cVDPV3 cases : 6
 Total number of co-Infection (cVDPV2 & cVDPV3) : 1
 Total number cVDPV2 contacts: 3
 Total number cVDPV3 contacts: 7
 Total number cVDPV3 Healthy Children: 2

Infected country (by region and district):

Country	Region	District	cVDPV2	cVDPV3	cVDPV2 & cVDPV3
AFP Cases 2017 and 2018 (as of 05 December 2018)					
Somalia	Hiran	Bulo Burti,	0	0	1
	Middle Shabelle	Warsheikh	0	2	0
		Mahaday	0	1	0
		Runingod	0	1	0
	Gedo	Dolo	1	0	0
	Banadir	Daynile	1	0	0
	Lower Juba	Kismayo	2	2	0
		Jamaame West	1	0	0

Environmental Positives 2017 and 2018 (as of 05 December 2018)

Somalia	Moga-dishu	Waberi, Shangani, Ha-merewoini, Hodan	19	10	1
Kenya	Nairobi	Kamukunji	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 months, gender: male
 Vaccination status: zero OPV doses, zero IPV doses

Population immunity

cVDPV3 outbreak response

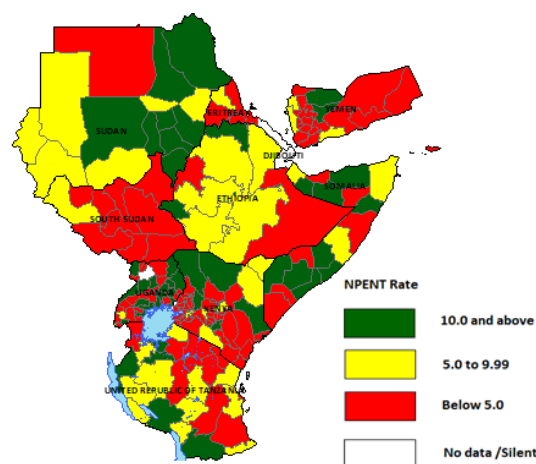
- Ethiopia is planning to conduct two rounds of bivalent oral polio vaccine (bOPV) campaigns to cover all districts in the Somali and Gambella regions, and all districts in the East Hararge, Bale and Borena zones of Oromiya region. There will be a special focus on refugee and internally displaced persons camps. The campaign will target 2,598,893 children under the age of five. The campaigns have been postponed but are likely to take place in December and January with exact dates to be confirmed.
- From 12–14 November, Sudan conducted a bOPV campaign in high risk areas of 16 States to protect against international spread of the outbreak. Administrative data recorded 5,998,707 children were vaccinated.
- South Sudan has conducted a sub-national immunization campaign in 46 counties in six states targeting 902,315 children under the age of five. Activities are ongoing in 16 counties and due to start in four.

cVDPV2 outbreak response

- Somalia conducted a third round of vaccination using the monovalent oral polio vaccine from November 25–28 targeting 1.5 million children under the age of five.

Surveillance

- Significant progress has been made by countries across the Horn of Africa to enhance acute flaccid paralysis surveillance. Nearly all Horn of Africa countries have attained or superseded national targets for key performance indicators including identifying a sufficient number of acute flaccid paralysis cases per population and the collection of stool samples of adequate quality for testing, although subnational gaps remain. In-depth analysis is being conducted to disaggregate surveillance data by lifestyles, accessibility and high-risk populations to better identify areas in need of improvement and plan for 2019.
- Non-polio enterovirus isolation, which is an indicator of the quality of stool samples reaching the laboratory and therefore the likelihood that technicians will be able to identify polioviruses in the sample if they were originally present, remains a concern across the Horn of Africa.



Non-polio enterovirus rates in the Horn of Africa in 2018 to date. WHO.

Monitoring and evaluation

- Some children continue to be missed on vaccination campaigns in Ethiopia (4% of targeted children during the September round), Kenya (5% during the September round) and Somalia (2% of accessible children during the October round).
- The main reasons for missed children is team performance, the child not being at home when the vaccinators called or fatigue of polio vaccination campaigns.
- Kenya has seen a reduction of missed children across rounds, while more work is needed in Somalia and Ethiopia to bring the number down.

Communications for Development

- The Technical Advisory Group met in November and provided several recommendations to strengthen communications for the outbreak response. These included developing a regional plan to better reach nomadic populations, improving the use of social data for evidence-based planning, building capacity and strengthening preparedness in non-outbreak countries.
- Plans are under development to shape the strategic communications approach for the Horn of Africa for 2019. Core components of the plan will include:
 - ◇ Developing capacity of government staff to design and implement evidence-based communications strategies using social data at the district level and combining social mobilisation activities into operational micro-plans
 - ◇ Ensuring quality preparedness plans are in place in Uganda, Tanzania and Zambia in case of future outbreaks
 - ◇ Designing and implementing a regional strategy to increase demand for vaccination amongst populations with a high level of cross border movement, such as migrants and nomads
 - ◇ Advocating with Horn of Africa decision makers to increase regional commitment to ending the polio outbreak
 - ◇ Facilitating an inter-agency working group to develop strategies to reach more migrant children with vaccines
 - ◇ Strengthening information, education and communications materials and developing training resources for acute flaccid paralysis surveillance

Horn of Africa outbreak response under the microscope

Three important meetings took place in Nairobi in November to review progress towards ending polio in Africa.

The Africa Regional Certification Commission for Poliomyelitis Eradication

At the meeting of the Africa Regional Certification Commission (ARCC) from 12–16 November, seven countries (Cameroon, Nigeria, Guinea-Bissau, the Central African Republic, South Sudan, Equatorial Guinea and South Africa) made presentations on their efforts to eradicate polio. The ARCC is the only body with the power to certify the Africa region free from wild polio.

Countries presented evidence on their confidence that there is no wild polio in their borders, the strength of their surveillance systems, vaccination coverage, containment measures and outbreak preparedness. Kenya, the host country, alongside the Democratic Republic of the Congo and Namibia, presented updated reports on their efforts to maintain their wild poliovirus-free status.

[Read more about the outcomes of the ARCC meeting.](#)

The Horn of Africa Outbreak Response Assessment

From the 19–24 November, experts from the polio eradication programme met to assess the quality and progress of the outbreak response in Somalia, Kenya and Ethiopia. The assessment concluded that while the respective governments and partners are taking important steps to stop the outbreak, a more focussed commitment is needed to interrupt transmission.

While noting the efforts that have been taken to synchronise vaccination campaigns across the borders, the committee flagged the need to improve the quality of campaigns, strengthen routine immunization and target activities to high risk populations such as nomads, internally displaced persons and refugees. Teams were reminded of the importance of integrating social mobilisation plans into operational plans. The committee commended the fact that surveillance systems are in place down to the community level, however, subnational gaps were identified in high risk areas and amongst high risk populations. Countries were encouraged to improve the reliability of data and to make progress towards expanding environmental surveillance.

The Horn of Africa Technical Advisory Group Meeting

Hot on the heels of the outbreak response assessment, an independent review of the polio outbreak response and the status of preparedness measures in Somalia, Kenya, Ethiopia, Yemen, Sudan, South Sudan, Djibouti, Tanzania and Uganda was conducted by the Technical Advisory Group from the 27–29 November. The objectives of this review were to make recommendations on strengthening surveillance, immunity and communications, and mitigating the risk of further outbreaks.

The TAG acknowledged that progress was being made in challenging situations including humanitarian crises and conflict. Challenges were identified including inaccessibility, longstanding gaps in routine immunization, failure to synchronise all vaccination campaigns across countries, and the ongoing issue of missed children leading to ongoing immunity gaps. The need to improve surveillance indicators such as non-polio enterovirus rates was also flagged as well as the need to prioritise the expansion of environmental surveillance.

The most critical recommendations were to maintain strong oversight and coordination, improve in-depth analysis and to use data to drive the programme, especially for surveillance. Strengthening routine immunization, developing a regional communications approach and continuing to respond to the epidemiological situation as needed were also emphasised. The full recommendations will be available [here](#) in the coming weeks.

Planning for 2019

The Horn of Africa coordination office is currently developing a plan for phase 2 of the outbreak response in the region, spanning the period January to June 2019.

For more information please contact:

Christopher Kamugisha, Horn of Africa Coordinator

World Health Organization

Email: kamugishac@who.int | Telephone: +254 727 954 451

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](#)