

External AFP surveillance review, Afghanistan

19 - 24 June, 2016

Regions visited and external team members

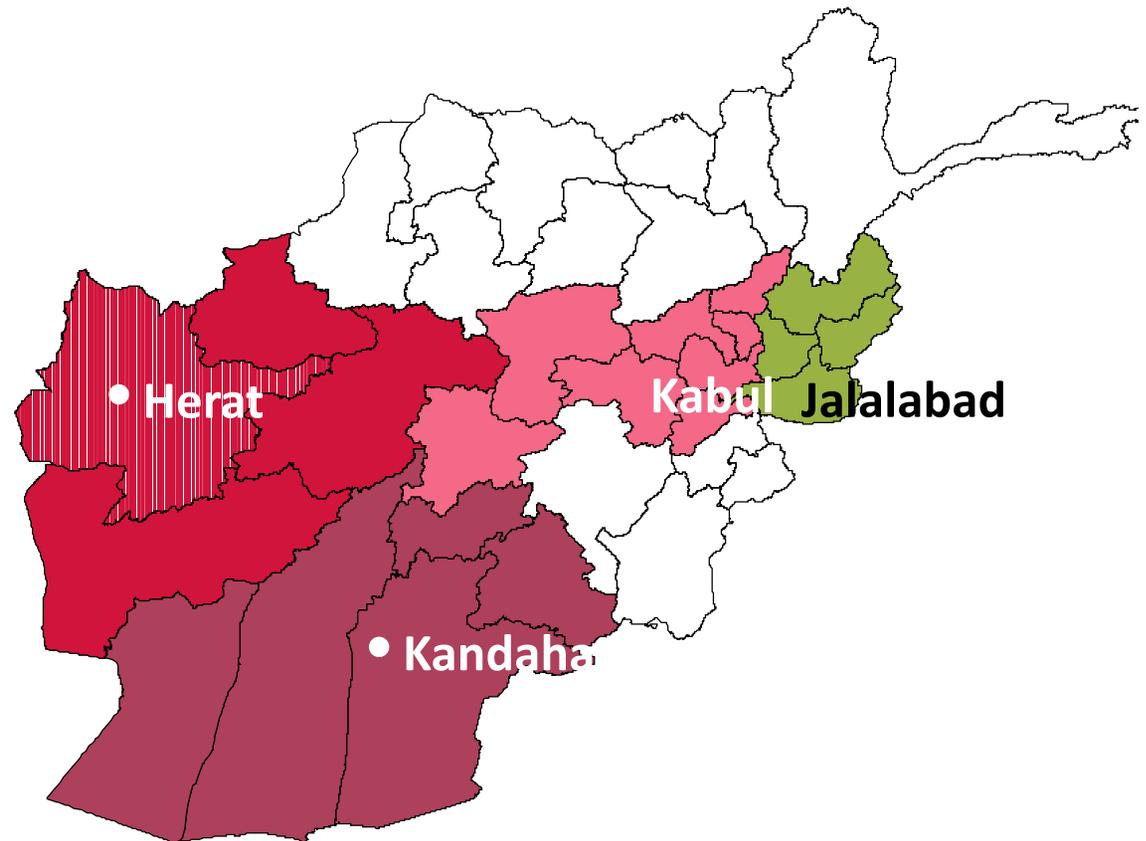
External assessment team leaders:

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- *Southern Region*

Z. Khan, WHO HQ
- *Western Region*

A. Bose, UNICEF HQ
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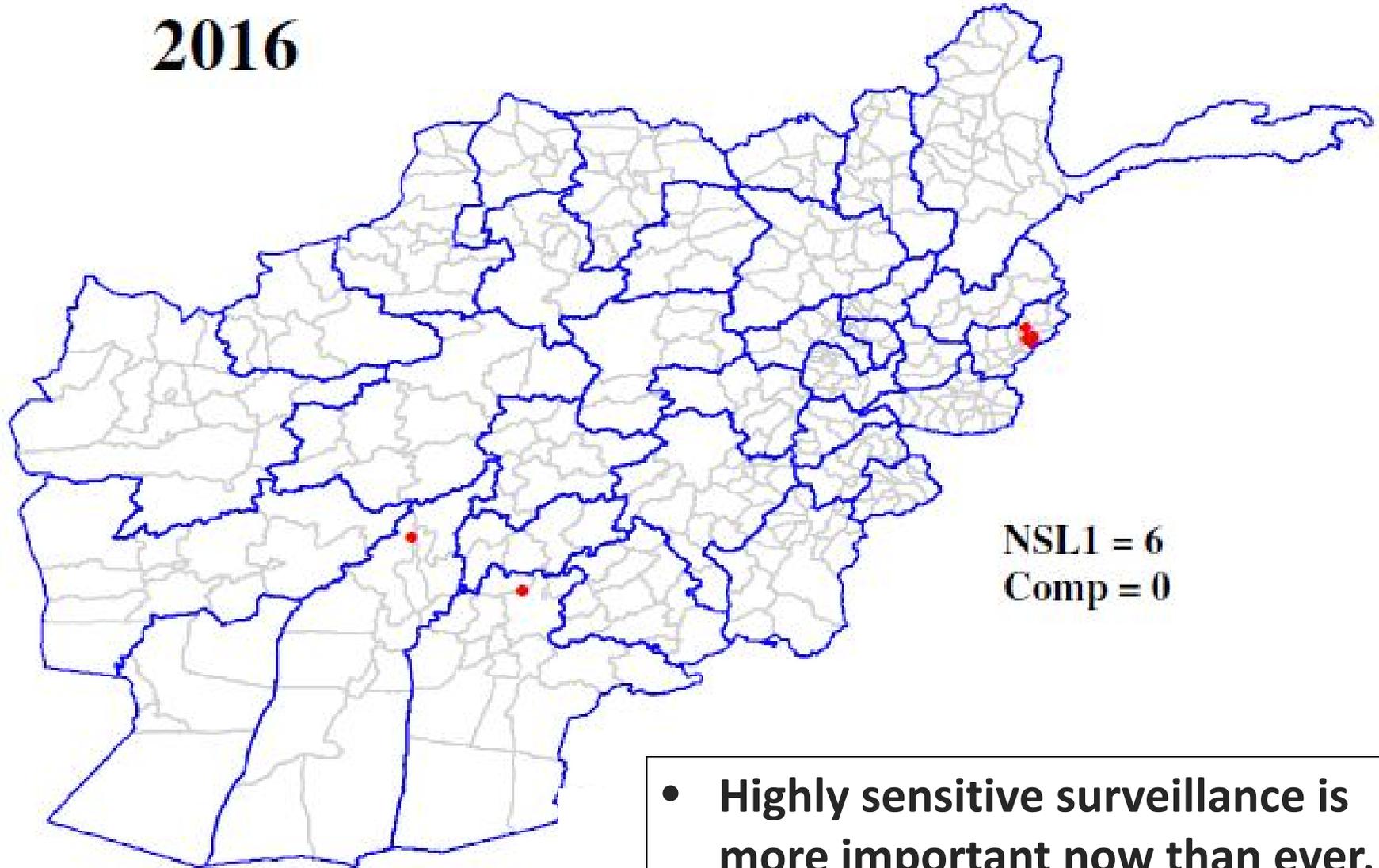


Teams were supported by facilitators from MoPH and in-country polio partners

Background for this review

- Afghanistan - one of 2 remaining endemic countries
- Increasing importance of surveillance sensitivity
 - as WPV1 transmission decreases to very low levels, and
 - to assure early detection of emerging VDPVs
- This review follows a TAG recommendation (Jan 2016), and the last review done in 1st quarter 2015

2016

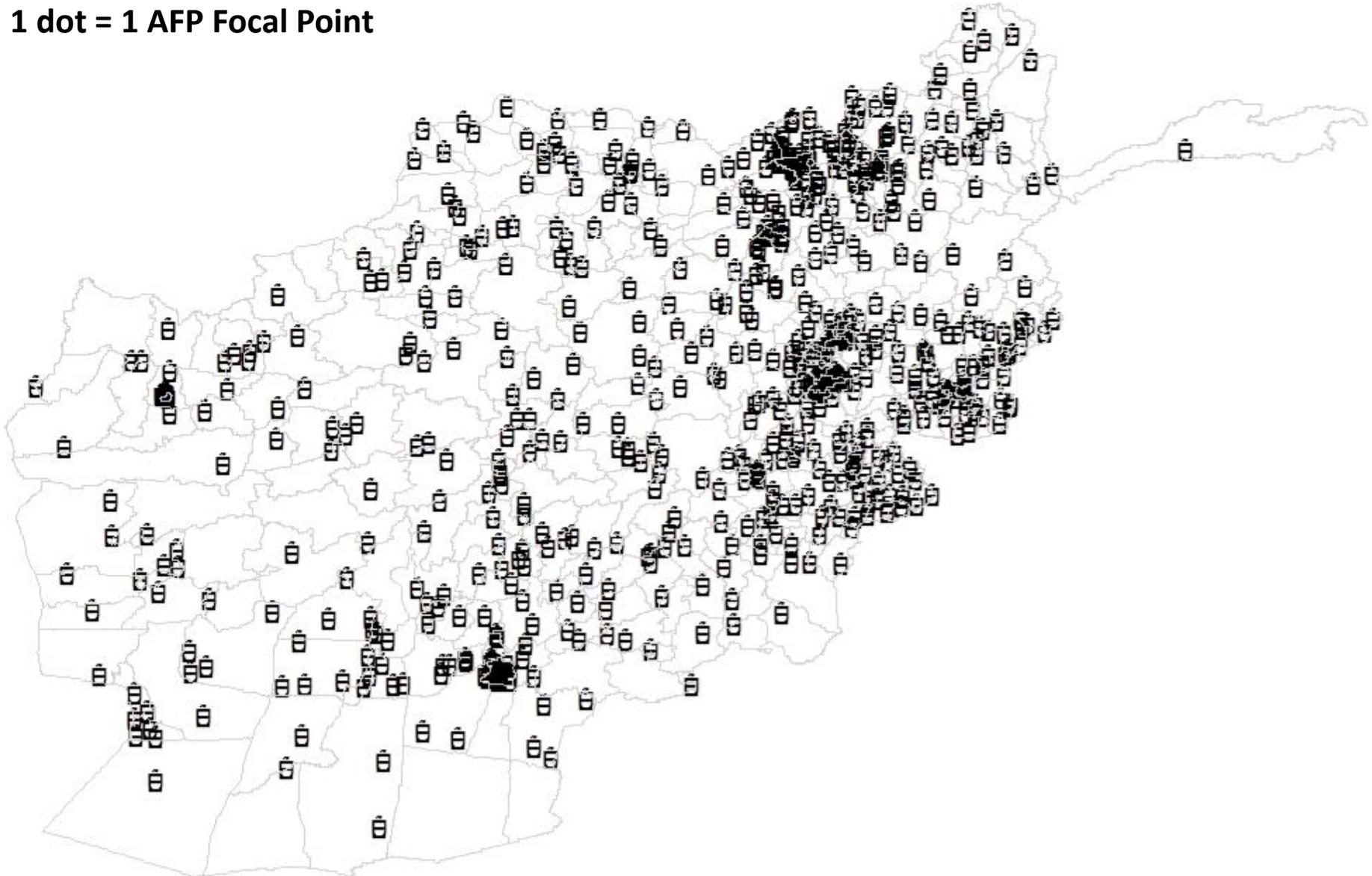


NSL1 = 6
Comp = 0

- **Highly sensitive surveillance is more important now than ever, as WPV transmission drops to very low levels**

Distribution of AFP FPs / sentinel sites, 2016

1 dot = 1 AFP Focal Point

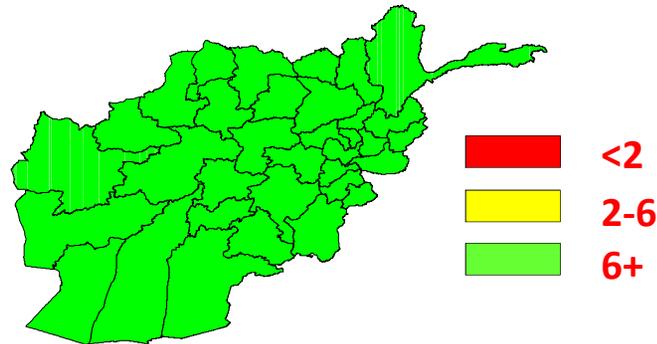


AFP surveillance: quality key indicators

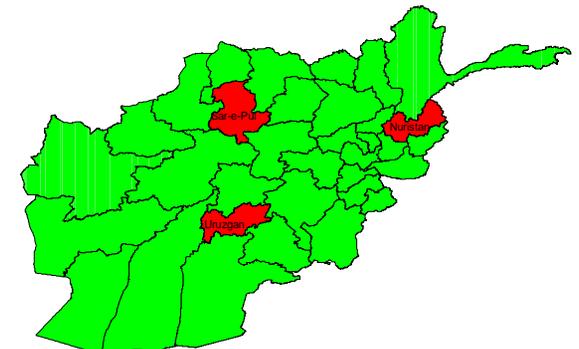
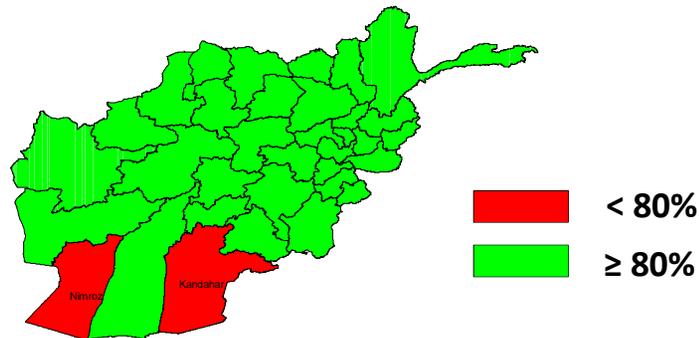
2015

2016

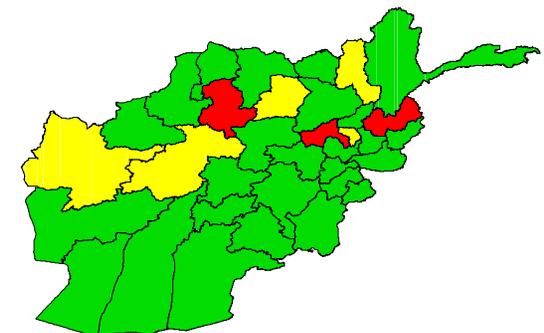
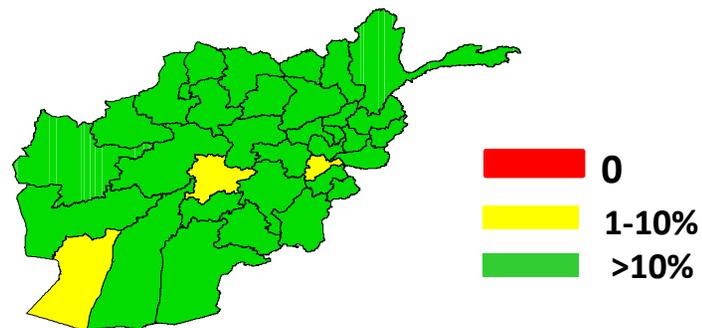
Non-polio AFP rate



% AFP cases with adequate stool specimens



Non-polio enterovirus isolation rate



Key strengths

- AFP surveillance overall continues to function well in Afghanistan
- Key AFP surveillance indicators are surpassing global targets in almost all provinces
 - few exceptions - e.g. Nuristan province
 - indicators not significantly different between accessible and security-compromised areas
 - recent WPV detection in access-compromised areas of Eastern and Southern Regions shows system can detect transmission in these areas
- Overall broad reporting network with involvement of community-based reporting volunteers
- Overall good awareness of AFP among health workers and in facilities; daily active case search in major health facilities
- Good documentation of AFP data

AFP Surveillance Non Polio AFP Rate & Adequacy Rate in Security Compromised and Full Access Area Kandahar Province , 2016

Province	Undar 15 yaer 45 %	Exp AFP Rate 2	AFP Reported	Non Polio AFP Rate(2/100000)	Adequacy %
Security Compromised	294,174	6	26	9	88
Full access	909,189	18	121	13	83

Data analysis (epidemiology, AFP performance)

- Regional surveillance teams (WHO) are well aware of epidemiological and surveillance quality data
 - regular surveillance gap analysis + corrective action; AFP data used to monitor immunity (OPV history of AFP, 0-dose)
- Excellent ongoing data analysis, use of data for monitoring and programmatic decision-making, and production of programme updates at the national level
- However - national / global polio epidemiological feedback not systematically shared uniformly with field surveillance staff

Reporting network

- Geographically well distributed
 - community level involvement through reporting volunteers
- Network adequate to identify cases from high risk groups + security-compromised areas
 - very good performance at key regional hospitals (I. Ghandi + Maiwand/ Kabul, Mirwais / K'har, Reg. Hospitals in Herat + Jalalabad) who report a large proportion of AFP cases of the Region, or referred from the outside
- Efforts ongoing in all Regions to expand network - to include private sector and new facilities in security-compromised areas
 - however, need to continuously include newly / not yet included private health facilities
- Efforts to prioritize network sites (frequency of visits)
 - regularly done in all Regions, using patient flow + likelihood of seeing AFP cases



AFP cases Admitted by Dr. Mohammad Sidiq in the Year of 2015

N ^o	Date	Name	Provisional Diagnosis	Address	EPID No.	50 days Follow up	First Reporter
1	08 01 15	Mohd Dim / Mohd Noham	GBS	Kluang	4		
2	10 01 15	Norma / Saifulah	Hemiplegia due to infarction	Zuari datti	7		
3	13 01 15	Hamidah / Mubtaha	Myeloma	D-10	17		
4	14 01 15	Hawa / Mohammad Farid	Meningo encephalitis	Zawal	18		
5	15 01 15	Edris Ahmad / Abdulah	Meningoencephalitis	Zawal	21		Dr Abdal
6	15 01 15				22		
7	15 01 15	Mohammad nabi / Abdulah Jan	Hipertensi / Hiperkalemia / Mixed	Kluang	439		
8	21 01 15	Mohammad Usman / Heng Muzammil	GBS	D-8	27		Dr Abdal
9	22 01 15	Marwa / Habibullah	GBS	D-10	31		Dr Abdal
10	25 01 15	Naeiba / Noor Acha	GBS	Muarasertina	36		Dr Abdal
11	28 01 15	Nafsa / pacha	GBS	Shawati kot	40		Dr Abdal
12	28 01 15	Adlan / Nasr	GBS	Dand	45		Dr Abdal

DELL

AFP surveillance practice 1

- Active surveillance (AS) visits conducted by PPOs as per guidelines (workplans, completeness monitored)
 - generally good working rapport of PPOs with facility staff
- AFP FP interaction with with community-based reporting volunteers is not adequate in some places
- Training of volunteers is responsibility of FPs - who mostly do not have the time for this (busy clinicians)
 - PPOs are involved in this activity in most areas - but their input needs to be formalized (e.g. monitor activity, prioritize certain areas etc.)
- Documentation on 'excluded' (non-AFP) cases sufficient in all Regions

AFP surveillance practice 2

- Contact specimens are collected from AFP cases with inadequate specimens in all visited Regions, as per policy
 - To increase the sensitivity of virus detection, contact samples are still collected for all reported AFP cases in remote areas of Ghor and Farah.
- Feedback on surv results is not uniform - most FPs receive feedback, but some reporting volunteers did not
- Stool specimen collection + transport handled well overall despite security and access challenges
 - issues in some Regions: use of small 'day' vaccine carriers for specimen transport is inappropriate (observed in Herat)
- AFP is one of the conditions reported by DEWS focal points
 - in some areas, focal points do both AFP and DEWS
 - however, no evidence for systematic coordination and information exchange between AFP and DEWS systems at all levels

WORLD HEALTH ORGANIZATION
Kandahar, Southern Region

MONTHLY REPORT

Submitted by:

HIJRATULLAH

PPO

Apr, 30, 2016

(Name)

Designation

(Date)

Visit to: Daman & shaga

From

1st Apr-16

To

30th Apr-16

Indicate clearly name and location of visit(s), meeting(s), etc.

OBJECTIVES:

- 1 Monitoring of Routine EPI activity.
- 2 Visit of AFP focal point and Reporting sites.
- 3 Visited of pharmacy and some nurse
- 4 Participations at some mobilization activity and meeting.
- 5 Monitoring and facilitation of SIAs activity.
- 6 Completing AFP Surveillance related activity and pending issues
- 7 Collection of AFP zero and Measles & NNT reports.

DETAILS OF ACTIVITIES:

AFP Surveillance Activities

District: Daman & shaga : I have total 4 health facility and 2 AFP focal point in the mentioned Districts .I visited all of health facilities in the month of Apr-16. Further out of 4 health facilities two health facilities visited in weekly base & 2 visited forth nightly base and we admitted two PHP in our active surveillance on monthly base .I briefed to all health facilities & PHP related staff regarding AFP surveillance and reporting of AFP cases and instructed them on all required information of AFP and conveyed theme update AFP surveillance.

ملاحظات
وزن و عکس
مقابل خون

Search for Affiliated cases

ردیف	نام	لقب	تاریخ ورود	تاریخ خروج	تعداد روز های بستری	تشخیص ابتدایی	تشخیص نهایی	سرویس که مرخص (انطباق خون و عکس بستری شده) (عمل در مقابل خون)	جنس		دوره	محل اقامت	ملاحظات
									M	F			
151	حوشنا	شهره الزین	31/195	31/195	64893			اپوز		✓	بکوال		
152	قیب هفتی	نارنجیر	31/195	/	64879			اپوز		✓	سورن		
153	موسیوم	اصدود	31/195	/	64862			اپوز		✓	سورن		
154	نوروزی	علی احمد	/	/	64-115			/		✓	سورن		
155	انزله	شهره شاد	31/195	/	64582			اپوز		✓	سورن		
156	سینا	محمد یوسف	/	/	64625			اپوز		✓	سورن		
157	سید م3	سورن	12/95	/	64212			اپوز		✓	سورن		
158	عبدالمجید	سورن	25/95	/	CNS mt + AFP			اپوز		✓	سورن		
159	نوروزی	نوروزی	30/195	30/195	64665			اپوز		✓	سورن		
150	آقو	گلایه	30/195	2/195	61104			اپوز		✓	سورن		
151	صورتیان	طلایان	24/195	24/195	63994			اپوز		✓	سورن		
152	صمیم	شاکر	25/195	25/195	64111			اپوز		✓	سورن		
153	کیب	نوروزی	31/195	31/195	65104			اپوز		✓	سورن		
154	مصدق	مبارک خان	1-2/95	28-195	64573			اپوز		✓	سورن		
155	بجدار	فوشان	2/295	31-195	64901			اپوز		✓	سورن		

		B.D	✓	✓
		AM	✓	✓
		AE	✓	✓
		A.W.D	✓	✓
		Weakness	✓	✓
		A.G.E	✓	✓
		A.R.J	✓	✓
		A.R.E	✓	✓
		//	✓	✓
		A.G.E	✓	✓
		Vomiting Fever	✓	✓

EPID-08/16/289

Handwritten notes in Arabic script on the left margin of the notebook page, including names and dates.

AFP awareness / sensitivity of reporting network

- Awareness / knowledge of interviewed AFP sentinel site Focal Points was generally good
- Awareness of clinicians and health workers overall was good in facilities visited
 - few exceptions found in every Region
- Review team found evidence of a missed GBS case in a private hospital (Kabul), limited access to patient records in private facilities
- Southern Region - telephone interviews w. five randomly selected community reporting volunteers from 4 security-compromised districts:
 - good awareness of case definitions + AFP reporting; 4 of 5 had reported a case



Responding to reported case

- Initial investigation by FPs - 100% validation / detailed case investigation by PPOs
- Good overall stool adequacy, indicating timely reporting, stool collection
- Cross-notification internally and cross-border established and working adequately
 - e.g.: between Eastern Region and K.P province; weekly x-border telecon between S. Region and Balochistan WHO team in Quetta
- Collaboration with and feedback from NIH lab / Islamabad appears adequate overall





Investigation of AFP case in the field. J. Pediatr. 2008; 154: 720

Documentation/reporting

- Good at national and regional level and at visited reporting sites - data easily retrievable
 - CIFs filled out completely; complete maintenance of case records
 - 'excluded' AFP cases well documented
- All relevant documentation of AFP process / case investigation and stool specimen collection + shipment available
- Documentation of zero reporting and active surveillance is well maintained
 - no major issues in the completeness of zero-reporting, except in Northern Region

AFP CASES LINE LIST SOUTHERN REGION OF AFGHANISTAN

2016/SR

02

No.	Name	Sex	Age	Administrative				Vital				Clinical				Investigation				Management				
				Province	District	Health Center	Sub-center	Sex	Age	Weight	Height	Temperature	Pulse	Respiration	Blood Pressure	Consciousness	Neck	Chest	Abdomen	Neurological	Other	Diagnosis	Treatment	Referral
1	[Redacted]	M	15																					
2	[Redacted]	F	10																					
3	[Redacted]	M	20																					
4	[Redacted]	F	12																					
5	[Redacted]	M	18																					
6	[Redacted]	F	8																					
7	[Redacted]	M	25																					
8	[Redacted]	F	14																					
9	[Redacted]	M	16																					
10	[Redacted]	F	9																					





Main conclusions

- Circulation of WPV / cVDPV is unlikely to be missed in Afghanistan
- Extent of existing surveillance network is sufficient
 - Network expanded to include private health facilities - however some new private health facilities yet to be included
- AFP awareness among health workers overall is good
 - but there is a need for regular orientation of reporting volunteers
- Active surveillance practice is generally good

Recommendations - 1

Ongoing efforts to strengthen AFP surveillance in Afghanistan are effective and should continue

- **Network:** continue expansion of sentinel site network to include all newly opened public + private health facilities
 - particularly in security-compromised areas
- **AFP surveillance practice:** in view of SIA workload, PPO workplans should allow sufficient time for surveillance work and training of Focal Points
 - Active surveillance by PPOs should be well supervised (RPOs, aRPOs) and quality of AS strengthened, part. in private hospitals
- **Training surveillance staff:** assure thorough induction training for new staff and regular refresher training for all others, including basic clinical and data analysis training for PPOs

Recommendations - 2

- **Orientation of health workers on AFP:** use all opportunities, inside and outside health facilities, to sensitize + orient clinicians + health workers on AFP surveillance
 - opportunities of existing forums, i.e. staff meetings in large hospitals, meetings of professional bodies, should be used for brief orientations, 2 to 3 times a year

Recommendations - 3

- **Reporting volunteers:**

- Further strengthen the orientation of reporting volunteers through AFP FPs, with systematic involvement of PPOs
- Regular sensitization of surveillance staff and reporting volunteers, particularly in security-compromised areas, through telephone calls, in addition to existing mechanisms
- Assure feedback on lab results of reported AFP cases to field surveillance staff, including to reporting volunteers

- **Management and use of data**

- regularly evaluate AFP performance indicators, comparing accessible and security-compromised areas
- wherever possible, provide feedback to surveillance staff *and REMTs / PEMTs / PHDs* on current epidemiological situation and AFP performance at global, national, regional and province level

Implementation status of 2015 review-1

Recommendations	Status of progress
<p>Consider limiting 60 day Follow Up to;</p> <ul style="list-style-type: none"> - Confirmed wild polio cases, - Inadequate AFP cases and, - VDPV cases 	<p>Fully Implemented.</p>
<p>Continue to expand and prioritize surveillance network to include private and informal sectors through regular reviewing of patient flow and contact tracing</p>	<p>Regions updated the list of health facilities (public and private). The revision/ exercise resulted into expansion and reprioritization of the AS/ZR/ RV network (<i>ref to slide 22</i>). CO followed with RO on quarterly basis.</p>
<p>Effort should be made to further strengthen the linkage between Focal person and Reporting volunteers through more frequent visits, orientation, meeting, contacts etc.</p>	<p>RV list is revised/ provided to the FP. The CO provided registers to all the regions for showing/ strengthening the linkage and regularly monitoring the visits/ contacts and orientation records.</p> <p>All the network is provided AFP cases referral booklets.</p>
<p>Consider urgent conducting refresher orientation for the local AFP surveillance network with especial focus to the large hospitals, private and informal sectors</p>	<p>Orientation and training plan on AFP surveillance for all categories of staff involved in AFP surveillance prepared and regularly/ systematically implemented (matrix developed and shared by CO), Frequent advocacy meetings were also held.</p>

Implementation status of 2015 review-2

Recommendations	Status of progress
<p>Urgently improve the quality of active surveillance visits in areas of concern.</p> <ul style="list-style-type: none"> - Ensure that all the potential wards or units of the health facilities are included in the visit - Case investigation or review of the suspected AFP cases are well documented 	<p>All the regions reviewed the list of potential hospital wards including the private sector and include them in the visits.</p> <p>CO guided the RO on list of necessary documents that should be completed for the AFP suspected cases. All PPOs oriented and directed to complete documents for all AFP suspected cases</p>
<p>Ensure that the final outcome of the AFP case investigation is communicated with the notifying /reporting person</p>	<p>Ongoing:</p> <p>Feedback is reaching till level of reporters. The families who have valid phone number in the AFP case files were contacted</p>
<p>Consider increasing supportive supervision/ frequent supervisory visits from Centre to Regions to Provinces for AFP Surveillance management strengthening,</p> <p>Ways and means of covering security compromised/inaccessible areas require special attention. The innovative strategy of engaging communities in gaining access for SIAs can be adapted as per relevance</p>	<p>Done & ongoing :</p> <p>A schedule of supervisory/ ,monitoring visits from the center to regions to provinces is established and worked with. All PPOs monthly plans including AFP surveillance visits</p> <p>For security compromised areas training of the selected staff including PPOs/ DPOs/ Campaign personal/ supervisors and volunteers on AFP cases detection and stool specimen collection is carried out during Polio SIAs training and implementation.</p> <p>The local community shuras/ councils have been also frequently sensitized/ involved for such cause.</p>

- **The review team would like to express its heartfelt thanks to MoPH and Afghanistan polio partners for their great hospitality and excellent support during the entire mission**

