

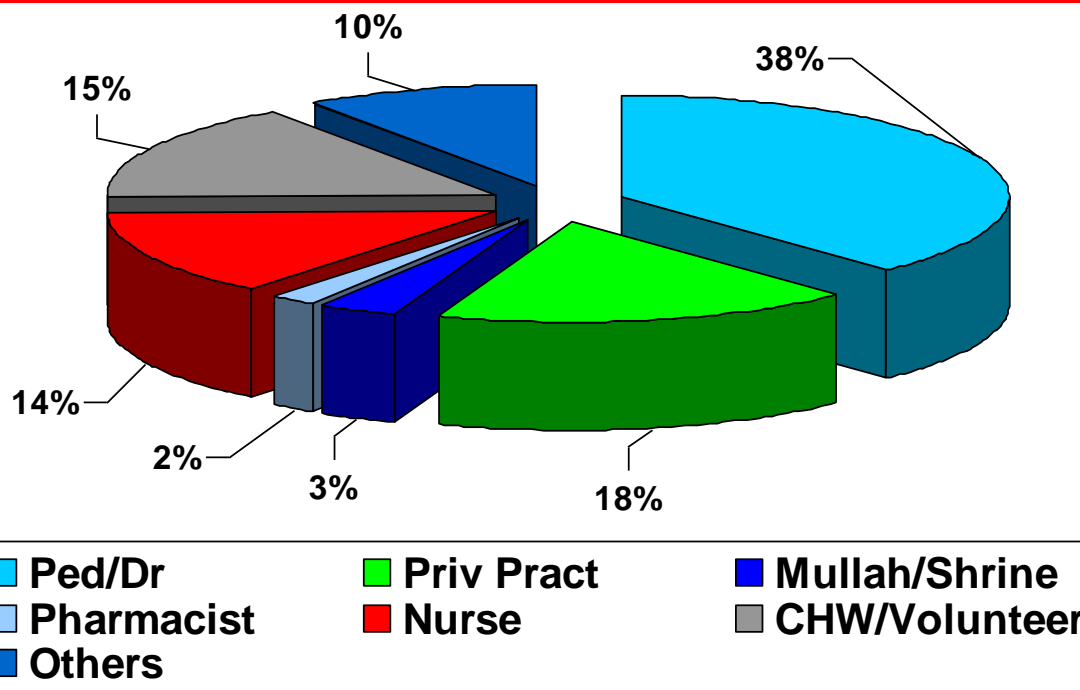
# AFP Surveillance Afghanistan Selected Slides

# AFP Surveillance Network Afghanistan, 2013

Region	AFP/ FP (Polio+ MSLS+ NNT)	Zero Report Sites	Active Surveillance sites by priority				Reporting Sites
			<i>Weekly</i>	<i>Fortnightly</i>	<i>Monthly</i>	Total	
<b>BDK</b>	24	154	5	15	32	52	154
<b>CR</b>	109	407	21	72	234	327	1,067
<b>ER</b>	65	155	9	9	72	90	155
<b>NER</b>	124	240	8	18	103	129	369
<b>NR</b>	54	211	24	32	97	153	54
<b>SR</b>	73	176	34	57	85	176	176
<b>SER</b>	72	64	8	20	44	72	411
<b>WR</b>	57	161	11	20	55	86	948
<b>AFG</b>	<b>578</b>	<b>1,568</b>	<b>120</b>	<b>243</b>	<b>722</b>	<b>1,085</b>	<b>3,334</b>

**It is a country-wide network. There are total 578 AFP focal points, 1568 Zero reporting sites and almost more than 1000 Active Surveillance Sites**

## *Distribution of AFP cases by reporting source, 2013 Community based surveillance system Afghanistan*



Distribution of AFP Cases by reporting source shows that 52% of the cases reported by Paediatrician or Medical Doctor or a nurse indicating that these cases are reported from Hospitals or Health Facilities.

Almost 18% are reported from Private Practitioners

Almost 20% of cases reported from the Community-based network of Mullah, Shrine Keeper, Pharmacist and Community Health Workers/Volunteers while 10% were reported from other sources like vaccinators, NIDs Volunteers etc.

# AFP surveillance indicators, in bordering provinces Afghanistan 2012-2013

Province	Exp @ 2	Cases Reported AFP	NP AFP rate	Stool ADEQ %		Detection with 7 days of paralysis onset %		Median OPV <60 M		EV %		SL %	
				12	13	12	13	12	13	12	13	12	13
Khost	9	22	5.5	89	95	95	95	13	14	16	23	3	5
Paktika	6	23	8.3	96	91	86	91	14	14	21	26	4	4
Paktia	7	24	7.6	92	92	85	83	11	18	23	13	4	4
Kunar	6	22	11.3	95	94	85	90	17	17	28	16	3	6
Nangarhar	23	72	8.6	94	93	85	88	18	17	26	18	4	7
Nuristan	2	3	3.9	82	100	64	67	7	19	27	33	9	0
Helmand	28	106	9	92	88	74	75	4	→ 10	6	10	10	9
Kandahar	21	99	11	75	85	71	79	5	→ 10	9	8	10	9
Zabul	8	21	6	88	88	73	79	4	5	2	24	15	8

Most of the Surveillance indicators in the bordering provinces are up to the required level. However, early detection rate in Kandahar, Helmand, Zabul and Nuristan improved but still below 80%.

## ***Managing AFP Surveillance in Difficult to access or inaccessible Security affected, Afghanistan***

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- **At least one District Polio Officer (DPOs) is recruited in all the conflict affected districts in South, South East and East**
- **Training of Newly recruited staff is completed on AFP surveillance to visit reporting sites and specimen collection and Transportation**
- **Provision of Transportation cost to bring the AFP case to a nearby health facility for investigation and specimen collection**
- **Revisions and expansion of reporting sites/volunteers**
- **Collection of Samples from contacts of AFP cases in Ghor and Farah**
- **Training sessions focus on search for AFP cases during campaign**

## Surveillance Indicators: Selected insecure difficult to access Districts, Afghanistan 2012-2013

District	Expected NP AFP @ 2	2012			2013		
		NP AFP	Conf	% Adeq	NP AFP	Conf	% Adeq
Bust	3	23	1	96	32	-	94
Nehr Siraj	2	11	6	100	11	-	75
Nadali	4	31	2	92	31	1	82
Sangin	2	2	1	100	3	-	33
Kandahar	3	46	2	72	57	-	88
Shahwalikot	1	2	-	100	7	-	100
Maywand	1	17	7	68	6	-	67
Panjwai	2	5	-	100	6	-	67
Boldak	2	19	-	85	13	-	92
Marawara	1	2	1	100	1	-	100
Watapur*	1				6	4	91
Bar Kunar	1	4	2	83	4	-	75
Khas Kunar	1	4	-	100	2	1	67
Lalpoora	1	-	1	100	4	1	100

**Regular reporting of AFP cases, constantly detection of Poliovirus from these very difficult districts and surveillance indicators shows presence of a functional surveillance system.**

## Sensitivity of AFP Surveillance

- Most of the indicators of AFP Surveillance meet the required levels at national and sub-national levels
- Distribution of AFP cases by district, various reporting sources and by number of contacts shows that the representatives of the network
- Isolation of Poliovirus from Nad Ali districts of Helmand, indicates the low level circulation that continued undetected for almost a year
- Also case of Kabul and Laghman shows gaps in the existing surveillance network

LAGHMAN	M	18	14/01/2014	R4B	97.3% with PAK12-ENV163E5 PAK/PB/RWP/SA-1/12/009 Rawalpindi 97.2% with PAK13-ENV033E1 PAK/KP/PWR/ST-1/13/002 Peshawar	Y
BADAKHSHAN	F	24	15/01/2014	R4B	99.9% with PAK13-ENV289E2 PAK/PB/RWP/SA-1/13/011 Rawalpindi 99.6% with PAK13-6044 PAK/FT/34/13/055 Khyber	N
KUNAR	F	38	31/01/2014	R4B	98.8% with PAK13-ENV209E1 PAK/KP/PWR/LM-1/13/008 Peshawar 98.7% with AFG13-1633 AFG/06/13/080 Watapur 98.7% with AFG13-2055 AFG/06/13/115 Narang	N
NANGARHAR			22/02/2014	R4B	98.7% with AFG13-2120 AFG/06/13/126 Chapadara 98.3% with PAK13-ENV114E3 PAK/KP/PWR/ST-1/13/005 Peshawar	N

# *Summary*

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- › **In general the AFP Surveillance system is functioning well both in quality and quantity terms.**
- › **The sensitivity of the system have been good enough to pick up the AFP cases and wild polio cases even in inaccessible locations.**
- › **Isolation of EV & SL in stool specimens is a good proof of adequacy and quality of Reverse cold chain.**
- › **The system has been able to actively involve physicians, including private practitioners as AFP Focal Points**
- › **Genetic Analysis of three of the cases in 2013-14, presence of compatible cases and inadequate cases shows the areas where surveillance system needs further improvement**



# Action Plan to strengthen AFP surveillance

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## **Provincial/Field Level**

- Focus on Active Surveillance and re-prioritize Active Surveillance and Zero Reporting Sites to ensure all important sites are included
- Case by case analysis to be done for inadequate and ZD AFP cases regularly by each time
- Engagement of fast growing Private health care services
- Monthly report to be generated on Active Surveillance and Zero Reporting
- Training of all AFP Surveillance Staff as number of new staff recruited

## **National Level**

- Internal Surveillance and desk review in June 2014
- Independent AFP surveillance Review in July 2014
- Expansion of Environmental Surveillance to include East and Central Region