

**3** WILD POLIOVIRUS (WPV1) REPORTED IN NOVEMBER 2017

**11** WPV1 CASES IN 2017 TO DATE

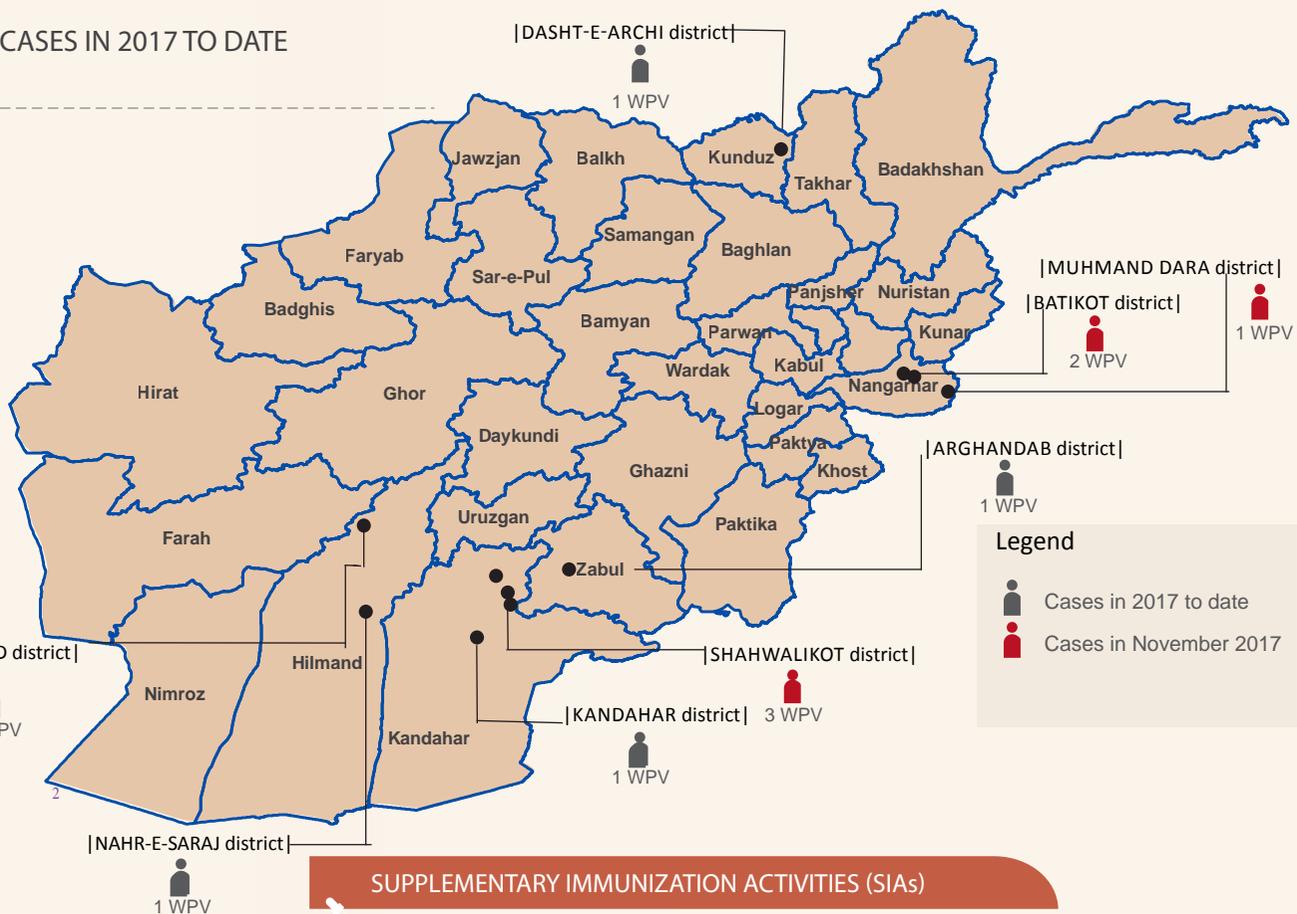
**6** WPV1/VDPV2 POSITIVE ENVIRONMENTAL SAMPLES REPORTED IN NOVEMBER 2017

**5,582,500** CHILDREN TARGETED SUB-NATIONAL IMMUNIZATION DAYS (SNID) (6-10 November 2017)

**534,044** TARGETED STAGGERED DISTRICTS CAMPAIGN (20-24 November 2017)

**39,185** FRONTLINE WORKERS INVOLVED (9% women overall, 33% in urban areas and 1,3% in rural areas)

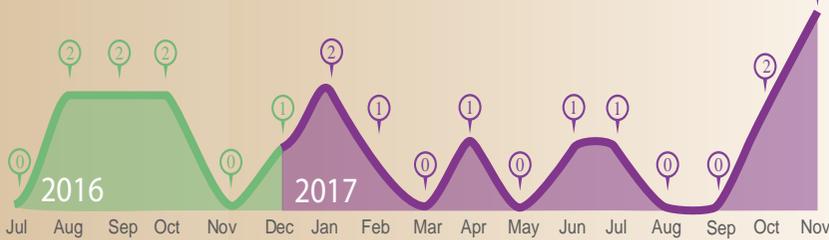
**395** PERMANENT TRANSIT TEAMS  
**16** CROSS-BORDER VACCINATION POINTS



**Legend**

- Cases in 2017 to date
- Cases in November 2017

**WILD POLIO CASE COUNT 2016-2017**



**POLIO TRANSMISSION**

- 3 new wild poliovirus (WPV1) cases were reported in November. Two from Nangarhar province (Batikot and Muhmand Dara districts) and one from Shahwalikot district of Kandahar province.
- Six WPV1 positive environmental samples were reported in November 2017. Four positive samples were collected from Kandahar province, and one from Helmand and Kabul province each.

**AFP and ENVIRONMENTAL SURVEILLANCE**

- 191 acute flaccid paralysis (AFP) cases (86 girls and 105 boys) were reported in November 2017. Overall in 2017, 2,741 AFP cases have been reported, of which 2,563 have been discarded as "non-polio AFP" and 167 AFP cases are pending classification.
- Non-polio AFP rate is 15, stool adequacy above 94%, and non-polio enterovirus rate above 24% at the national level.
- In all regions non-polio AFP rate is above 11, stool adequacy above 89%, and non-polio enterovirus rate is ranging from 20% to 26%.

**SUPPLEMENTARY IMMUNIZATION ACTIVITIES (SIAs)**

- Initial phase of a Sub-national immunization days (SNID) campaign which was conducted on 6-10 Nov 2017 targeted 5,582,500 children under the age of 5 years with OPV in 172 districts of 24 provinces.
- A staggered districts campaign conducted on 20-24 Nov 2017 targeted 534,000 children in Kandahar and Helmand provinces.
- Case response conducted on 20-24 Nov 2017 targeted 152,000 children in Kandahar province.

**COMPLEMENTARY VACCINATION ACTIVITIES**

- A total of 16 cross-border vaccination points, 40 cross-border teams and 395 permanent transit teams (PTTs) were operational across Afghanistan during November 2017.
- Permanent transit teams vaccinated 1,107,521 children against polio and cross-border teams vaccinated 89,513 children during November.
- A total of 1,833 children under the age of 10 were vaccinated with OPV and 1,938 by IPV by teams in UNHCR repatriation centers and IOM sites receiving returnees and refugees from Pakistan and Iran during November.
- Since 1 January 2017, 49,326 returnee children have received OPV and 24,795 children have been vaccinated with IPV.
- In compliance to International Health Regulations (IHR), 12,399 international travelers were vaccinated during November.

WHO supports polio eradication activities through the planning, implementation, monitoring and evaluation of vaccination campaigns, training of frontline health workers, and through providing technical assistance to the polio programme at all levels. WHO maintains an active acute flaccid paralysis (AFP) and environmental surveillance system to detect polio transmission, and facilitates cross-border coordination in common reservoirs with Pakistan.

WHO supports the Ministry of Public Health and works in close partnership with UNICEF, Bill and Melinda Gates Foundation (BMGF), the US Centers for Disease Control and Prevention (CDC) and Rotary International as part of the Global Polio Eradication Initiative (GPEI).

## SURVEILLANCE



WHO supports acute flaccid paralysis (AFP) surveillance through a countrywide network of AFP focal points linked with health facilities and community-based reporting volunteers. There are around 700 AFP focal points, over 1,400 active surveillance sites, 2,000 zero reporting sites and more than 20,000 community-based reporting volunteers across the country. An external AFP surveillance review conducted in June 2016 concluded that the surveillance system is strong and the circulation of wild or vaccine-derived poliovirus is unlikely to be missed in Afghanistan.

Active AFP case search is conducted frequently in all health facilities part of the AFP reporting network. Vaccinators are also carrying out active case search during SIAs. In 2016/17, the AFP reporting network will continue to be reviewed and expanded based on needs and emphasis will be on including healthcare providers serving high-risk population groups as well as insecure areas, high-risk areas and districts with low non-polio AFP rates.

The environmental surveillance system includes 17 sampling sites in Nangarhar, Kunar, Kandahar, Helmand, Kabul and Khost provinces.

## HUMAN RESOURCES AND CAPACITY DEVELOPMENT



WHO supports the Ministry of Public Health in polio eradication through a country-wide network of international and national staff. Each regional team consists of international medical officers (except Central and Northeastern Regions), regional polio officers, assistant regional polio officers, provincial polio officers and district polio officers.

More than 5,500 cluster supervisors and over 58,000 volunteers conduct house-to-house oral polio vaccinations for children below five years of age during national immunization campaigns. There are around 1,000 intra-campaign monitors and 1,100 post-campaign monitors to monitor the activities during campaigns and assess coverage after the campaign.

WHO supports the training of frontline workers (FLWs) before each vaccination campaign with a newly-revised curriculum. In 2016/17, the programme will focus on improving team performance by ensuring FLWs are carefully selected using a transparent approach, and that they receive high-quality training to keep them motivated.

## SUPPLEMENTARY IMMUNIZATION ACTIVITIES (SIA)



WHO is responsible for technical assistance, trainings, micro-planning, post-campaign assessment surveys, data analysis and reporting for SIAs. New initiatives put in place in 2016 to improve SIA quality include the roll-out of a new FLW training curriculum, a modified re-visit strategy to reach missed children, the development of district profiles and district-specific plans, the in-depth investigation of reasons for 'lot failure' in Lot Quality Assurance Sampling (LQAS) surveys, the strategic use of inactivated polio vaccine (IPV) and the field validation and revision of microplans.

The programme's current focus is on 47 very high-risk districts (VHRDs). In 2016/17, the oral polio vaccine (OPV) SIA schedule includes two national immunization days (NIDs) and two sub-national immunization days (SNIDs) in the second half of 2016 and two NIDs and three SNIDs in the first half of 2017. The SIA dates will be synchronized with Pakistan. For every new case detected, three case response campaigns will be carried out.

## COMPLEMENTARY VACCINATION ACTIVITIES



Over 320 Permanent Transit Teams (PTTs) vaccinate children who travel in and out of security-compromised areas and children traveling to other destinations. Eighteen cross-border vaccination points in border areas with Pakistan and Iran ensure that children crossing the border are immunized. In selected locations, permanent polio teams (PPTs) provide OPV to children on a continuous basis in their assigned catchment area, in addition to the planned house-to-house vaccination during SIAs.

In 2016/17 the programme will continue to assess and modify the number and location of PTTs according to needs and the evolving accessibility situation. Full synchronization with vaccination operations on the Pakistan side of the border will continue for cross-border teams (CBTs). Special campaigns are carried out in the South-Eastern, Southern and Western Regions targeting nomads who move widely in the country and across borders.

Vaccination teams are also stationed at airports to administer OPV to travellers as per recommendations under International Health Regulations. Teams are also stationed in UNHCR and IOM sites for returnee refugees from Pakistan and Iran to provide OPV, IPV and measles vaccination to children.