

4 WILD POLIOVIRUS (WPV1)
REPORTED IN MARCH 2018

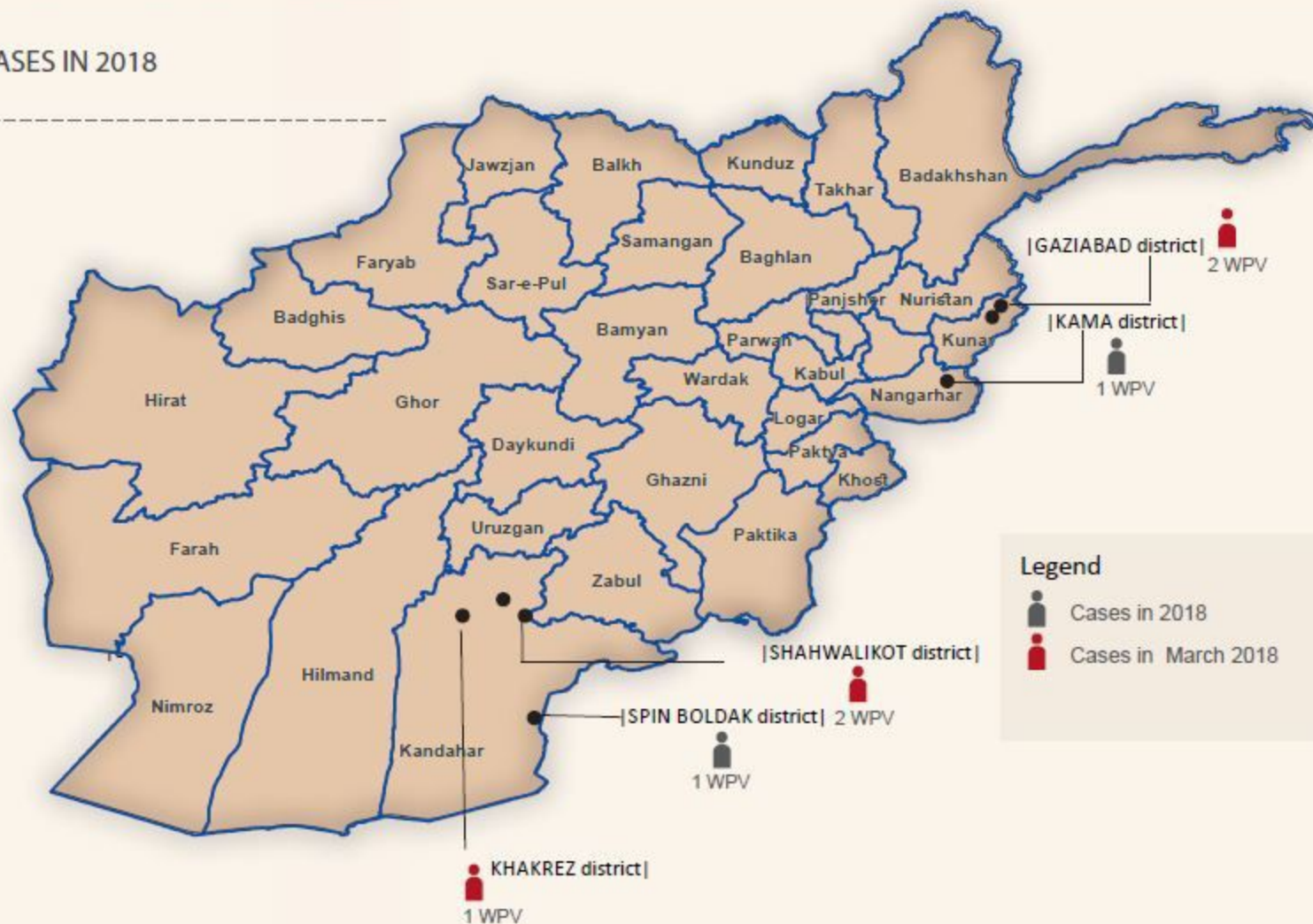
7 WPV1 CASES IN 2018

4 WPV1/VDPV2 POSITIVE ENVIRONMENTAL
SAMPLES REPORTED IN MARCH 2018

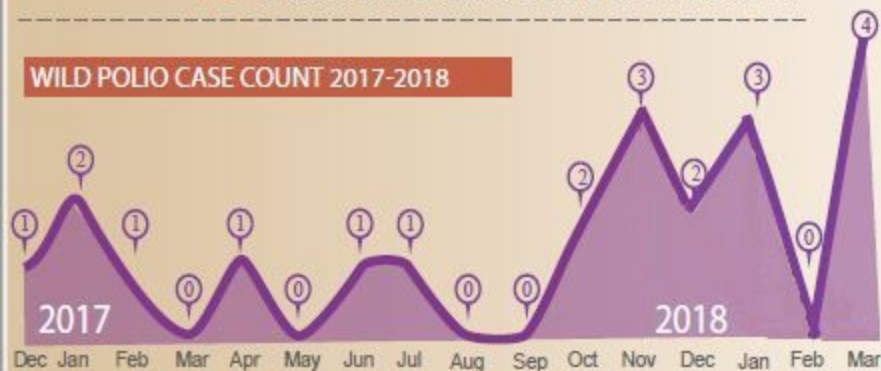
9,4 MILLION CHILDREN TARGETED
NATIONAL IMMUNIZATION DAYS (SNID)
(12-16 March 2018)

70,000 FRONTLINE WORKERS INVOLVED
(Overall 12.2% female: 42.3% of urban workers, 3.5% of rural)

456 PERMANENT TRANSIT TEAMS
15 CROSS-BORDER VACCINATION POINTS



WILD POLIO CASE COUNT 2017-2018



POLIO TRANSMISSION

- 4 new wild poliovirus (WPV1) cases were reported in March 2018: two cases from Gaziabad district of Kunar province and one case each from Shahwalikot and Khakrez districts in Kandahar province.
- 4 WPV1 positive environmental samples were reported in March 2018. 3 positive samples were collected from Nangarhar, and 1 from Kabul city, bringing the total number of positive samples to 12 date in 2018.

AFP and ENVIRONMENTAL SURVEILLANCE

- 233 acute flaccid paralysis (AFP) cases (102 girls and 131 boys) were reported in March. Overall in 2018, 831 AFP cases have been reported, of which 632 have been discarded as "non-polio AFP" and 192 AFP cases are pending classification.
- Non-polio AFP rate is above 10, stool adequacy above 93%, and non-polio enterovirus rate is ranging from 5% to 15%.

SUPPLEMENTARY IMMUNIZATION ACTIVITIES (SIAs)

- A national immunization days (SNID) campaign which was conducted on 12-16 March targeted 9,4 million children under the age of 5 years with OPV in 358 districts of 31 provinces. Vitamin A was also given to children aged 6-59 months.

COMPLEMENTARY VACCINATION ACTIVITIES

- A total of 15 cross-border vaccination points, 39 cross-border teams and 456 permanent transit teams (PTTs) were operational across Afghanistan during March 2018.
- Permanent transit teams vaccinated 1,158,083 children against polio and cross-border teams vaccinated 73,869 children in March.
- A total of 2,213 children under the age of 10 were vaccinated with OPV and 1,197 with IPV by teams in UNHCR repatriation centers and IOM sites receiving returnees and refugees from Pakistan and Iran in March.
- In compliance with International Health Regulations (IHR), 12,722 international travelers were vaccinated during 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, closely linked with over 28,000 community-based reporting volunteers across the country.

AFP Review conducted in October 2017 concluded that overall AFP surveillance looks good in areas reviewed. There is a sensitive AFP surveillance system and good community network of reporting volunteers in place. Overall documentation quality is satisfactory with certain minor deficiencies. Active AFP case search is conducted frequently in all health facilities which are a part of the AFP reporting network. Vaccinators are also carrying out active case search during

SIA. In 2016/17, the AFP reporting network continued to be reviewed and expanded based on needs, and emphasis was 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.

In total, the environmental surveillance system includes 20 sampling sites in Nangarhar, Kunar, Kandahar, Helmand, Kabul, Khost, Herat, Balkh and Kunduz 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 6,000 cluster supervisors and over 62,000 vaccinators conduct house-to-house oral polio vaccinations for children below five years of age during national immunization campaigns.

There are around 1,100 intra-campaign monitors and 1,200 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 focus on improving team performance based on issues identified in previous campaigns. Further to improve the quality of campaigns, selection of FLWs has been more transparent using standard guidelines of selection by provincial and district selection committees established in 2017.

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 2017 to improve SIA quality included 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 50 very high-risk districts (VHRDs). In 2016/17, the oral polio vaccine (OPV) SIA schedule included four national immunization days (NIDs) and four sub-national immunization days (SNIDs) in 2016 and four NIDs and six SNIDs in 2017. In 2018, six Sub-NIDs and three NIDs will be organized. The campaign dates were synchronized with Pakistan.

For every new case detected, three case response campaigns were carried out.

COMPLEMENTARY VACCINATION ACTIVITIES



448 Permanent Transit Teams (PTTs) vaccinated children who travelled in and out of security-compromised areas and children travelling to other destinations. Fifteen cross-border vaccination points in border areas with Pakistan and Iran ensured that children crossing the border were 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 and 2017 the programme continued 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 continued for cross-border teams (CBTs). Special campaigns were carried out in the South-Eastern region targeting nomads who moved widely in the country and across borders.

Vaccination teams were 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.