

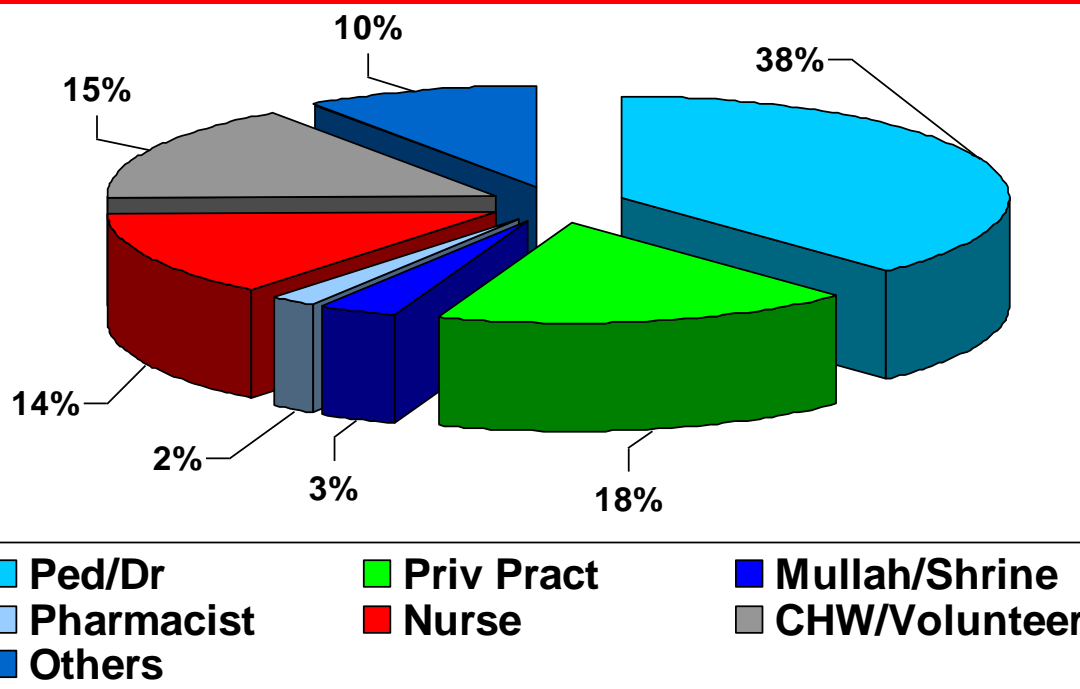
AFP Surveillance Afghanistan Selected Slides

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	
BDK	24	154	5	15	32	52	154
CR	109	407	21	72	234	327	1,067
ER	65	155	9	9	72	90	155
NER	124	240	8	18	103	129	369
NR	54	211	24	32	97	153	54
SR	73	176	34	57	85	176	176
SER	72	64	8	20	44	72	411
WR	57	161	11	20	55	86	948
AFG	578	1,568	120	243	722	1,085	3,334

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

- **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

- › **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

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