

Note for the Record

Subject: **Horn of Africa Technical Advisory Group for Polio Eradication
Conference call, 4 September 2013**

Date: **17 September 2013**

Participants

TAG Members

1. Dr Jean-Marc Olivé
2. Prof Francis Nkrumah
3. Dr Robert Linkins
4. Dr Rafah Aziz
5. Dr Yagob Almazrou
6. Dr Hashim Elzein Elmoussaad
7. Prof Tekle Haimanot Redda (unable to connect)
8. Mr Carl Tinstman (apologies received)

UNICEF

1. Rustam Haydarov

WHO

1. Mbaye Salla (AFRO)
2. Samuel Okiror (AFRO)
3. Tahir Mir (EMRO)
4. Hala Safwat (EMRO)
5. Frederic Caillette (HQ)
6. Thomas Moran (HQ)
7. Benjamin Nkowane (HQ)
8. Hemant Shukla (HQ)
9. Christopher Wolff (HQ)

Background

On 4 September 2013, a conference call was convened for the HOA TAG. The objectives of the call were to: 1) provide an update on the WPV1 outbreak affecting the Horn of Africa countries; 2) review the status of the implementation of recommendations from the 8th and 9th HOA TAG meetings; and 3) provide technical recommendations for follow-up.

The meeting was chaired by Dr Jean-Marc Olivé.

Summary of proceedings of conference call

Update on WPV1 outbreak in the horn of Africa countries

Somalia

Key issues summary

Outbreak summary: As of 12 September 2013, 169 WPV cases have been confirmed in Somalia: Banadir (70), Lower Shabelle (32), Bay (16), Lower Juba (17), Middle Shabelle (18), Middle Juba (3), Hiran (5), Gedo (2), Sool (2), Galgaduud (2), Bari (1), and Bakool (1). The date of onset of the most recent WPV case was 14 August 2013, from Jowhar district. Result for 67 AFP cases from Somalia are pending in the laboratory, of which 13 are from Benadir. The

last confirmed case from Benadir had onset on 19th July 2013. The TAG appreciates the weekly Situation Reports that are produced by the programme.

The TAG members noted the expansion of the outbreak to most of the south central zone of Somalia and that many of these areas remain inaccessible for conducting outbreak response SIAs. The TAG also noted that the 3-month outbreak assessment by an international multi-agency team had been completed. The outbreak assessment team however concluded that the country will not interrupt transmission of the virus within six months of notification of the index case. The TAG however noted specifically important activities implemented in response to the outbreak. All the recommendations of the 9th TAG meeting were fully implemented. Specific note is made of the following.

1. The non-polio AFP rate (annualized for 2013) is 3.8 per 100,000 in accessible districts and 2.7 in inaccessible districts, with corresponding stool adequacy of 86.8% and 87.1%.
2. The percentage of non-polio AFP cases with no history of OPV for 2013 is 8% in Somaliland, 20% in Central zone, 25% in Southern zone and 40% in Puntland.
3. There is improved micro-planning for SIAs in accessible areas, especially in Benadir.
4. Independent monitoring has been introduced in 29 districts and will be expanded to 55 districts for the September 2013 rounds of SIAs.
5. Permanent vaccination points have been established at frequent transit points. To date, only 69 of the planned 275 sites (25%) are functional. The programme is monitoring the number of children covered by these on a weekly basis. Currently, at least 10,000 individuals receive vaccine from these every week. If all the sites are functional, an estimated 50,000 would be vaccinated each week.
6. There have been innovative low-key vaccination activities carried out by local partners (NGOs).
7. The human resources surge plan was developed in June 2013 and all planned international staff (short-term consultants) have been deployed to assist the programme in the WHO Somalia Office in Nairobi and Somalia. Selection of longer term national staff has been completed for south and central zone, but still pending in Somaliland and Puntland. None of the national staff have been deployed.

The TAG requested an update on

1. The status of AFP surveillance in the southern zone of Somalia, (specifically the low reported non-polio enterovirus isolation rates for 2013).
2. More information on the immunity profile of the population in the Northern parts of Somalia (Puntland and Somaliland).
3. Documentation of the impact of SIAs in Benadir, where there is now an apparent decline of cases.
4. Information on the quality of SIAs implementation (in particular, independent monitoring data where it is done and where it is not done, any in-process monitoring data collected during the SIAs).
5. An update on the status of surge personnel deployment from supporting partner agencies.

Kenya

The TAG noted the continued detection of cases from the host communities in Dadaab district and that the risk of transmission remains high as there are inaccessible areas on the border with Somalia. The TAG also noted that the recently completed outbreak assessment concluded that the country will not interrupt transmission of the virus within six months of notification of the index case, primarily because the SIAs quality in high risk areas outside the outbreak zone of Dadaab was weak, there was no sense of emergency for the outbreak,

social mobilization was poor and not adequate to create demand for OPV, and surveillance was not adequate to detect wild virus circulation in a timely manner for response.

The TAG expressed concern that there was weak social mobilization outside of the active outbreak areas and this severely compromised the quality of SIAs in areas that were at risk of transmission including the high risk districts in Nairobi county. Cross-border collaborative meetings have taken place with all neighboring countries and activities are monitored by the programme (with Uganda scheduled for September 2013). These activities have focused on areas that are known to have Somali refugee or displaced persons.

To support programme activities, the human resources surge plan was developed in July 2013 that included international short-term consultants, recruitment of an International Team Leader, and three additional national surveillance officers. All international short-term consultants have been deployed, and the team leader will start on 1 October 2013 (though 6 months after the detection of the outbreak). Recruitment of the national surveillance officers is still pending.

The TAG requested an update on the following items which also include specific recommendations from the last meeting:

1. How available social data are being used to improve the microplanning of upcoming SIAs, and how these data impact demand for vaccination.
2. Plans and timeline to introduce environmental surveillance for wild polio virus in Nairobi.
3. Plans for introducing IPV in one of the OPV rounds in Garissa County.
4. Plans for strengthening active surveillance and institutionalizing community-based AFP surveillance.
5. An update on the status of vaccination and surveillance activities targeted at known Somali populations concentrated in the country.
6. Detailed implementation on the implementation of the 3-month outbreak assessment recommendations.
7. An update on the status of strengthening the KEMRI laboratory in handling the increased number of outbreak-associated stool specimens, and technology transfer and resources to enable KEMRI to test environmental samples.

Ethiopia

One AFP case (an 18 month, zero OPV dose child) caused by WPV type 1 had onset of illness on 10 July 2013 in Geladi Woreda of Dolo zone (formerly Wader zone) of Somali Region. Stool specimens from two contacts of the child tested positive for WPV type 1.

The TAG noted that the country immediately embarked on an outbreak response covering the Somali region. So far, three rounds have been conducted, along with a Short Interval Additional Dose immunization (SIAD) round in one insecure Zone (Nogob) planned for the 16th – 28th September, 2013. Further rounds are planned before the end of the year, two of which will be nationwide. As a result of the outbreak, the programme is currently recruiting more staff to support surveillance, SIA implementation, and logistics (transport and communication to programme staff). Both UNICEF and WHO are also deploying additional technical staff to Somali region.

To support the programme, the human resources surge has included deployment of international consultants for coordination of field response activities in Somali Region,

recruitment of 4 local surveillance officers to support Somali and Afar regions, and recruitment of nine zonal communication coordinators (in process).

The TAG noted that all recommendations of the 9th TAG had been implemented but still remained concerned with the low population immunity in the Somalia Region with the risk of spread of wild polio virus remaining high. The TAG requested the following updates:

1. Information on the level of engagement among all partners in ensuring the outbreak is treated as a public health emergency.
2. Details on the quality of the SIAs in Somali region.
3. Close monitoring of the immunity profile of children in the Somali regions.
4. Impact of the increased deployment of technical support on the programme.
5. Dates for the 3-month wild poliovirus outbreak assessment.

Yemen

Yemen remains at high risk of being affected by the current WPV1 outbreak in the Horn of Africa. As a result of this outbreak, Yemen is conducting on-going risk analysis and mitigation measures. As recommended by the TAG, contact stool sampling from all AFP cases is now implemented and independent monitoring is used in all SIA rounds. To address the risks associated with population movements between Somalia and Yemen, the programme is closely collaborating with UNHCR.

The TAG requested the following:

1. Documentation and maps of the refugee populations, including number of doses administered, coverage, and how this information is used for planning of SIAs and AFP surveillance activities.
2. The emergency preparedness plan (or revised plan since detection of outbreak in Somalia)

Social mobilization and communications update

The following provide a list of social mobilization and communications activities in the Horn of Africa countries.

1. A joint WHO/UNICEF 7-country workshop was held from in Nairobi, Kenya from 28 to 30 August 2013, aimed at strengthening evidence-based communication. It included participation by staff from UNICEF's Middle East and North Africa regional office and Yemen. Government EPI managers, health promotion focal persons, UNICEF C4D and EPI specialists, WHO data managers, and surveillance officers reviewed epidemiological and social data available for polio outbreak campaign planning, improved understanding of IM and AFP data analysis, and applications to communication.
2. Communication and social data indicators for campaign planning are being agreed upon based on workshop outcomes, and will be rolled-out in the countries when finalized.
3. In partnership with Harvard University, UNICEF Somalia is rolling out a Knowledge, Attitude, and Practices Survey on Polio in South Central Zone (including areas with limited or partial accessibility). Results, according to the roll-out plan, should be available before next TAG.

Updates on non-Outbreak countries

The TAG noted the following updates from the remaining HOA countries

Eritrea

Two rounds of SNIDs were conducted in 7 districts bordering Sudan. In addition, OPV was added to Child Health Days in June and July 2013, and one is planned for October in 16 districts that have predominant nomadic and hard to reach populations. All other recommendations from the 8th (?) HoA TAG have been implemented.

Tanzania

All recommendations of the 8th HOA TAG have been implemented. Active surveillance has been implemented in 33 poor performing districts and sensitization of clinicians has been done. During 2013 National STOP Team members have been deployed to support these districts.

Uganda

All recommendations of the 9th TAG have been implemented. Specifically, WHO and UNICEF provided technical assistance to address the gaps in logistics and vaccine management. Since July 2013, no district has reported any vaccine stock-out. Because of the risk of spread of the current WPV1 outbreak, Uganda is conducting SNIDs in high risk areas in September and October 2013, and nationwide rounds in December 2013 and January 2014.

Djibouti

The TAG recommendations for Djibouti were primarily related to strengthening the EPI programme and these have been implemented. The re-organization of the EPI department is on-going, with appointment of a new EPI Manager and recruitment of 3 dedicated staff. The programme will continue to deploy an international STOP team member to support EPI activities.

Sudan

Sudan has implemented all the recommendations of the 8th HOA TAG. However only one NIDs and one SNID round were done due to lack of vaccine in the last quarter of 2012. In 2013, additional SNIDs were conducted in the Darfur states bordering Chad. The preparedness plan to respond to poliovirus importation from Chad has been updated. Cross border activities are on-going with South Sudan with targeted attempts to vaccinate children in inaccessible areas of South Kordofan and Blue Nile States.

South Sudan

South Sudan has implemented all of the 9th TAG recommendations. Specifically,

1. A comprehensive human resources plan for 2014-2015 has been developed and will be submitted to the Regional Office for approval.
2. Independent monitoring for SIAs will now be done by an external group. CORE Group conducted independent monitoring for the August SNIDs and based on their experience, they will be given this responsibility for future SIA independent monitoring.
3. The programme still faces budgetary constraints for supporting EPI although the government has approved and is willing to support the EPI multi-year plan.

The TAG requested that all Horn of Africa updates include details on activities for routine EPI, as low population immunity is one of the most important risks for spread of the outbreak. In addition, for non-outbreak countries, the TAG requested that for the next meeting, each

country present information on activities carried out to identify, vaccinate, and strengthen AFP surveillance in Somali populations.

Dates for the 10th HOA TAG Meeting

The TAG confirmed **12 – 14 November 2013** as the date for the 10th TAG meeting. This will be hosted by AFRO in Nairobi, Kenya.*

*The venue may be changed to Ethiopia to take advantage of a planned high level regional political meeting in Addis Ababa, Ethiopia in mid-November at which the HOA Polio outbreak is likely to be discussed.