

External AFP surveillance review, Afghanistan

19 - 24 June, 2016

Regions visited and external team members

External assessment team leaders:

P. Smith, WHO EMRO

A. Agha, WHO Pakistan

- *Eastern Region*

R. Tangermann, WHO HQ

J. Nikulin, WHO EMRO

- *Southern Region*

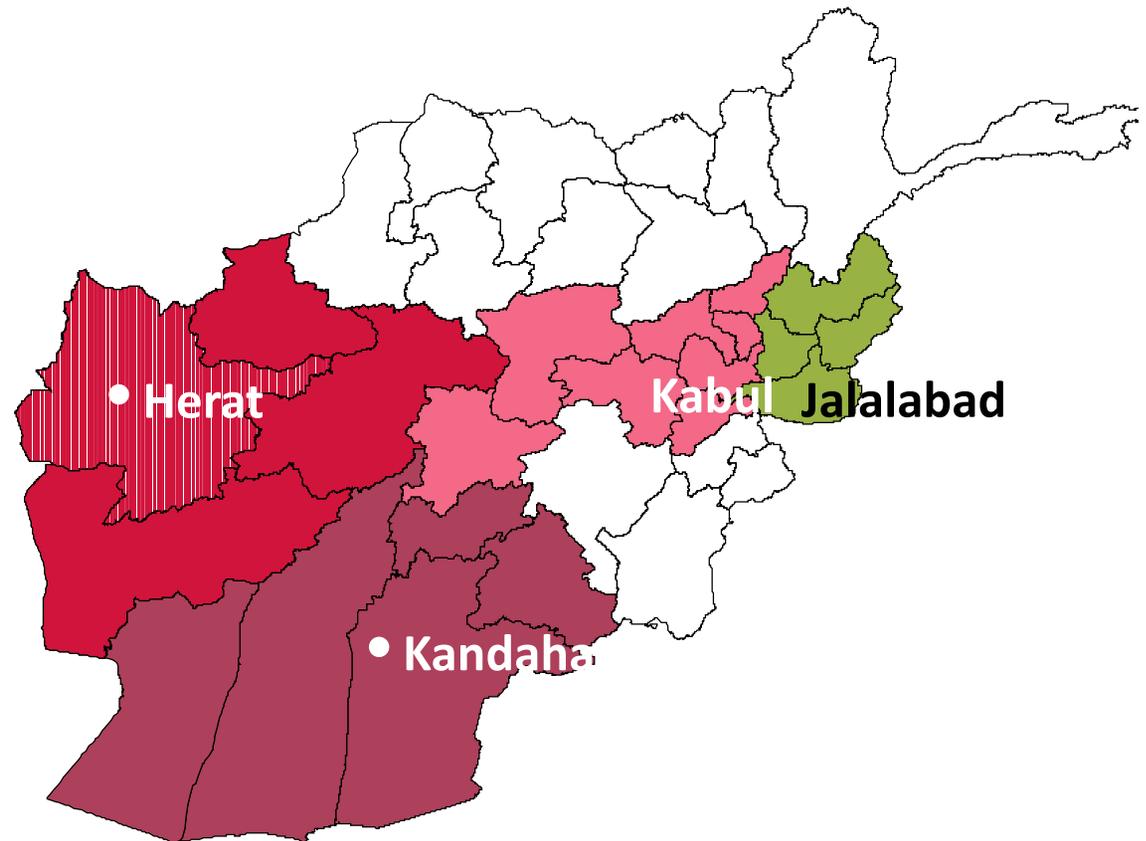
Z. Khan, WHO HQ

- *Western Region*

A. Bose, UNICEF HQ

A. Mallya, BMGF

- *Central Region*

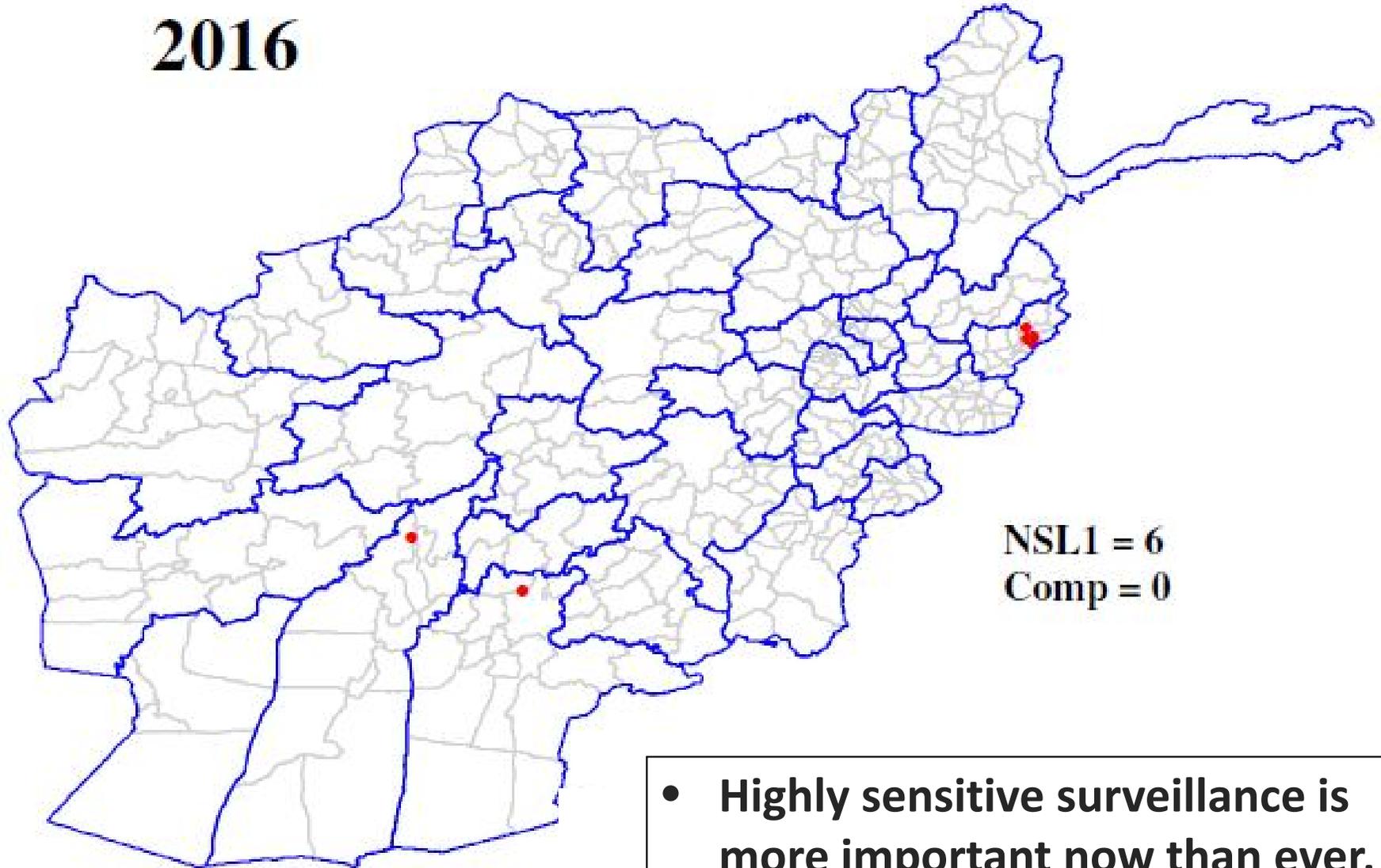


Teams were supported by facilitators from MoPH and in-country polio partners

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

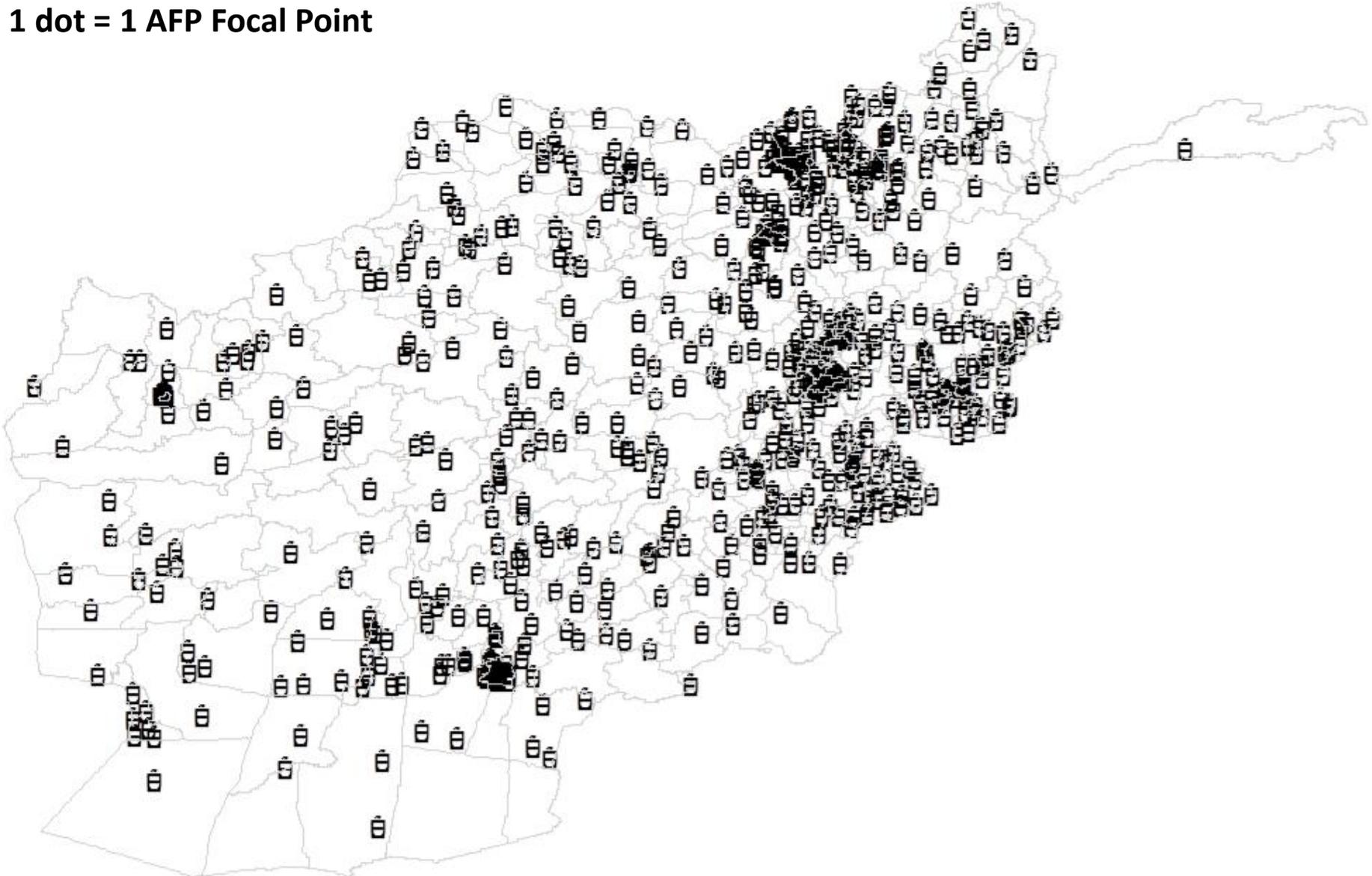


NSL1 = 6
Comp = 0

- **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

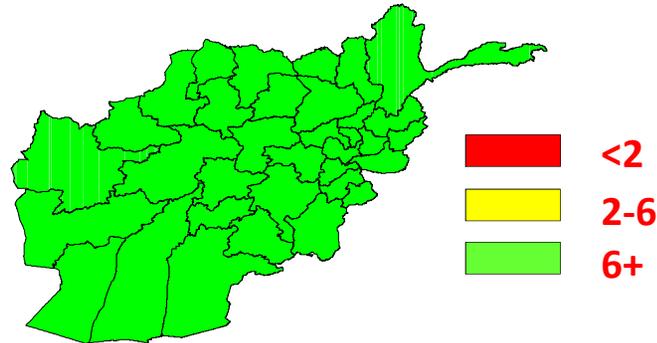


AFP surveillance: quality key indicators

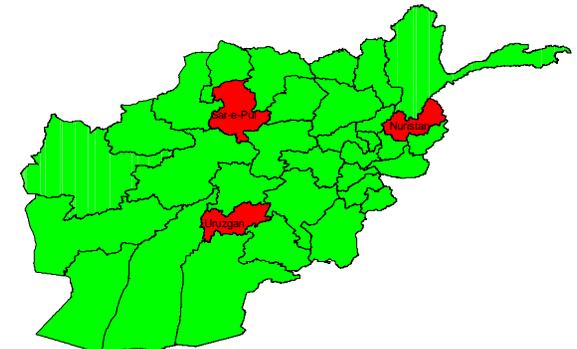
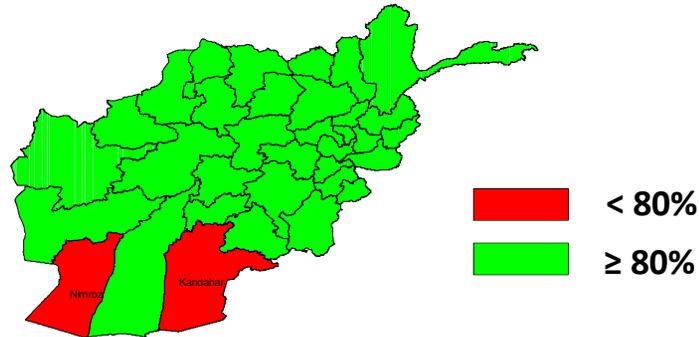
2015

2016

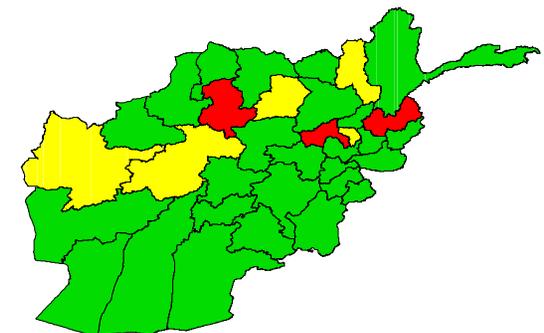
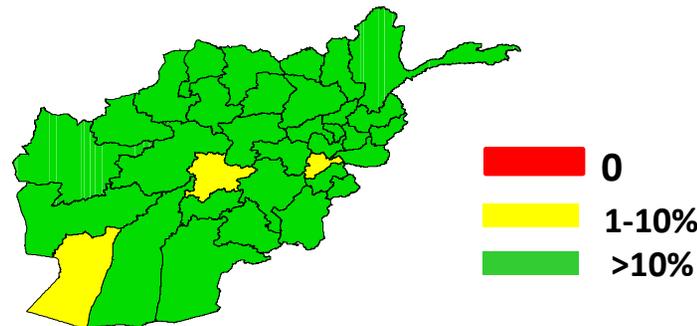
Non-polio AFP rate



% 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°	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		
6	15 01 15				22		Dr. Abdal
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	Naqiba / Noor Aqha	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



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 awe 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)	ملاحظات	جنس		دورس	وحد	نوع	ردیف
										M	F				
151	حوشنا	شهرالزین	31/195	31/195	64893			اپوز			✓				151
152	تیب هفتی	نارنجیر	31/195		64879			اپوز			✓				152
153	موسیوم	اصدود	31/195		64862			اپوز			✓				153
154	آقای زار	شاهپور			64-115						✓				154
155	انزله	شهرآباد	31/195		64582			اپوز			✓				155
156	سنت	محمدیوب			64625										156
157	سیدم	سول			64212			اپوز							157
158	امیر	عبدالمجید			64212										158
159	روت بند	نوزاد			64665										159
150	آقو	گل			64665										150
151	صورتیان	طلایان			61104										151
152	صم	شاکر			63994										152
153	کیب	نورعلی			64111										153
154	صفتی	مبارکخان			65104										154
155	بجدار	فوشمال			64573										155
					64901										

APF
MRT
SFC
K Stone
spne-
epilepsy
Septicemia
CNS inf + AFP
AFG/02/116/108
AF-P
ADNS
U.S. Prostate
S. Ams
U.S. Prostate
LNS

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

EPID-08/16/289

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; 153: 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



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**

