

 **1** WILD POLIOVIRUS (WPV1) REPORTED IN MARCH 2017


 **3** WPV1 CASES IN 2017 TO DATE

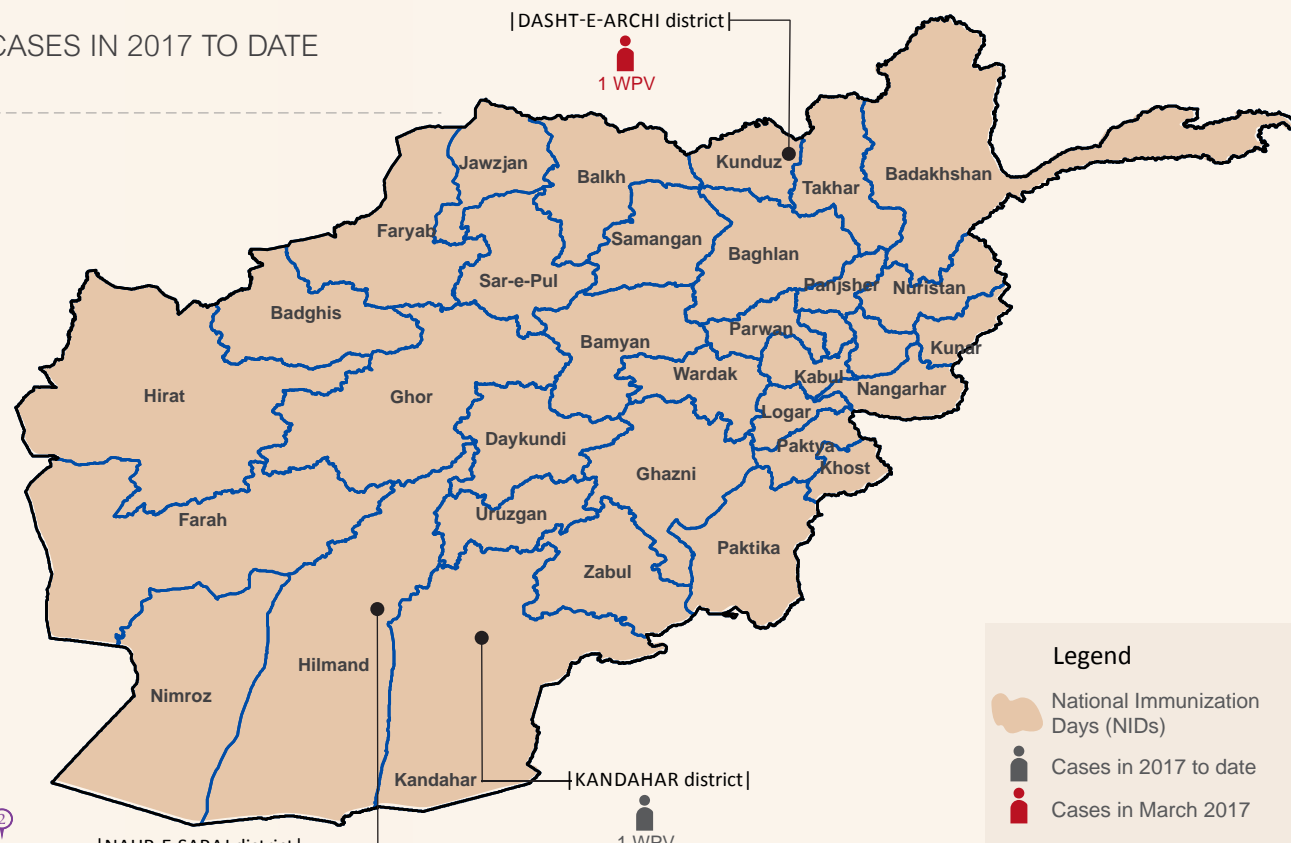
 **1** WPV1 POSITIVE ENVIRONMENTAL SAMPLE REPORTED IN MARCH 2017

 **8.9 MILLION TARGETED** NATIONAL IMMUNIZATION DAYS (NIDs) (27 - 31 March 2017)




 **99,666 REACHED** IPV-OPV CAMPAIGN IN HELMAND PROVINCE (28 February - 6 March 2017)

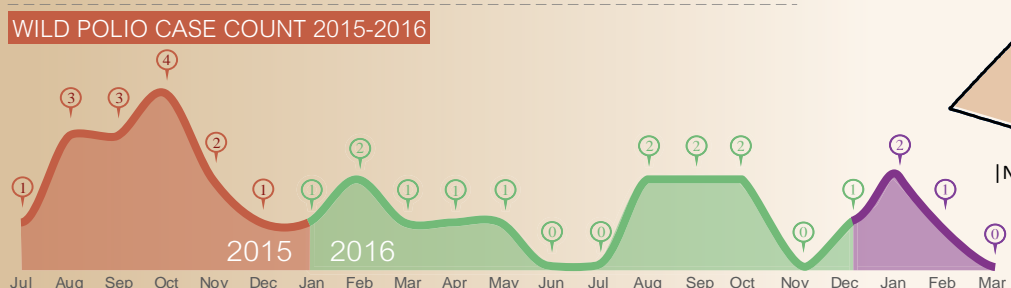
 **61,000** FRONTLINE WORKERS INVOLVED

 **338** PERMANENT TRANSIT TEAMS
18 CROSS-BORDER VACCINATION POINTS



Legend

-  National Immunization Days (NIDs)
-  Cases in 2017 to date
-  Cases in March 2017



POLIO TRANSMISSION

- One new wild poliovirus (WPV1) case was reported by the regional reference laboratory in March 2017, from Dasht-e-Archi district of Kunduz province, bringing the total number of WPV1 cases in 2017 to 3.
- 13 WPV1 and one aVDPV reported in 2016.
- One new WPV1 positive environmental sample was reported in March, collected in January 2017 from Kandahar province.

AFP and ENVIRONMENTAL SURVEILLANCE

- 159 acute flaccid paralysis (AFP) cases were reported in March. Overall in 2017, 645 AFP cases have been reported, of which 483 have been discarded as "non-polio AFP" and 159 AFP cases are pending classification. From 2016, 13 AFP cases are pending classification.
- For 2017, non-polio AFP rate is 12, adequate stool rate is 94%, and non-polio enterovirus rate is 14% at the national level.
- In all regions non-polio AFP rate is 5 or above, adequate stool rate above 88% and non-polio enterovirus rate ranges from 0 to 23%. Out of 34 provinces, only Nuristan and Zabul have an adequate stool rate of less than 80% (75% and 77%, respectively).

SUPPLEMENTARY IMMUNIZATION ACTIVITIES (SIAs)

- 8.9 million children under the age of 5 were targeted with OPV during National Immunization Days (NIDs) in 31 provinces on 27-31 March 2017.
- 99,666 children under five were vaccinated with IPV during a vaccination campaign in Nahr-e-Saraj district of Helmand province on 28 February - 6 March.

COMPLEMENTARY VACCINATION ACTIVITIES

- Permanent transit teams vaccinated 1,048,306 children against polio and cross-border teams vaccinated 42,628 children in March.
- A total of 1,697 children under the age of 10 were vaccinated with OPV by teams in UNHCR repatriation centers and IOM sites receiving returnees from Pakistan and Iran in March.
- From January 2017 to date, 6,076 returnee children have received OPV and 977 children have been vaccinated with IPV. Teams are prepared to scale up vaccination activities as UNHCR's registration of returnee refugees resumes in April 2017.
- In compliance to International Health Regulations (IHR), 14,456 international travelers were vaccinated against polio in March.

WHO supports polio eradication activities through the planning, implementation, monitoring and evaluation of vaccination campaigns, training of frontline health workers, and through providing technical assistance to the polio programme at all levels. WHO maintains an active acute flaccid paralysis (AFP) and environmental surveillance system to detect polio transmission, and facilitates cross-border coordination in common reservoirs with Pakistan.

WHO supports the Ministry of Public Health and works in close partnership with UNICEF, Bill and Melinda Gates Foundation (BMGF), the US Centers for Disease Control and Prevention (CDC) and Rotary International as part of the Global Polio Eradication Initiative (GPEI).

SURVEILLANCE



WHO supports acute flaccid paralysis (AFP) surveillance through a countrywide network of AFP focal points linked with health facilities and community-based reporting volunteers. There are around 700 AFP focal points, over 1,400 active surveillance sites, 2,000 zero reporting sites and more than 20,000 community-based reporting volunteers across the country. An external AFP surveillance review conducted in June 2016 concluded that the surveillance system is strong and the circulation of wild or vaccine-derived poliovirus is unlikely to be missed in Afghanistan.

Active AFP case search is conducted frequently in all health facilities part of the AFP reporting network. Vaccinators are also carrying out active case search during SIAs. In 2016/17, the AFP reporting network will continue to be reviewed and expanded based on needs and emphasis will be on including healthcare providers serving high-risk population groups as well as insecure areas, high-risk areas and districts with low non-polio AFP rates.

The environmental surveillance system includes 17 sampling sites in Nangarhar, Kunar, Kandahar, Helmand, Kabul and Khost provinces.

HUMAN RESOURCES AND CAPACITY DEVELOPMENT



WHO supports the Ministry of Public Health in polio eradication through a country-wide network of international and national staff. Each regional team consists of international medical officers (except Central and Northeastern Regions), regional polio officers, assistant regional polio officers, provincial polio officers and district polio officers.

More than 5,500 cluster supervisors and over 58,000 volunteers conduct house-to-house oral polio vaccinations for children below five years of age during national immunization campaigns. There are around 1,000 intra-campaign monitors and 1,100 post-campaign monitors to monitor the activities during campaigns and assess coverage after the campaign.

WHO supports the training of frontline workers (FLWs) before each vaccination campaign with a newly-revised curriculum. In 2016/17, the programme will focus on improving team performance by ensuring FLWs are carefully selected using a transparent approach, and that they receive high-quality training to keep them motivated.

SUPPLEMENTARY IMMUNIZATION ACTIVITIES (SIA)



WHO is responsible for technical assistance, trainings, micro-planning, post-campaign assessment surveys, data analysis and reporting for SIAs. New initiatives put in place in 2016 to improve SIA quality include the roll-out of a new FLW training curriculum, a modified re-visit strategy to reach missed children, the development of district profiles and district-specific plans, the in-depth investigation of reasons for 'lot failure' in Lot Quality Assurance Sampling (LQAS) surveys, the strategic use of inactivated polio vaccine (IPV) and the field validation and revision of microplans.

The programme's current focus is on 47 very high-risk districts (VHRDs). In 2016/17, the oral polio vaccine (OPV) SIA schedule includes two national immunization days (NIDs) and two sub-national immunization days (SNIDs) in the second half of 2016 and two NIDs and three SNIDs in the first half of 2017. The SIA dates will be synchronized with Pakistan. For every new case detected, three case response campaigns will be carried out.

COMPLEMENTARY VACCINATION ACTIVITIES



Over 320 Permanent Transit Teams (PTTs) vaccinate children who travel in and out of security-compromised areas and children traveling to other destinations. Eighteen cross-border vaccination points in border areas with Pakistan and Iran ensure that children crossing the border are immunized. In selected locations, permanent polio teams (PPTs) provide OPV to children on a continuous basis in their assigned catchment area, in addition to the planned house-to-house vaccination during SIAs.

In 2016/17 the programme will continue to assess and modify the number and location of PTTs according to needs and the evolving accessibility situation. Full synchronization with vaccination operations on the Pakistan side of the border will continue for cross-border teams (CBTs). Special campaigns are carried out in the South-Eastern, Southern and Western Regions targeting nomads who move widely in the country and across borders.

Vaccination teams are also stationed at airports to administer OPV to travellers as per recommendations under International Health Regulations. Teams are also stationed in UNHCR and IOM sites for returnee refugees from Pakistan and Iran to provide OPV, IPV and measles vaccination to children.