Report from Iraq on Implementation of Recommendations

Of the Emergency Committee (EC) on Polio Eradication (PE)

Under International Health Regulations (IHR)

5th May 2016.

Background

A multi-country outbreak response in three phases was implemented in response to outbreak of wild poliovirus type-1 (WPV1) cases in Syria in 2013, which later spread to Iraq in 2014. Two WPV1 cases were reported from same governorate of Iraq in 2014, that is, Baghdad Resafa in February and April 2014. Genetic analysis reflected that the first case was due to importation of WPV1 most closely related with viruses circulating in Syria; and the second case had WPV1 due to local transmission. The last polio case had onset of paralysis on 7th April 2014.

It is important to mention that Iraq has one of the most complex security situations in the world and about one-fourth of populations live in security compromised areas. Figure 1 shows security levels by governorate for the UN supported staff. According to this, entire Iraq is at risk security wise and half of the 18 governorates are categorized into extreme to substantial risk levels. Few important demographic features are mentioned in Table 1 below.

Table 1: Important Demographic Information of Iraq

	Population	Population below 15 years	Population aged less than 5 years	Population aged less than 1 year
Number persons	35,060,484	14,837,891	5,960,282	1,402,419
Percentage of total population	100 %	42%	17%	4%

Government of Iraq declared reporting of polio cases as National Emergency and launched an aggressive and rigorous response with support of Partnership, mainly WHO and UJNICF (Annex 1). A total of 20 campaigns were implemented, which include 14 campaigns after the onset of most recent polio case. A polio eradication surge team is supporting Iraq since beginning of 2015 at federal and sub-national levels in prioritized areas to improve quality of polio eradication activities, vaccination activities and surveillance, as well (Figure 2).

With commitment of the Government and frontline workers, vaccination campaigns against polio could be held and thus the 2014 polio outbreak was effectively curtailed. Government of Iraq demonstrated extraordinary commitment to support vaccines for children in all areas regardless of

location and/or political allegiances. Vaccines to insecure areas were shipped under special arrangements. Below bar chart shows that there is progressive increase in percent of children with at least four doses of oral polio vaccine and it is at its highest levels this year so far.

Figure 1

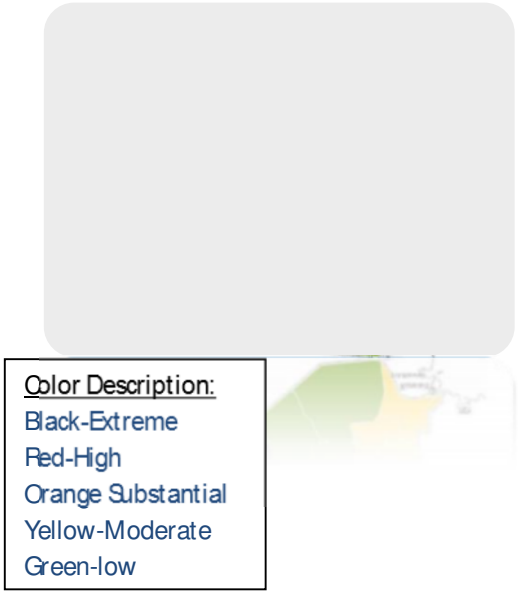

Figure 2: Vaccination status of Non-Polio AFP cases in children aged 6-59 months, 2010-16

As part of the Polio Endgame Strategic Planning 2013 – 2018, Iraq is also implementing a Switch Plan under which tri-valent oral polio vaccine have been withdrawn from EPI on April 30, 2016 and replaced it with bi-valent OPV. For minimizing risks associated with switch, Iraq introduced Inactivated Polio Vaccine earlier this year (January 24th) and implemented four nationwide campaigns with tOPV between October 2015 and April 2016.

As part of the Middle East Polio Outbreak Response, field assessment was carried out by polio eradication experts from regional and global headquarters of WHO and UNICEF, the latest in August 2015. Independent national consultants were engaged, mostly from academia, for governorates where internationals could not go. The August 2015 field assessment concluded that there was no evidence of poliovirus transmission in Iraq.

In May 2015, the EC for PEO under the IHR declared Iraq to be among states no longer infected with wild poliovirus or cVDPVs, but which remain risk to the international spread, and states that are vulnerable to the emergence and circulation of VDPV. On 7th April 2016, Iraq completed two years without any wild poliovirus isolation. This report summarizes activities and measure that were taken in line with recommendations of the EC.

Implementation Status of the Current Recommendations of the EC for Iraq:

1. Urgently strengthen routine immunization to boost population immunity

Since April 2014, expanded program for immunization (EPI) has conducted several advocacy related activities with policy level leadership to keep EPI as one of the top programs in public health agenda amidst a rigorously pursued austerity drive of Government Iraq (GoI). Consequently, GoI continued to self-procure vaccines for all Iraqi children regardless of political allegiance associated with their locations. A significant improvement was noticed in availability of all vaccines and no major stock out was witnessed in 2015. Coordination with EPI managers of other governorates has enhanced and seven meetings were conducted in 2015 and 2016. Emphasis in these meetings have been on progress in routine immunization, finding practical solutions of identified problems in prevailing situation, introduction of new vaccines (IPV) and the Switch.

As a result of the above efforts, following evidences that overall population immunity has been boosted.

i. Percent AFP cases with 4 or above doses of oral polio vaccine (OPV) increases from 82% in 2010 to 93% in 2016 so far, the highest in the past 5 years (Figure 2).
ii. There are 2 AFP cases with Zero Dose OPV reported for 2016 as compared to 12 AFP cases in 2014 and 6 in 2015.
iii. Post-polio-campaign independent monitoring data for the last four National Immunization Days reflect that 87% of children had EPI Card in October 2015, 89% in November 2015, and in April 2016, it reached 91%. Among those having EPI card, percent of children having one OPV dose entered was 92% in October 2015, 90% in November 2015; 91% in February 2016 and 93% in April 2016.

2. *Enhance surveillance quality to reduce the risk of undetected wild poliovirus and cVDPVs transmission, particularly among high risk mobile and vulnerable populations.*

Iraq AFP surveillance at the national level continues to meet the international standards (Table 2). However, few high risk areas have not achieved these standards.

Key steps taken for implementing the above recommendations include:

i. Review of surveillance network and inclusion of AFP in EWARN (Early Warning & Reporting Network). The EWAN focuses on IDPs and Refugees in collaboration with NGOs/ INGOs and local DOH providing services to displaced populations. From 128 sites of eight governorates, a total of 12 alerts were reported. WHO Polio Eradication collaborated nationwide training of the EWARN facilities.
ii. WHO's Polio surge team at federal, regional and subnational levels gave support in quality case investigation, action on data analysis and active surveillance. A total of 12 technical personnel with support of WHO are working, which include 8 persons

working at sub-national levels in prioritized governorates based on epidemiological and demographic factors

iii. Regular weekly report having national and sub-national level analysis is sent from National AFP Surveillance Officer, EPI/ MOH and WHO Country Office.

Table 2: Key Surveillance Indicators, Iraq, 2011 to 216 to Date

Year	Total 'non-polio' AFP cases	Non-polio AFP rate*	% AFP cases with adequate stool samples
2011	530	3.9	89%
2012	467	3.4	90%
2013	444	3.1	84%
2014	587	4	89%
2015	520	3.5	82%
2016	232 (up to W 17)	4.8	81%

iv. There is a quarterly surveillance reviews meeting and a total of 3 AFP Surveillance Reviews were conducted in 2015. Each one was for 3-days (24 Hours). It is linked with review of progress and specific sessions were conducted with low performing areas. The next one is scheduled from 17 to 19 May, 2016. In addition, a total of 18 sessions on AFP Surveillance were conducted at governorate and sub-governorate levels in which 25-30 clinicians joined.

v. Analysis of AFP data is carried out periodically to ascertain whether high risk populations are being reached. On analysis, non-polio AFP Rate among a total of displaced population of 1,400,000 children below 15 years (both IDPs and Refugees) is 2.4/ 100,000 below 15 years in 2015 and 2.5 in 2016 so far (annualized), In 2015, percent AFP cases with adequate specimen were 86%, NPEV rate 20% and SL percent 13.3%. AFP Surveillance data reflects that there is fair representation of IDPs/ Refugees in AFP cases.

3. Intensify efforts to ensure vaccination of mobile and cross-border populations, Internally Displaced Persons, refugees and other vulnerable groups.

Supplementary immunization activities (SIAs) started in Iraq before appearance of polio case as a result of outbreak in Syria. A total of 20 SIAs have been conducted in in Iraq so far since start of the Outbreak Response (Annex 1). Following are key steps taken to implement the above recommendation of the EC:

i. Eight of 20 SIAs since 2014 were sub-national immunization days targeting vulnerable populations including IDPs, Refugees, Slums, etc.
ii. In order to reach IDPs, refugees and other vulnerable group, micro-plans and maps for vaccination campaigns for operations as well as social mobilization have been updated and modified to reflect all vulnerable groups distinctly. Access mapping was done at the district and governorate levels. This activity was supervised by MOH and DOH supervisors as well as WHO and UNCIEF supported Surge in pre-campaign preparation period.
iii. Contingent plans to vaccinate children of insecure areas as soon as they are available, most of the time during displacement regardless of their size (No. of displaced families). In Anbar, a total of 12, 151 Polio vaccinations were done and 8,546 vaccinations against measles among under 15 years were administered in 2015. Upwards of 10,000 measles and polio vaccinations for Measles and OPV have been given so far in 2106. In Salah el Din, 3,932 vaccinations were administered to IDPs children were against Measles and Polio in Salah el Din in 2016. In April this year, 700 vaccinations against polio were given to children from recently liberated areas of Makhmur and almost the same children against measles.
iv. Situational analysis and feedback on IDPs/ Refugee were regularly shared through MOH and Health Cluster Partners with operational level leadership for proper service delivery. Currently, no polio cases or cVDPVs cases have been reported in Iraq from IDPs and Refugees so far.
v. Permanent vaccination teams are working at the international border for Syrian refugees in Dahuk province – the only officially functional and most frequently used route for movement to and from Syria. A total of 12,790 vaccinations against polio had been delivered in 2015 and 2,433 so far in 2016. Measles vaccination is also given and number of measles vaccination for both years was 11,806 and 2,075, in the same order.
vi. Iraq also encourages residents and long-term visitors to receive a dose of OPV prior to international travel; and there is vaccination of OPV at the airport for visitors coming from Polio infected countries.
vii. Vaccination profile of AFP cases from different communities is reviewed. In 2015, average doses of OPV received through routine immunization among host community was 2.9 while it was 4 among IDPs/ Refugees; and in 2016, so far they have equal average in number of doses received (3) in routine immunization. Similarly, SIAs data shows that average of OPV doses received is 5 and 6 among IDPs/ refugees and 3.5 and

3.3 among host community in 2015 and 2016 respectively. There is no significant difference in profile of AFP cases from IDPs/ Refugees AFP cases and those from host community, while noting less number of cases among former than the latter.

viii. Information collection tools for vaccination data, administrative as well as monitoring were modified so that quality of vaccination activities could be compared in different vulnerable groups. Table 3 summarizes the result of independent monitoring for the last 4 SIAs. There is no significant difference in vaccination rates of the two population groups.

Table 3. Vaccination rates (using Finger Marker or Finger Marker/ Recall) among Host community & IDP/ Refugees/ Independent Monitoring

SIAs Calendar	Vaccination Rate using Finger Marker		Total Vaccination Rate (FM+Recall)	
	Host Community	IDP/ Refugee	Host Community	IDP/ Refugee
October 2015	78%	71%	89%	93%
November 2015	75%	67%	86%	86%
February 2016	81%	90%	91%	90%
April 2016	87%	80%	92%	90%

4. Regional cooperation and cross border coordination to ensure prompt detection of wild poliovirus and cVDPV, and vaccination of high risk population groups.

Efforts were undertaken to further enhance regional and cross-border communications since start of the Middle East Outbreak. Weekly meetings were held with the participation of Federal EPI staff, WHO, UNICEF and other stakeholders to discuss on-going plans and challenges with polio outbreak response activities. Feedback was provided on a regular basis to regional WHO / UNICEF polio unit, directorates of health offices and other high level government officials. Regular program updates are also shared with the neighbouring countries directly. Coordination for surveillance and vaccination activities carried out through POL, EMR, WHO. There is an on-going coordination with neighbouring countries through WHO POL/ EMR as well.

5. Maintain these measures with documentation of full application of high quality surveillance and vaccination activities.

EPI/ MOH has maintained all important reports of surveillance and SIAs activities. National Documentation for Certification of Poliomyelitis Eradication was submitted to Regional

Certification Commission for Polio Eradication in Eastern Mediterranean Region in April 2016. Formal feedback is awaited. Anecdotal feedback reflects that report in principle has been accepted.

6. *At the end of 12 months without evidence of reintroduction of wild poliovirus or new emergence and circulation of cVDPV, provide a report to the Director General on measures taken to implement the Temporary Recommendations.*

A draft report has been prepared by the MOH in consultation with WHO and UNICEF. This report is submitted for perusal of the Director General for further advice.

Annex 1. Polio SIAs Summary 2014-2016

Round	Activity	Antigen	DateStart	DateEnd	Areas	Target	Number Reached	Reached %
1	SNIDs	tOPV	1/ 1/ 2014	1/ 9/ 2014	Karabala	186105	184435	99%
2	SNIDs	tOPV	1/ 7/ 2014	1/ 11/ 2014	Nienawa	139552	100477	72%
3	SNIDs	tOPV	1/ 12/ 2014	1/ 16/ 2014	Najaf	230205	235366	102%
4	SNIDs	tOPV	1/ 12/ 2014	1/ 23/ 2014	Anbar	137421	130373	95%
5	SNIDs	tOPV	2/ 2/ 2014	2/ 6/ 2014	Salah Eldine accessible district	250732	235366	94%
6	NIDs	tOPV	3/ 6/ 2014	3/ 10/ 2014	All including refugees	5600701	5372156	96%
7	NIDs	tOPV	4/ 6/ 2014	4/ 10/ 2014	All including refugees	5600701	5840387	104%
8	NIDs	tOPV	5/ 13/ 2014	5/ 17/ 2014	All / including Syrian refugees	5618485	5995729	107%
9	SNIDs	bOPV	6/ 11/ 2014	6/ 15/ 2014	B. Rasafa, B. Kerkh, Anbar,	1514241	1507804	100%
10	SNIDs	bOPV	8/ 10/ 2014	8/ 14/ 2014	All affected by IDPs and refugees	3977820	3750171	94%
11	NIDs	bOPV	9/ 14/ 2014	9/ 18/ 2014	All / IDPs & refugees	5686928	5611142	99%
12	NIDs	tOPV	10/ 19/ 2014	10/ 23/ 2014	All / IDPs & refugees	5738952	5641536	98%
13	SNIDs	tOPV	11/ 30/ 2014	12/ 4/ 2014	Slums of Baghdad	187760	187586	100%
14	NIDs	tOPV	2/ 22/ 2015	2/ 26/ 2015	All / IDPs & refugees	5849520	5523360	94%
15	NIDs	tOPV	4/ 12/ 2015	4/ 16/ 2015	All / IDPs & refugees	5103070	5041099	98%
16	NIDs	tOPV	24/ 5/ 2015	28/ 5/ 2015	All / IDPs & refugees	5272824	5233622	99%
17	NIDs	tOPV	4/ 10/ 2015	8/ 10/ 2015	All / IDPs & refugees	5333459	525597	98%
18	NIDS	tOPV	8/ 11/ 2015	12/ 11/ 2015	All / IDPs & refugees	5338869	5259613	98%
19	NIDs	tOPV	28/ 2/ 2016	3/ 3/ 2016	All / IDPs & refugees	5723764	5476970	95%
20	NIDs	tOPV	3/ 4/ 2016	7/ 4/ 2016	All / IDPs & refugees	5844861	5505531	94%