

3 WILD POLIOVIRUS (WPV1) CASES IN NOVEMBER 2016

12 WPV CASES IN 2016 TO DATE
1 VDPV2

0 WPV/VDPV2 POSITIVE ENVIRONMENTAL SAMPLES

5.7 MILLION TARGETED SUB-NATIONAL IMMUNIZATION DAYS (SNIDs) (7 - 11 November 2016)

71,238 REACHED IPV-OPV CAMPAIGN IN LOYWIALA AND MANZILBAGH SUB-DISTRICTS OF KANDAHAR CITY (7 - 12 November 2016)

36,500 FRONTLINE WORKERS INVOLVED

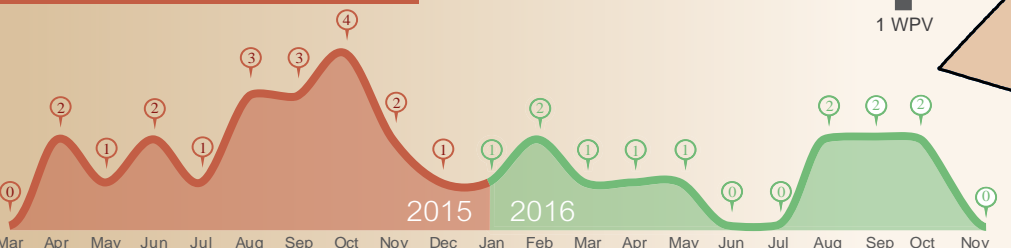
294 PERMANENT TRANSIT TEAMS
18 CROSS-BORDER VACCINATION POINTS



Legend

- Sub-National Immunization Days (SNIDs)
- Cases in 2016 to date
- Cases in November 2016

WILD POLIO CASE COUNT 2015-2016



POLIO TRANSMISSION

- Three new wild poliovirus (WPV1) cases reported by the regional reference laboratory during November from Bermel District of Paktika Province bringing the total number of WPV1 cases in Bermel to six.
- No new VDPV2 positive cases were reported in November. The VDPV2 positive case reported in September was classified as an aVDPV2.
- No new environmental samples positive for WPV/VDPV2 reported in November (last WPV1 positive from Jalalabad, December 2015).

AFP and ENVIRONMENTAL SURVEILLANCE

- 136 acute flaccid paralysis (AFP) cases were reported in November. Overall in 2016, 2,682 AFP cases have been reported, of which 2,525 cases have been discarded as "non-polio AFP" and 144 AFP cases are pending classification.
- Non-polio AFP rate is 10 or above, stool adequacy above 80%, and non-polio enterovirus rate above 10% in all regions. Out of 34 provinces only Nuristan has adequate stool rate of less than 80%.
- The frequency of sewage water sample collection for Southern Region has been increased from monthly to fortnightly for all seven sites in Kandahar and Helmand provinces in response to current transmission in Quetta Block of Pakistan.
- A review of environmental surveillance sites located in Southern and Eastern regions was carried out in November and one new site for each region was identified to be operationalized in 2017.

SUPPLEMENTARY IMMUNIZATION ACTIVITIES (SIAs)

- Sub-national Immunization Days (SNIDs) were implemented on 7-11 November targeting over 5.7 million children under the age of 5 with OPV in 24 provinces.
- A catch-up campaign was conducted in Farah province on 21-25 November due to the province being inaccessible during October National Immunization Days (NIDs).
- IPV-OPV campaign was conducted in Loywiala and Manzilbagh sub-districts of Kandahar city on 7-12 November reaching 71,238 children.

COMPLEMENTARY VACCINATION ACTIVITIES

- A total of 18 cross-border vaccination points, 294 permanent transit teams (PTTs), and 48 permanent polio teams (PPTs) were operational across Afghanistan in November.
- Permanent transit teams vaccinated 982,280 children and cross-border teams vaccinated 79,558 children against polio in November.
- Approximately 20,000 children were vaccinated with OPV and 9,000 with IPV by teams at UNHCR and IOM sites receiving returnee refugees from Pakistan and Iran in November.
- In compliance to International Health Regulations (IHR), 13,424 international travellers were vaccinated against polio in November.

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 14 sampling sites in Nangarhar, Kunar, Kandahar, Helmand and Kabul. No positive environmental samples have been found in Afghanistan in 2016 to date.

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 5,000 cluster supervisors and over 60,000 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 1,000 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 280 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.