

Somalia polio outbreak and response update – May 2014

*For the Polio Eradication Independent
Monitoring Board*

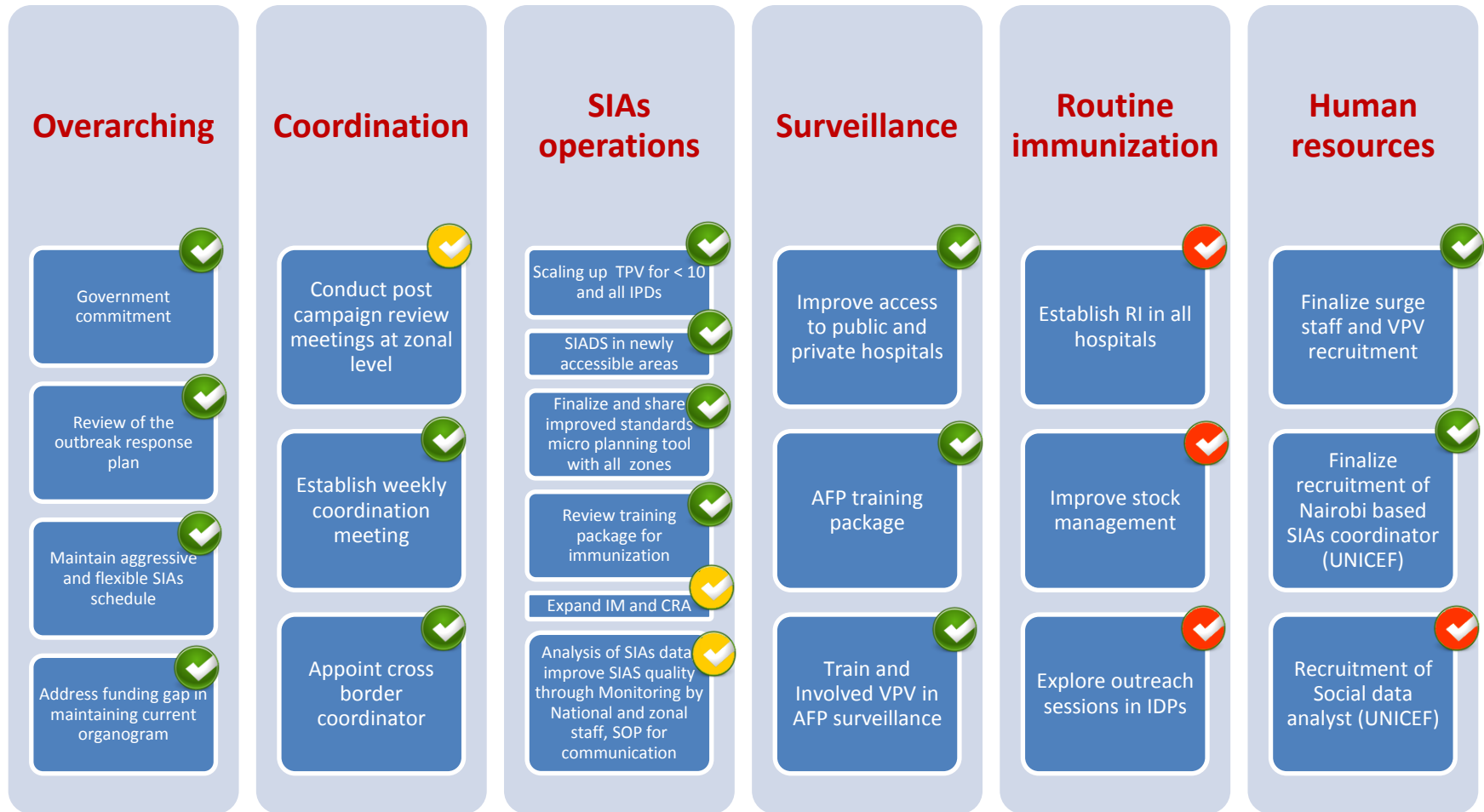
*Somalia Ministry of Health
WHO/UNICEF – Somalia*



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- *Status of the implementation of the recommendations of the 1st OA mission*
- *Key findings of the 2nd Outbreak Assessment mission*
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- *Outbreak response strategies and challenges*
- *Conclusion*

Status of implementation of the 1st Quarterly Outbreak Assessment Mission (August 2013)

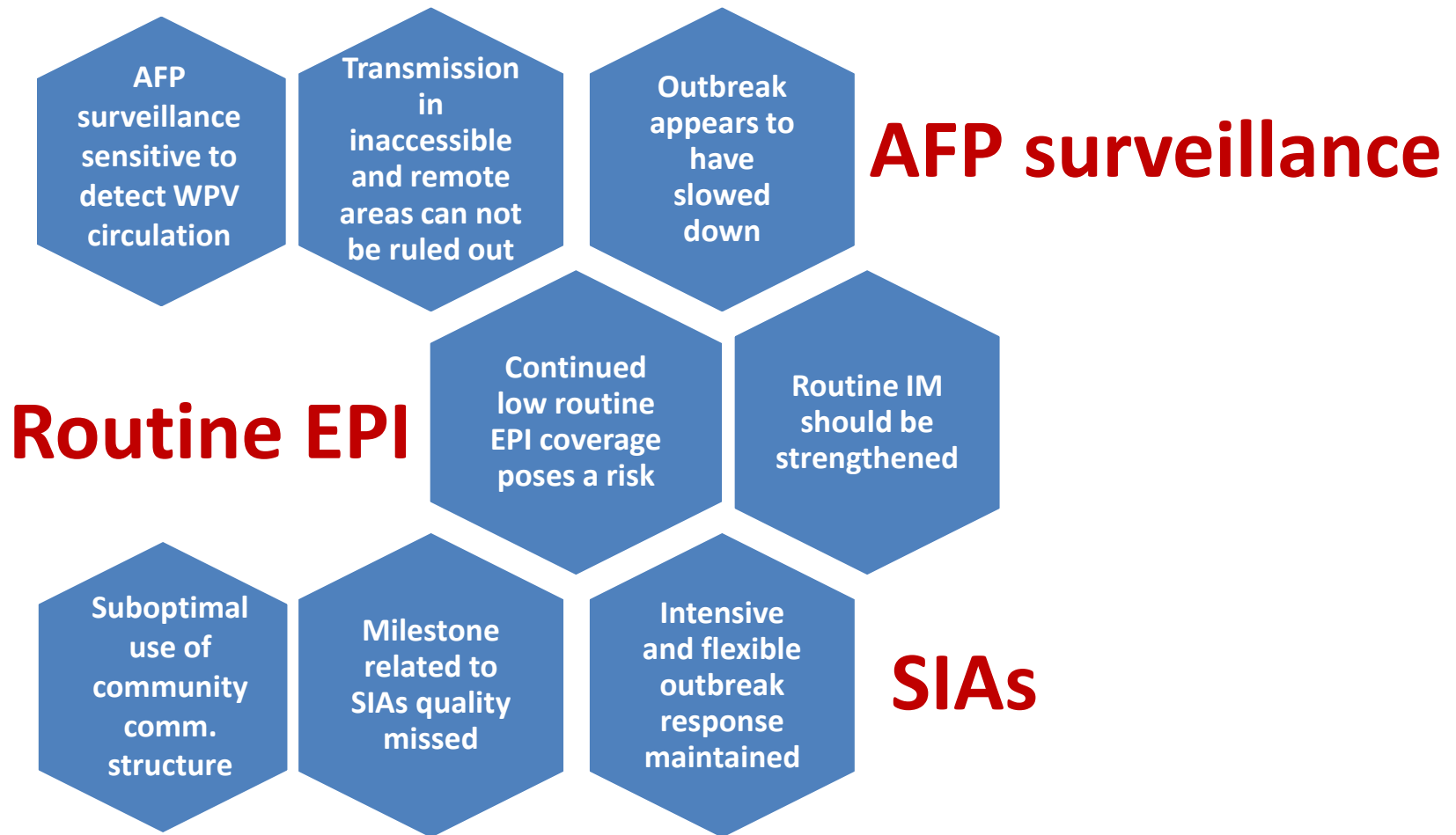


 **Achieved**

 **Partially achieved**




 **Not achieved**

Key conclusion of the 2nd Outbreak Assessment Mission (April 2014)



Phase 2 Outbreak response activities

November 2013 – April 2014

Objective	Activities/Strategies	Status of implementation	Comment
<p>1. Interrupt transmission in non-SIA (inaccessible) areas of south central zone, Somalia by April 2014</p>	<ul style="list-style-type: none"> • Continuation of vaccination at permanent transit points (< 10 yrs) • Fixed sites vaccination (< 10 yrs) • Continue efforts for opportunities to get access to children in non-SIAs areas through local NGOs 	<p>Ongoing – on track</p> 	<p>All the efforts and activities to reach children in non-SIAs areas will continue. At least 4 rounds of SIADs will be conducted using bOPV once access is granted (first response within 1 week) At least round < 10 yrs.</p>
<p>2. Sustain high immunity throughout the epidemiologic block (Banadir and rest of SCZ Somalia)</p>	<ul style="list-style-type: none"> • Continuation of successful strategies implemented in Phase 1 and multiple large scale SIAs (with bOPV) at 4 week intervals. • Continue efforts to improve routine immunization. • Avail all opportunities to provide additional doses of OPV (CHDs) 	<p>Ongoing – On track</p> 	<p>2014 SIAs plan approved and implementation initiated</p>
<p>3. Sustaining high population immunity in areas at high risk of transmission from outbreak areas.</p>	<ul style="list-style-type: none"> • Continuation of successful strategies implemented in Phase 1 and multiple large scale SIAs (with bOPV). • Continue efforts to improve routine immunization. • Avail all opportunities to provide additional doses of OPV (CHDs) 	<p>Ongoing – on track</p> 	<p>2014 SIAs plan approved and implementation initiated Activities to jumpstart RI initiated</p>

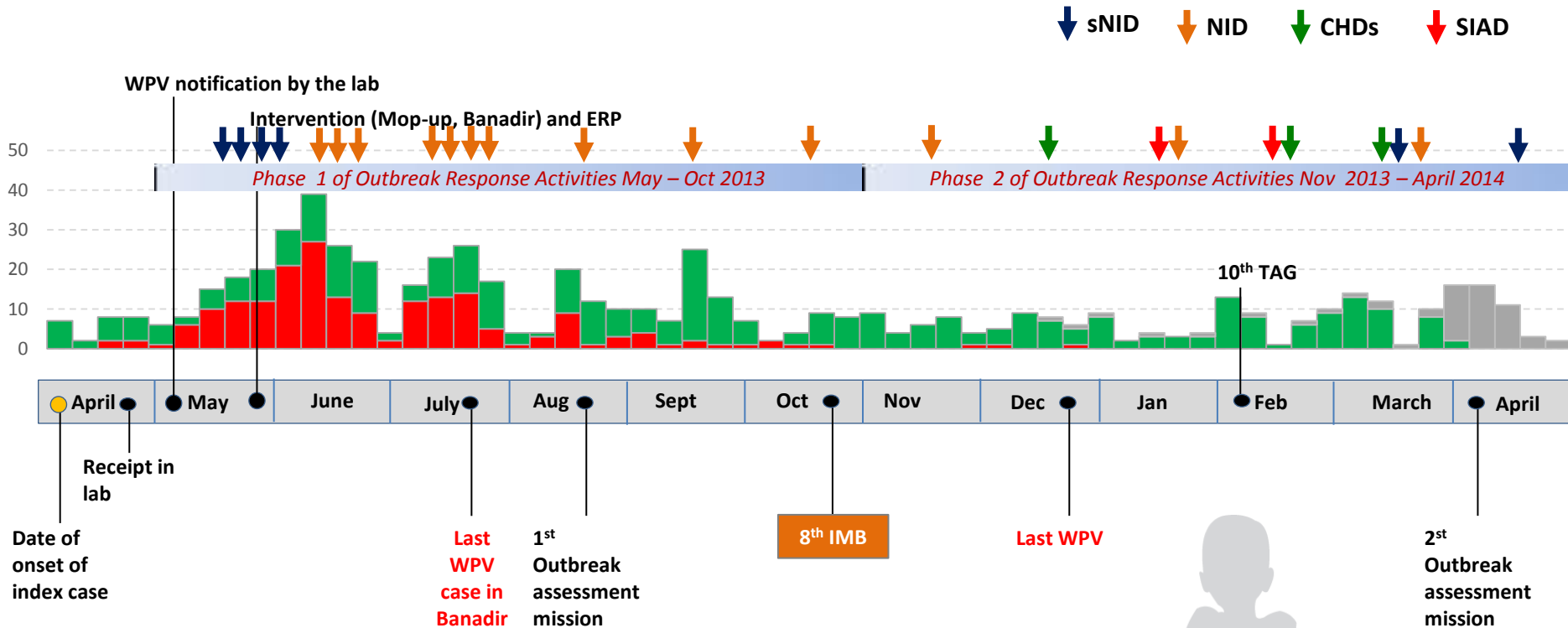
Somalia polio outbreak update

Somalia polio outbreak

- Phase 1 and phase 2 outbreak response activities implemented
- An intense SIAs plan (Jan – December) currently implemented
- The second outbreak assessment mission conducted (April 2014)

What is the situation of the WPV outbreak in Somalia?

Somalia polio outbreak in short



- 194 WPV cases reported
- **Last WPV case in Banadir in July 2013**

Since the 8th IMB

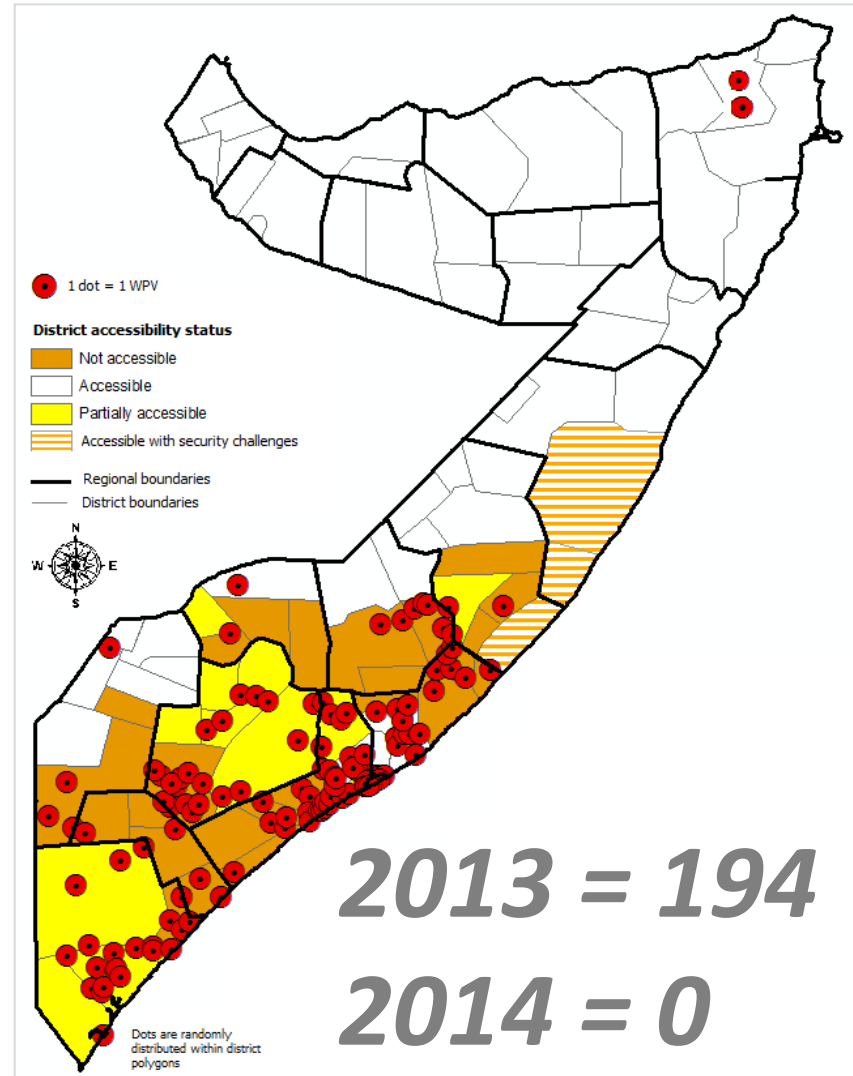
- Three additional cases reported (two in North West Somalia)
- Last case with date of onset on December 20th 2013
- No cases in 2014



WVP cases in Somalia, 2013

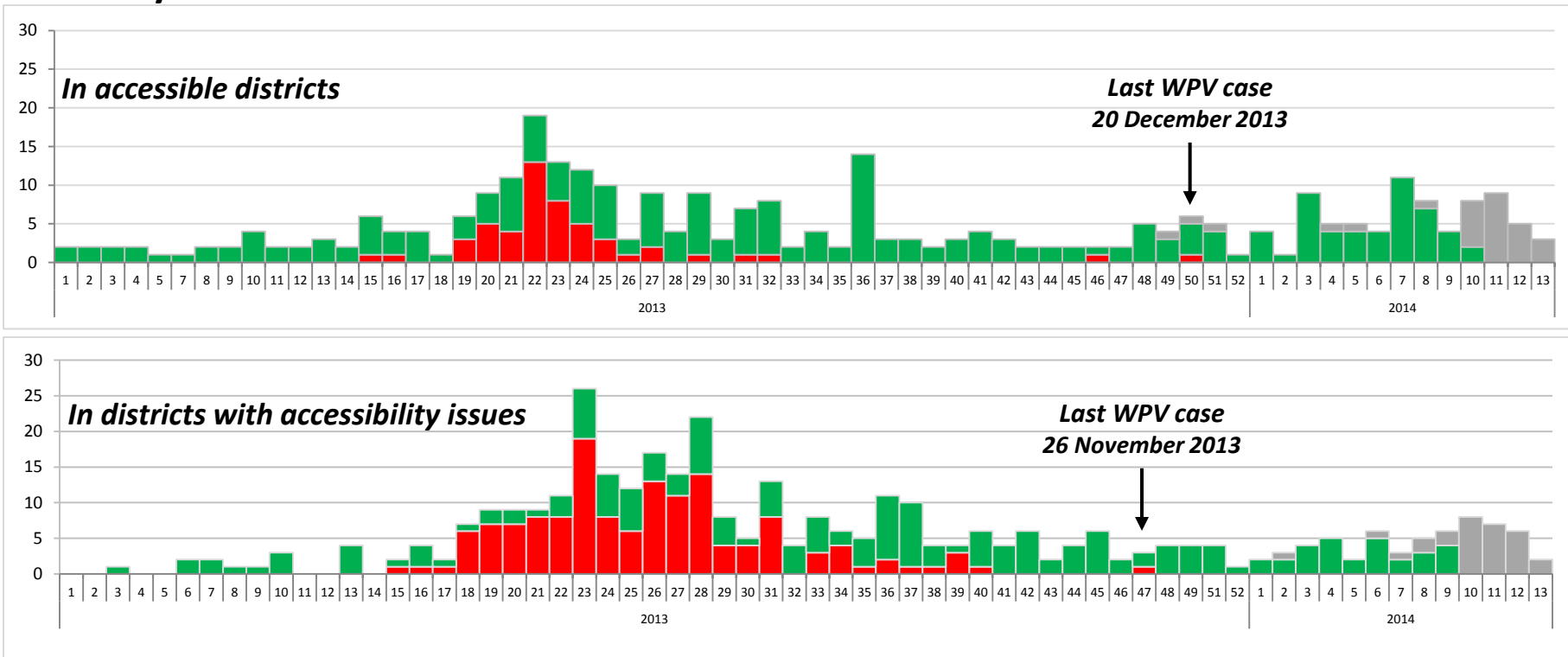
- No cases reported in 2014 (in accessible and inaccessible areas)
- The two cases reported from Bosaso in November and December 2013 remained the only cases outside of South and Central zone

ZONE	Number of WPV cases
CENTRAL	139
NORTH-EAST	2
NORTH-WEST	0
SOUTH	53
TOTAL	194



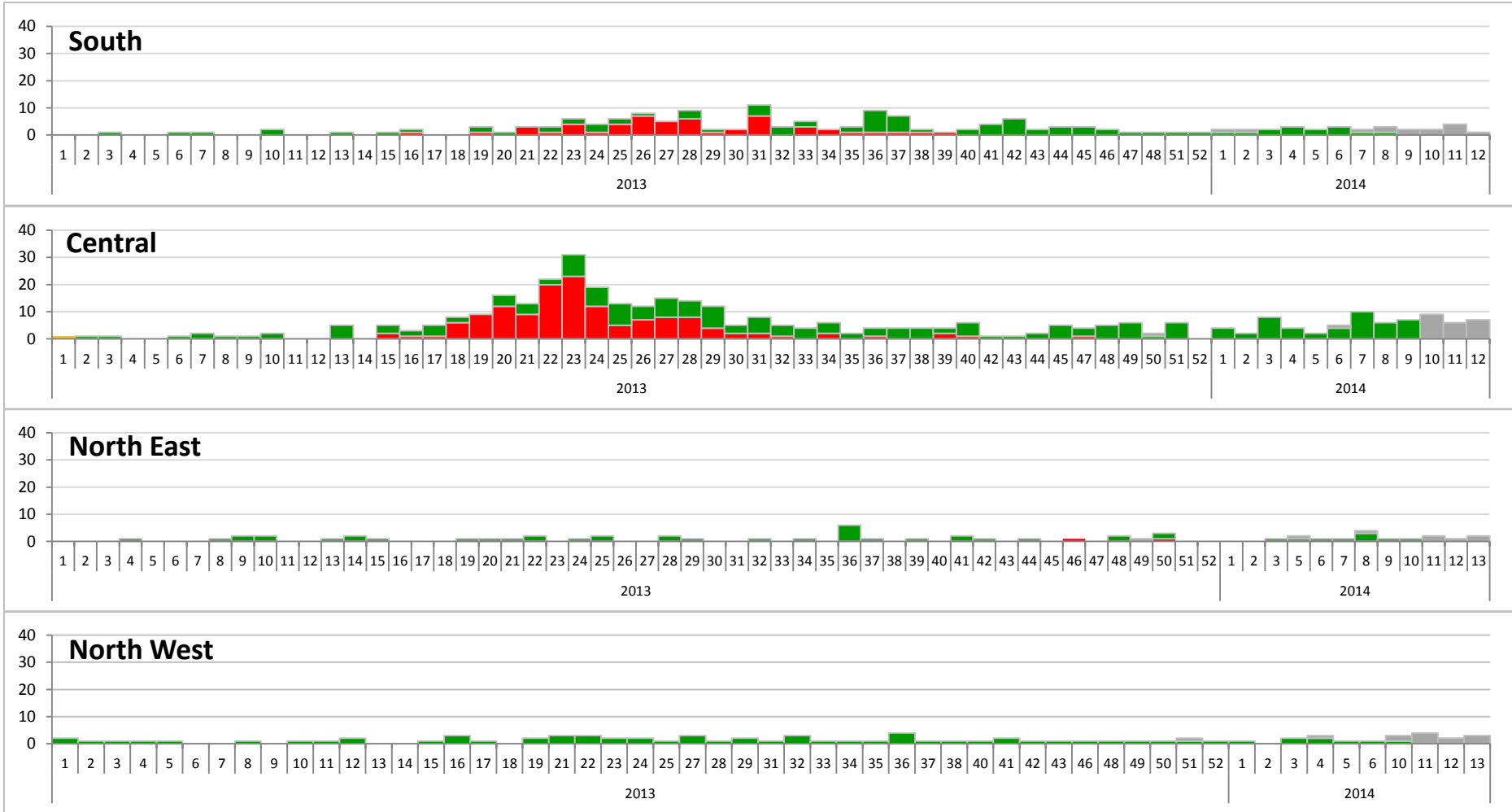
Outbreak and accessibility

AFP by final classification



- Last case in Banadir, the Epicenter of the outbreak, in 19 July 2013
- No WPV from accessible districts for 4 months
- No WPV from districts with accessibility issues for 4 months

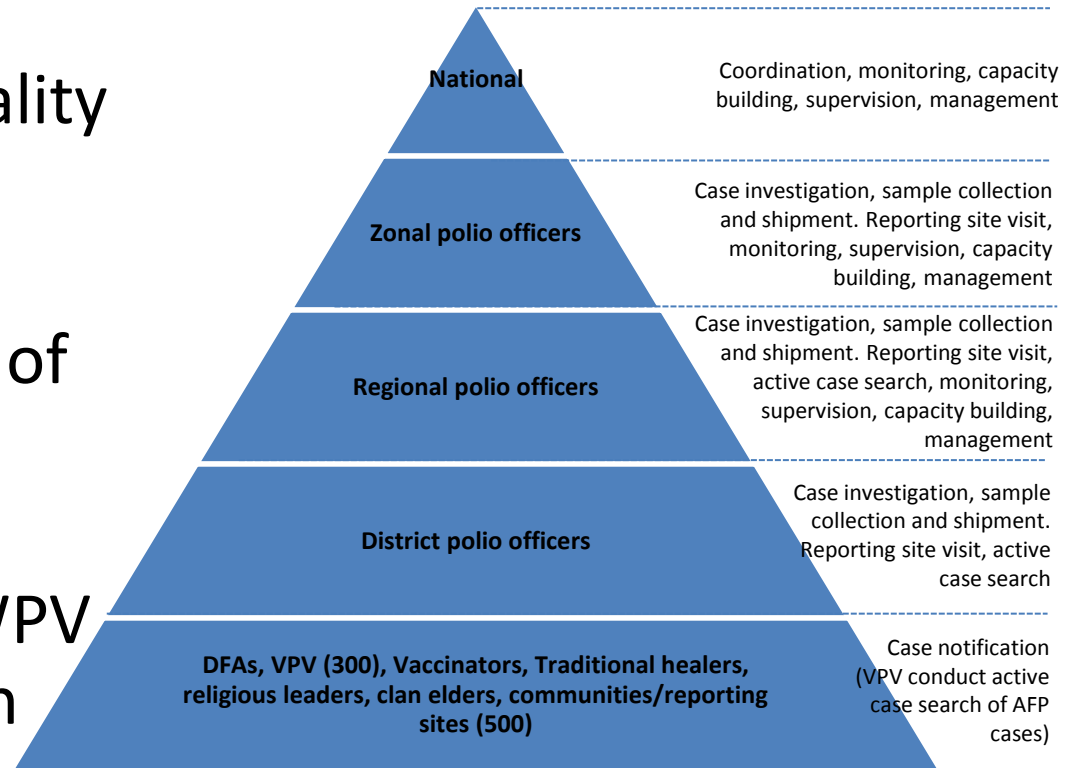
Weekly incidence by final classification



***Outbreak response activities
and challenges***

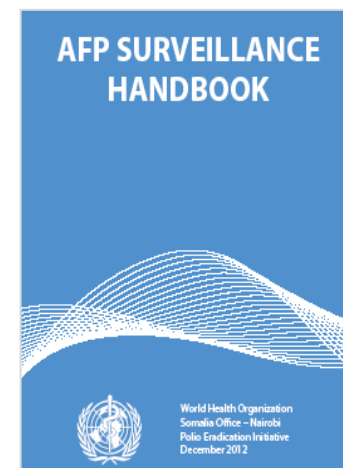
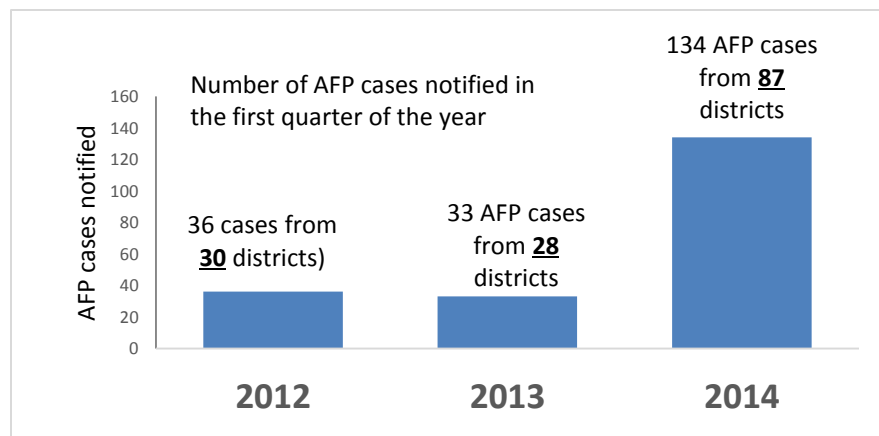
AFP Surveillance quality

- How confident is the program about the quality of AFP surveillance in Somalia?
- How about the quality of AFP surveillance in inaccessible areas?
- Are we likely to miss WPV circulation anywhere in Somalia?



Activities implemented to strengthen surveillance in the context of the outbreak

- Update of AFP surveillance guides for field staff
- Refresher training of polio officers and reporting sites staff
- Weekly regional and zonal calls include review of surveillance performance at all levels
- Surge staff include regional and zonal data managers to compile, analyze and provide feedback
- AFP surveillance performance tracking at zonal and regional levels (Zonal and regional data managers)
- Village polio volunteers dedicated to active search of AFP cases
- Sensitization activities (inclusion of AFP message in radio spots, AFP posters)
- Active case search of AFP cases during SIAs and TPV



Surveillance quality

All key AFP surveillance indicators maintained at certification standards at national and subnational levels in 2014, irrespective of districts accessibility status

Key AFP surveillance indicators and district accessibility

	Number of AFP cases notified	NP AFP Rate (annualized)	Investigated < 2 Days of Notification ($\geq 80\%$)	Specimen arriving in "Good-Condition" ($\geq 90\%$)	NPEV rates	Sabin-like isolation rate
Accessible districts	76	50 (6.9)	72(90.1%)	100.00%	2(9.1%)	11(14.7%)
Inaccessible districts	22	9 (3.3)	20(94.8%)	100.00%	1(1.32%)	1(4.5%)
Partially accessible districts	26	15 (5.5)	21(80.8%)	100.00%	1(3.85%)	2(7.7%)
Districts with security challenges	12	5 (3.7)	12(100%)	100%	0(0.0%)	0(0.0%)

Quarterly non polio AFP rate and stool adequacy by accessibility status

Area	Quarterly non polio-AFP rate					Stool adequacy				
	2013				2014	2013				2014
	Q1	Q2	Q3	Q4	Q1	Q1	Q2	Q3	Q4	Q1
Accessible districts	3.1	5.7	6.8	6.4	6.9	100%	90%	96%	91%	95%
Inaccessible districts	2.3	3.2	5.5	5.6	3.3	100%	78%	85%	95%	97%
Partially accessible districts	1.1	3.8	5.9	6.5	5.5	100%	90%	85%	100%	92%
Districts with security challenges	0.8	4.1	4.5	4.7	3.7	100%	97%	71%	100%	100%

Immunization response Jan – Dec 2014

Round No	Date	Campaign type	Area	Target pop	Coverage	Vaccine
Round 1	19-22 Jan	SIADs	Bari region	118,394	104%	bOPV
Round 2	26-29 Jan	NIDs	All accessible areas of South & Central zones	1,076,717	91%	bOPV
	P1: 28-31 Jan P2: 4-7 Feb		P1 = Puntland zone except Bari Region P2 = Bari region	454,265		bOPV
	30 Jan – 2 Feb		Somaliland	566,912		bOPV
Round 3	16-19 Feb	SIADs	Bari region	118,394	96.7%	OPV
Round 4	P1: 14-18 Feb P2: 21-25 Feb	CHDs	Somaliland	566,912		bOPV
	1 -5 March	CHDs	P1 = Puntland zone except Bari Region	454,265		bOPV
	23-26 Feb	SNIDs	All accessible areas of South & Central zones	1,076,717		bOPV
Round 5	11-14 Mar	SIADs	Bari region	118,394		bOPV
Round 6	23-26 Mar	NIDs	All accessible areas of South & Central zones Puntland + Somaliland	2,097,894		bOPV
Round 7	20-23 Apr	SNIDs	All accessible areas of South & Central zones Bari region (Puntland)	1,195,111		bOPV
Round 8	18-21 May	NIDs	All accessible areas of South & Central zones Puntland + Somaliland	2,097,894		bOPV
Round 9	15-18 June	SNIDs	All accessible areas of South & Central zones Bari region (Puntland)	1,195,111		bOPV
Round 10	3-6 Sep	NIDs	All accessible areas of South & Central zones Puntland + Somaliland	2,097,894		bOPV
Round 11	1-4 Oct	NIDs	All accessible areas of South & Central zones Puntland + Somaliland	2,097,894		bOPV
Round 12	Nov/Dec	CHDs???	All accessible areas of South & Central zones Puntland + Somaliland ??	2,097,894		bOPV

- Target is mainly for the accessible areas and will be revised as more areas become accessible
- 1 million doses as buffer for transit/CB teams, SIADs in IDPS and in case new areas open up
- Estimated 570,00 children resides in the inaccessible districts

Immunization response

- Six rounds of NIDs/sNIDs conducted from January to April 2014
- One round of CHDs (multi antigens campaign) conducted in North East and North West zones.
- Updated micro planning tools to improve SIAs quality
- Introduction and extension of independent monitoring to 62 districts
- SIAs review meeting at zonal and regional levels conducted
- Coverage close to 90% reported in all districts (IM by finger marking)



Independent monitoring of SIAs

- Independent Monitoring Implemented initially in the 16 districts of Banadir region in June 2013 SIAs
- Number of IM districts increased from 29 to 42 by end of 2013 and **62** by April 2014, representing 68% of all SIA districts
- IM conducted with support of local NGOs and local academic institutions (school of medicine, school of nursing, etc..)
- IM plan for 2014 ongoing to further increase number of IM districts
- Findings of IM: Number of <5 yrs children surveyed, total & proportion of finger-marked, June – Jan, 2014

Independent monitoring outcomes

Coverage by IM

Zones	Sep 13	Oct 13	Nov 13	CHD	Jan 14	Feb 14	Mar 14
South	94	84	84	No IM	87	87	89
Central	78	94	88	No IM	78	86	-
NEZ	95	92	91	No IM	94	96	97
NWZ	90	77	83	No IM	81	-	91

Number of districts with IM

Zones	SIA Districts	Sep 13	Oct 13	Nov 13	CHD	Jan 14	Feb 14	Mar 14
South	16	8	8	10	0	12	13	13
Central	36	0	26	26	0	30	7	24
NEZ	19	5	5	5	0	8	5	8
NWZ	19	5	6	9	0	9	CHD	15

IM conducted at least once in **62 districts** in 2014 (**~68%** of SIAs districts) compared to 49 districts in 2013

Impact of SIAs: Immunity profile of AFP cases and accessibility

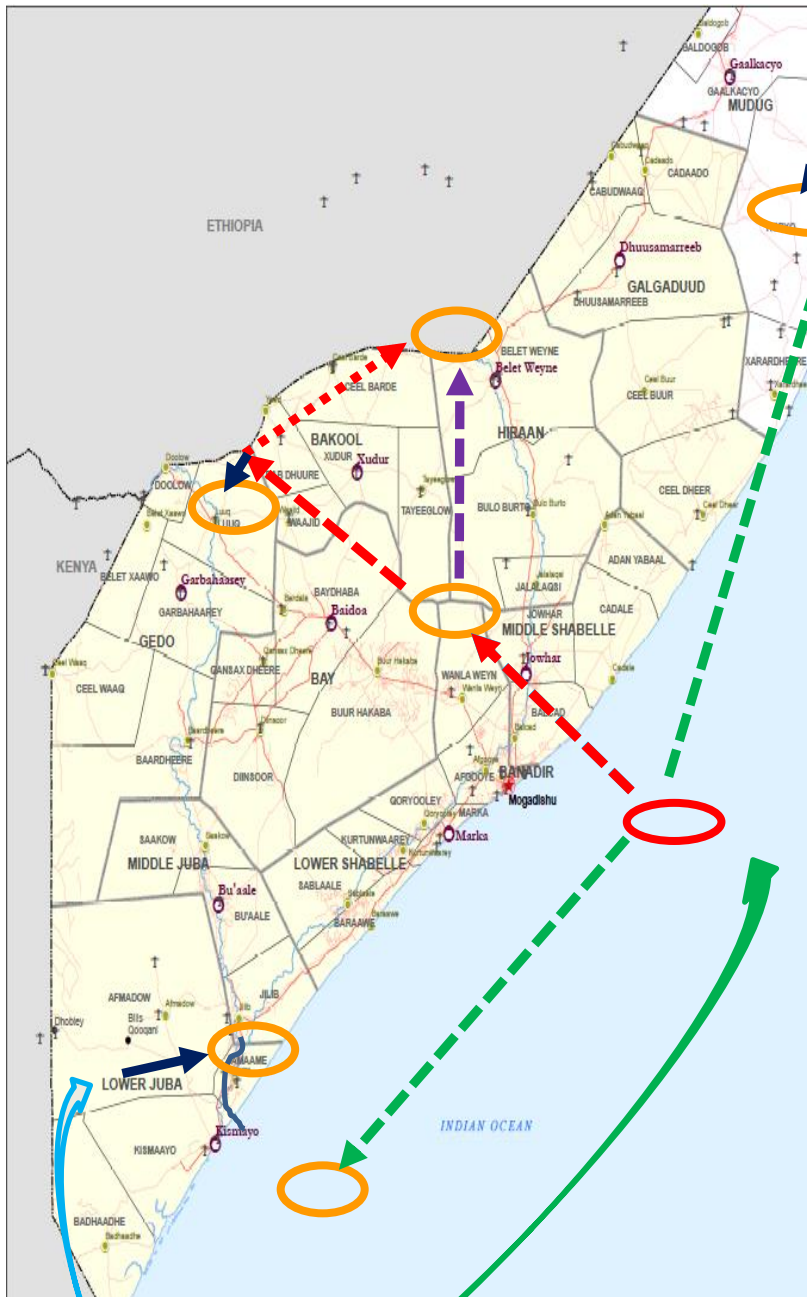
- Program continues to track zero-doses at district and by accessibility
- Improvement of immunity profile in SIAs areas
- Bulk of zero doses in districts with accessibility issues



Adequate vaccine stock and supply

- No vaccine stock-out at any level
- Vaccine procured for SIAs till June 2014
- **305,710 vials of bOPV in stock** at Nairobi as on 14 April 2014
- Vaccine Prepositioned (for SIAs + transit points) in various places of Somalia:

Zones	Pre-positioned bOPV Stock
Puntland - NEZ	45,590 vials to cover April – June 2014 SIAs
Somaliland - NWZ	34,977 vials to cover May – July 2014 SIAs
SCZ – 7 Hubs	142,264 vials to cover needs for April-May 2014 SIAs



VACCINE SUPPLY ROUTES

1. Nairobi -> Mogadishu
2. Mogadishu -> cold chain hubs

Except

No regular flights -> Afmadow

Replenishment done using missions or UNHAS charters from available locations (Mogadishu, Nairobi, Baidoa)

BY AIR

IN-BOUND

Commercial (regular)



UNHAS (charter)



INTERNAL

Commercial (regular)



UNHAS (regular)





UN mission



BY ROAD



Vaccine Supply Chain Management Transition

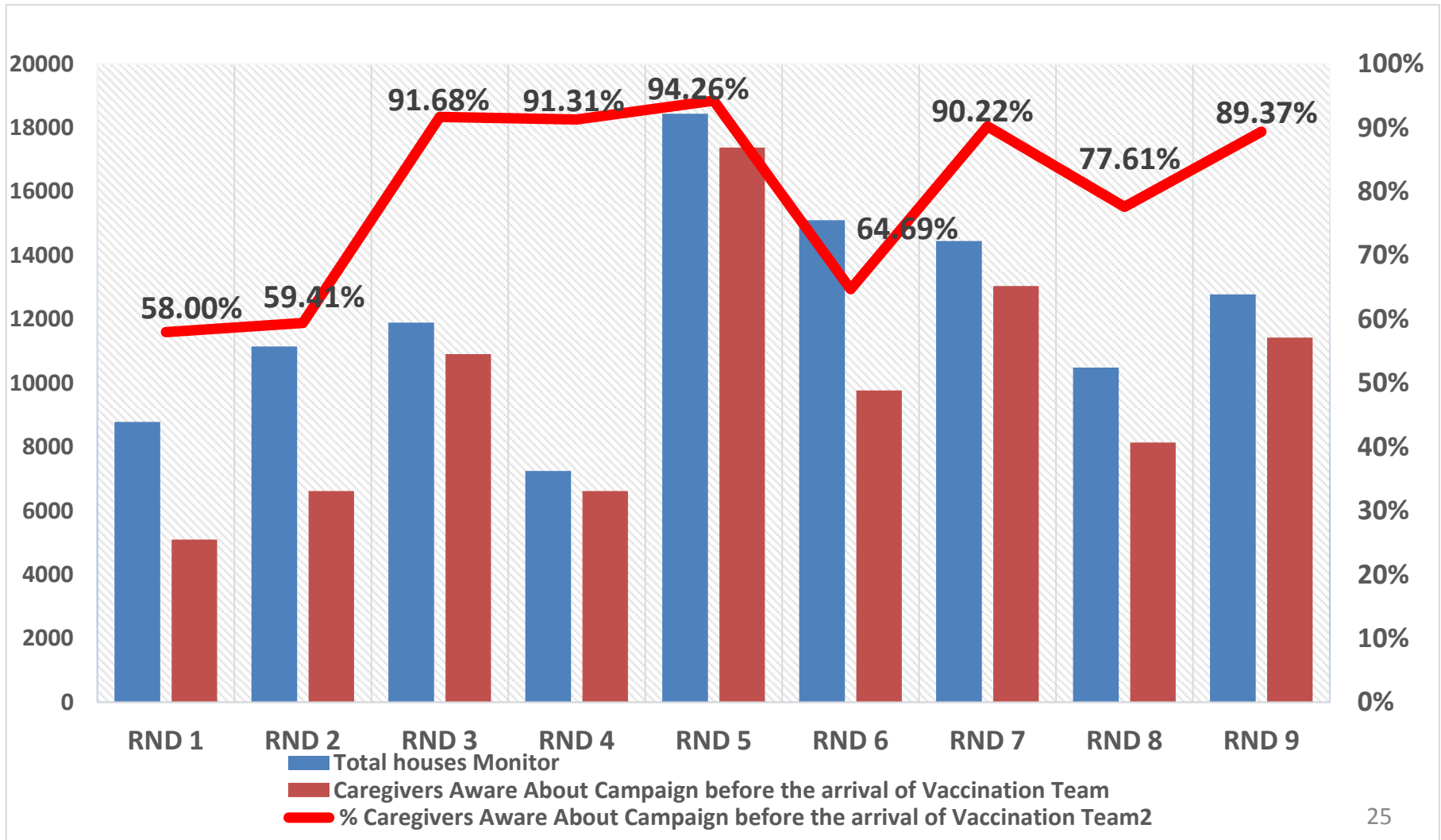
	Beginning of outbreak	Improved vaccine supply chain mgmt
Availability & Flexibility	<p>Mogadishu hub</p> <ul style="list-style-type: none"> 1 month of stock (SIAs; remaining balance used as rolling stock) <p>Other hubs</p> <ul style="list-style-type: none"> 1 month of stock (SIAs; remaining balance used as rolling stock) 	<p>Mogadishu hub</p> <ul style="list-style-type: none"> 1-2 months of stock (SIAs and PVP) <p>Other hubs</p> <ul style="list-style-type: none"> 2-3 months of stock (SIAs and PVP) Optimized preparedness <p>Additional cold chain capacity added</p>
Cost efficiency	<p>Commercial round charter flight from NBO</p> <ul style="list-style-type: none"> Apr. USD 80,000 	<p>Most cost efficient route available used</p> <ol style="list-style-type: none"> Low cost UN or Commercial flights
Safety	<p>Physical cold chain assessments not conducted</p>	<p>6/8 cold chain hubs assessed for capacity and quality</p> <ul style="list-style-type: none"> Equipment Human resource Security Infrastructure 



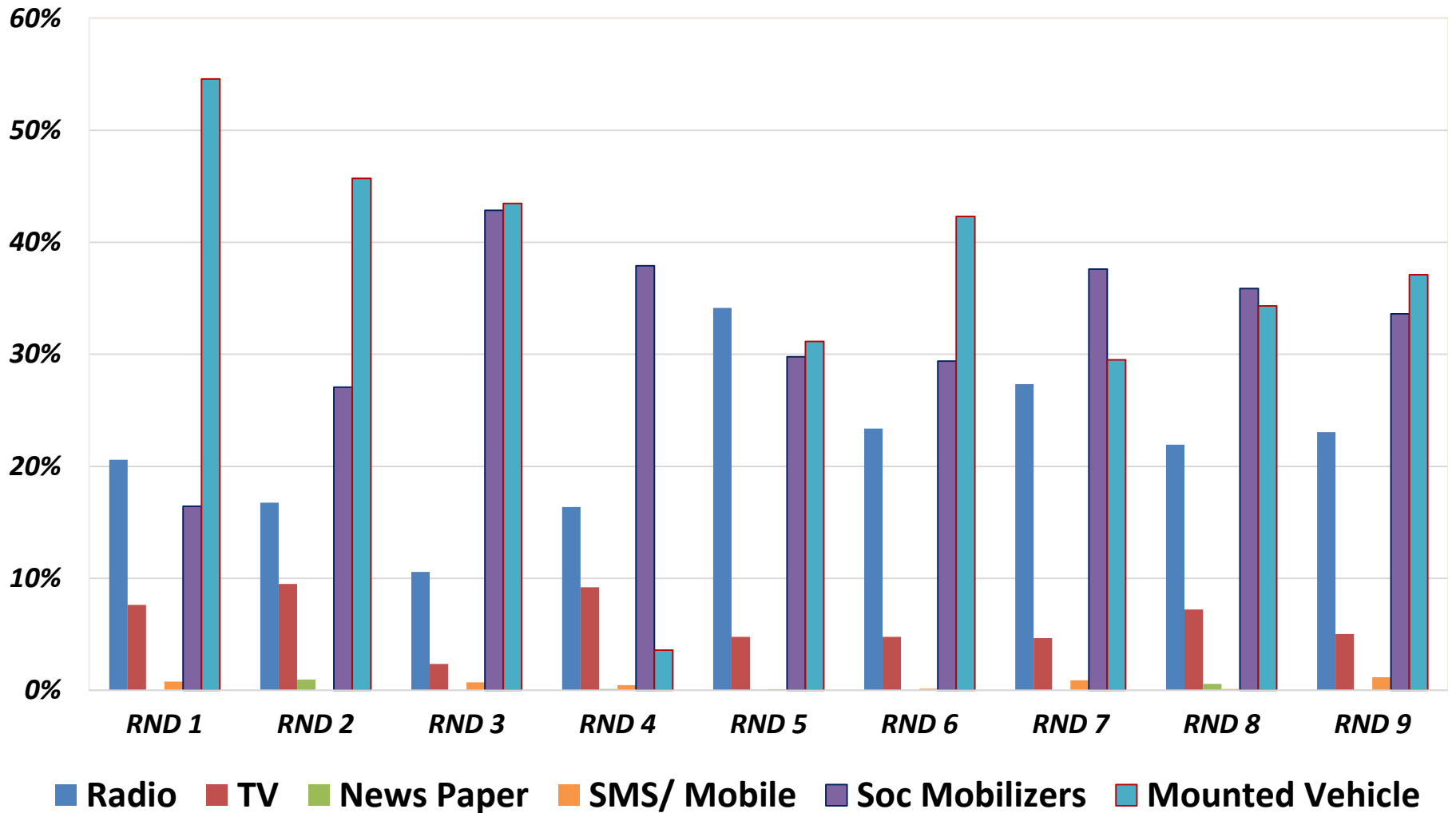
Evolving C4D Strategies

- **Vehicles with mounted megaphones** have been used in underserved and high populated areas,
- More than half of the population reached **with radios**
- Radio is the only mean to reach communities in inaccessible areas
- Advocacy /sensitization meetings for **religious leaders**
- Regular **Mosque** announcements
- **House-to-House social mobilisers** added in each team areas
- Orientations for the media **journalists** and **doctors** from medical association

Somalia: Parent/ Caretaker aware of the campaign before team arrival

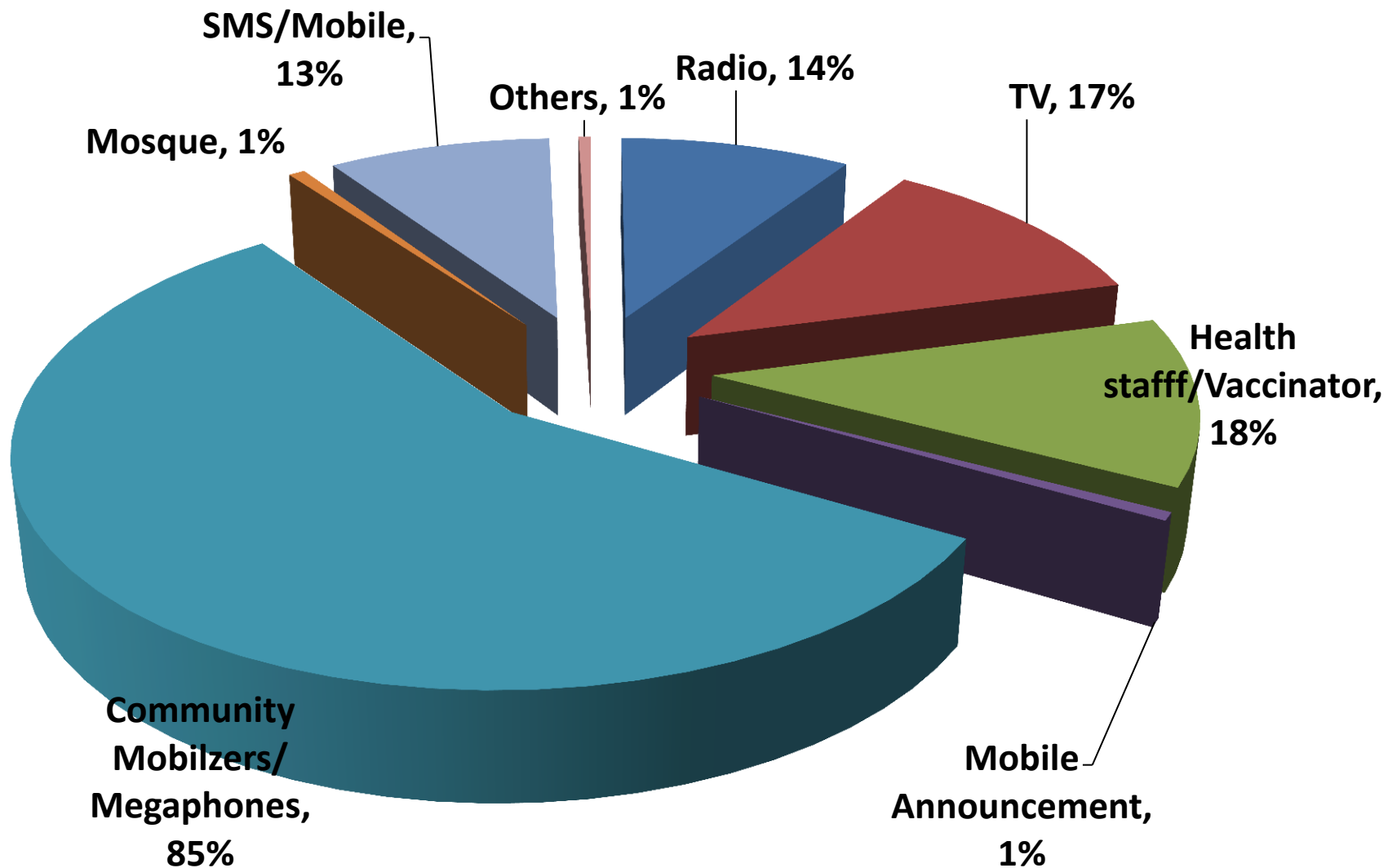


Somalia: Source of Information regarding NIDs (in %)

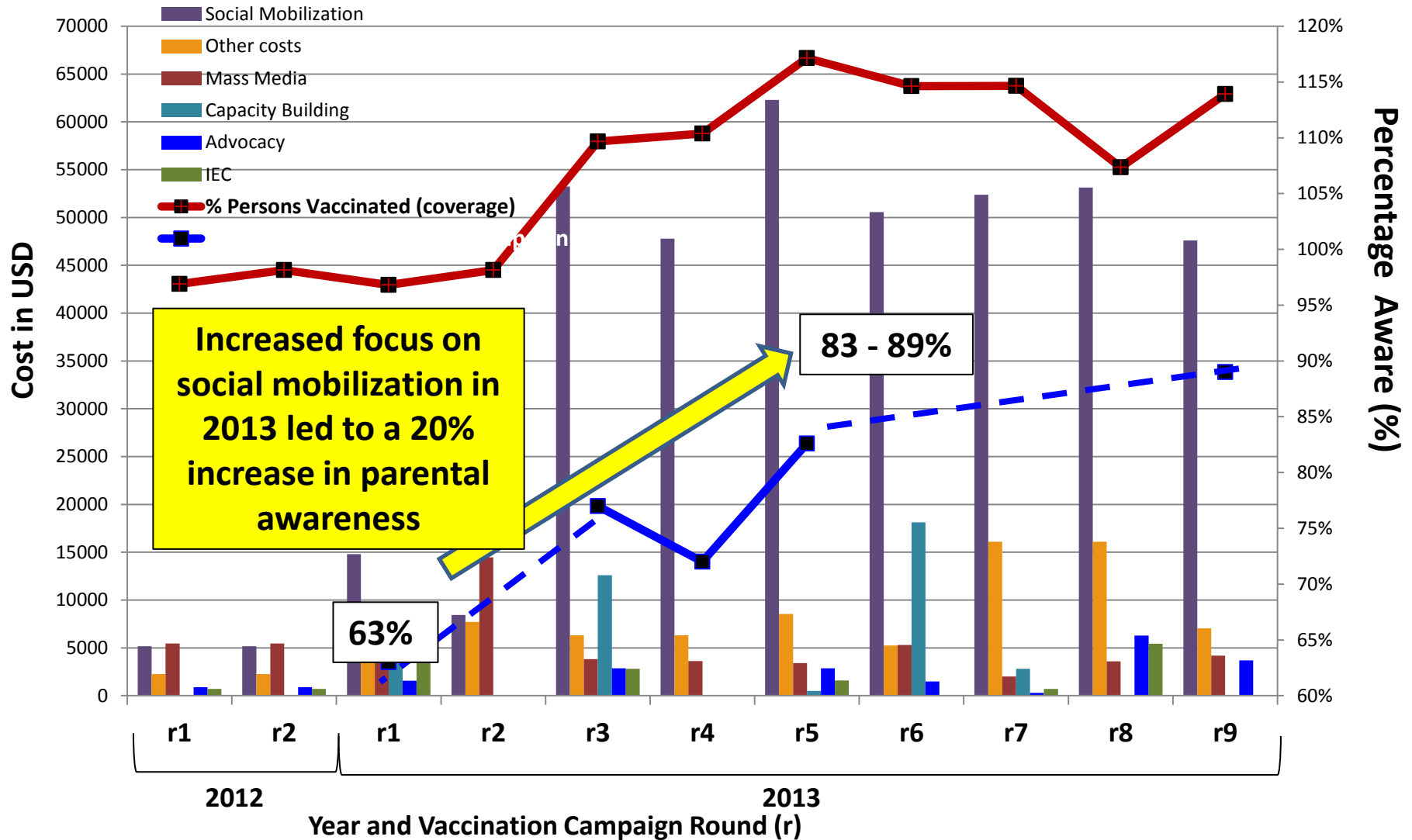


Sources of Community Awareness NID

March, 2014 Somaliland

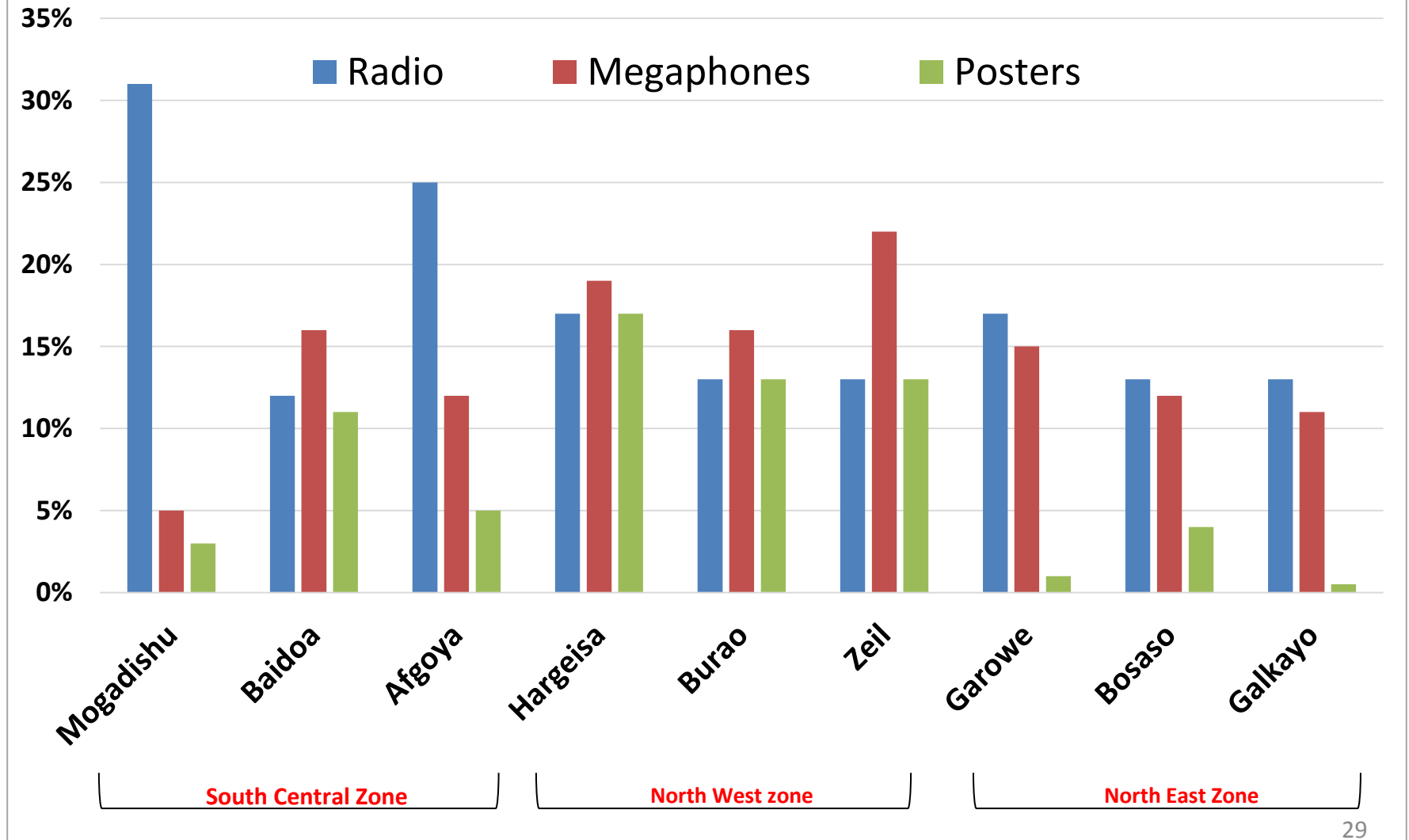


Investment in Social Mobilization substantially improved parental awareness and increased coverage in successive SIAs, NWZ, Somalia

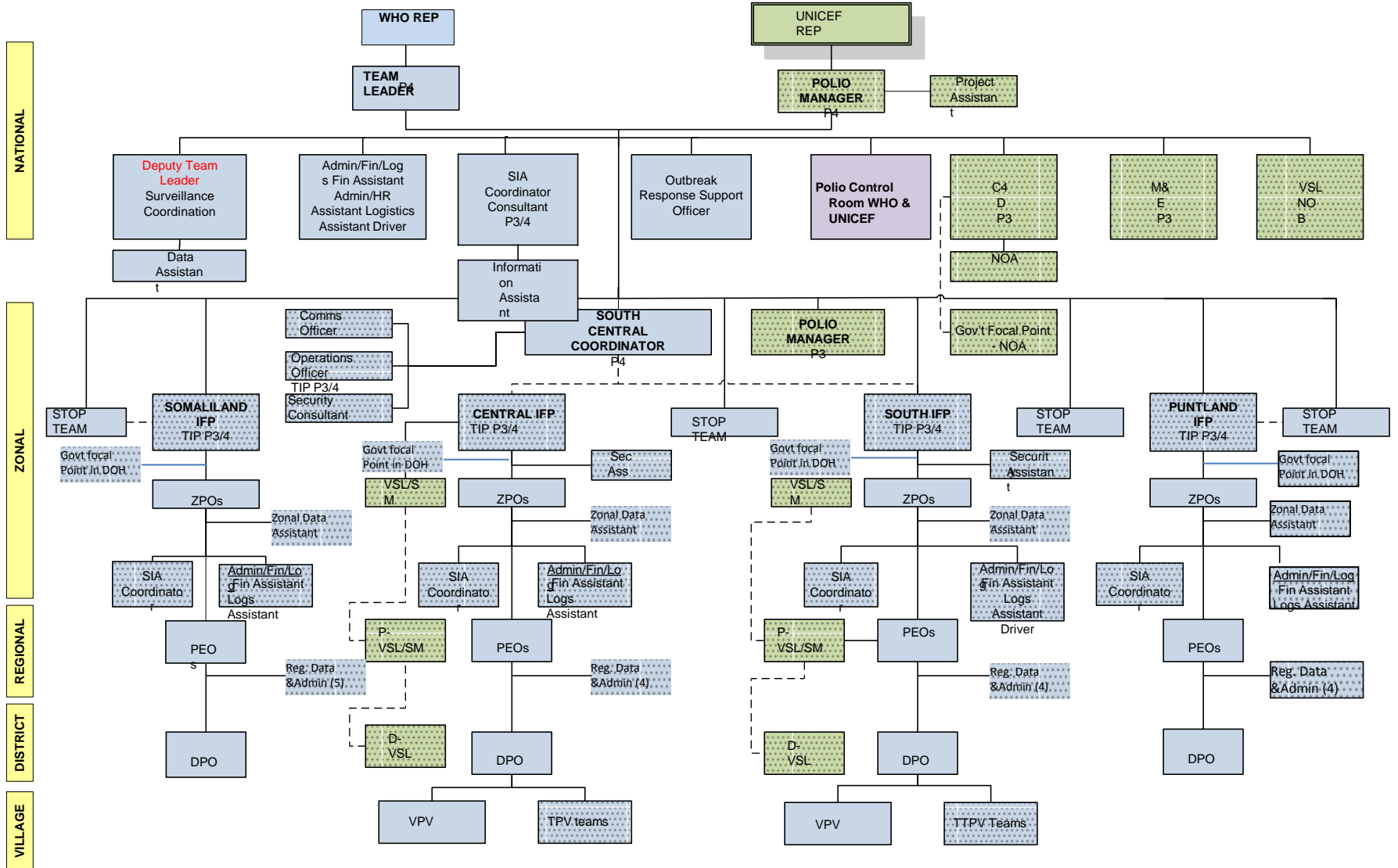


Harvard KAP of WPV cases: study findings

Source of Information for SIAs



Join outbreak response organogram (staff surge)



Human resources - Staff surge update

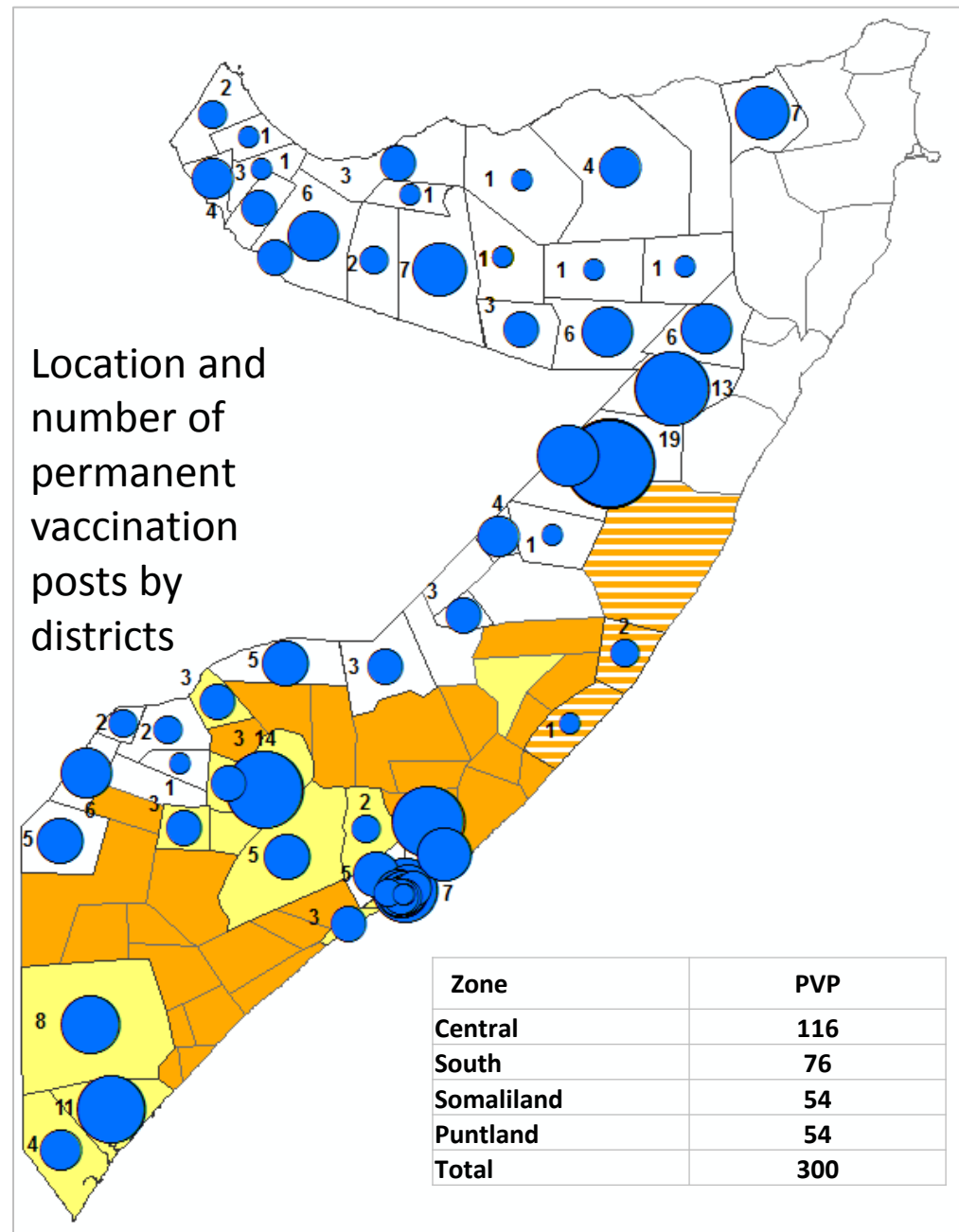
- Recruitment of key staff surge completed with additional map-power at regional and zonal levels including within MOH
- Training of staff surge completed

Coordination

- Weekly UNICEF /WHO coordination meeting
- Zonal coordination meeting (With regional staff of WHO, UNICEF and MOH)
- Ongoing cross-border AFP notification and investigation
- Ongoing communication with polio lab: Ad-hoc calls, visits, meetings
- Coordination activities through Horn of Africa WHO and UNICEF HoA coordinators

Permanent vaccination posts (PVP) at cross border and transit points

- Close to 300 permanent vaccination posts were identified at locations in the country, all of them functional
- Transit points established at key passage points between districts (bus stations, airports, check-points, markets, hospitals, etc..) and at local and international borders (cross-borders, check points, airports etc..)
- Weekly reporting of TPV data to National level



Number of children vaccinated at transit points, by zone and by month

Zone	November - 2013		December -2013		January -2014		February -2014		March -2014	
	Number vaccinated	% of Zero dose	Number vaccinated	% of Zero dose	Number vaccinated	% of Zero dose	Number vaccinated	% of Zero dose	Number vaccinated	% of Zero dose
Central	180732	0.0%	165695	1.7%	194751	1.4%	212984	1.0%	144,823	1.7%
Puntland	44815	0.3%	45463	0.6%	49109	0.5%	43052	0.3%	21,756	0.1%
Somaliland	15569	8.7%	14184	4.6%	17146	2.6%	14996	1.6%	7,319	1.6%
South	34929	0.0%	43092	8.3%	45972	8.9%	45853	10.9%	34,923	15.0%
Grand Total	276045	0.5%	268434	2.7%	306978	2.4%	316885	2.4%	208,821	3.7%

- 250, 000 children < 10 vaccinated every month at 300 transit points throughout Somalia
- The % of zero doses is tracked on a weekly basis
- The highest proportion of zero-doses reported from South zone and may reflect the influx of population coming from inaccessible areas of South zones

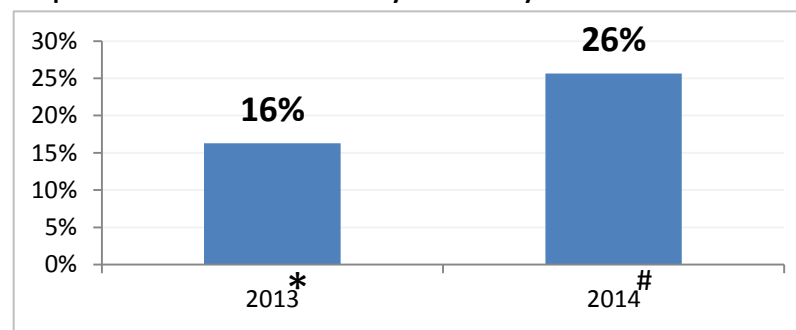
Data as of 4 April 2014

Village Polio Volunteer

- Selected from the community to extend AFP surveillance down to the community level (Community surveillance of AFP cases)
- Training and oversight of VPVs conducted by DPO
- Standards reporting tools developed and used
- Report submitted to Zonal and Nairobi on weekly basis
- Impact on AFP surveillance noted

Zone	VPV
North West	27
North East	54
South	127
Central	157
Total	365

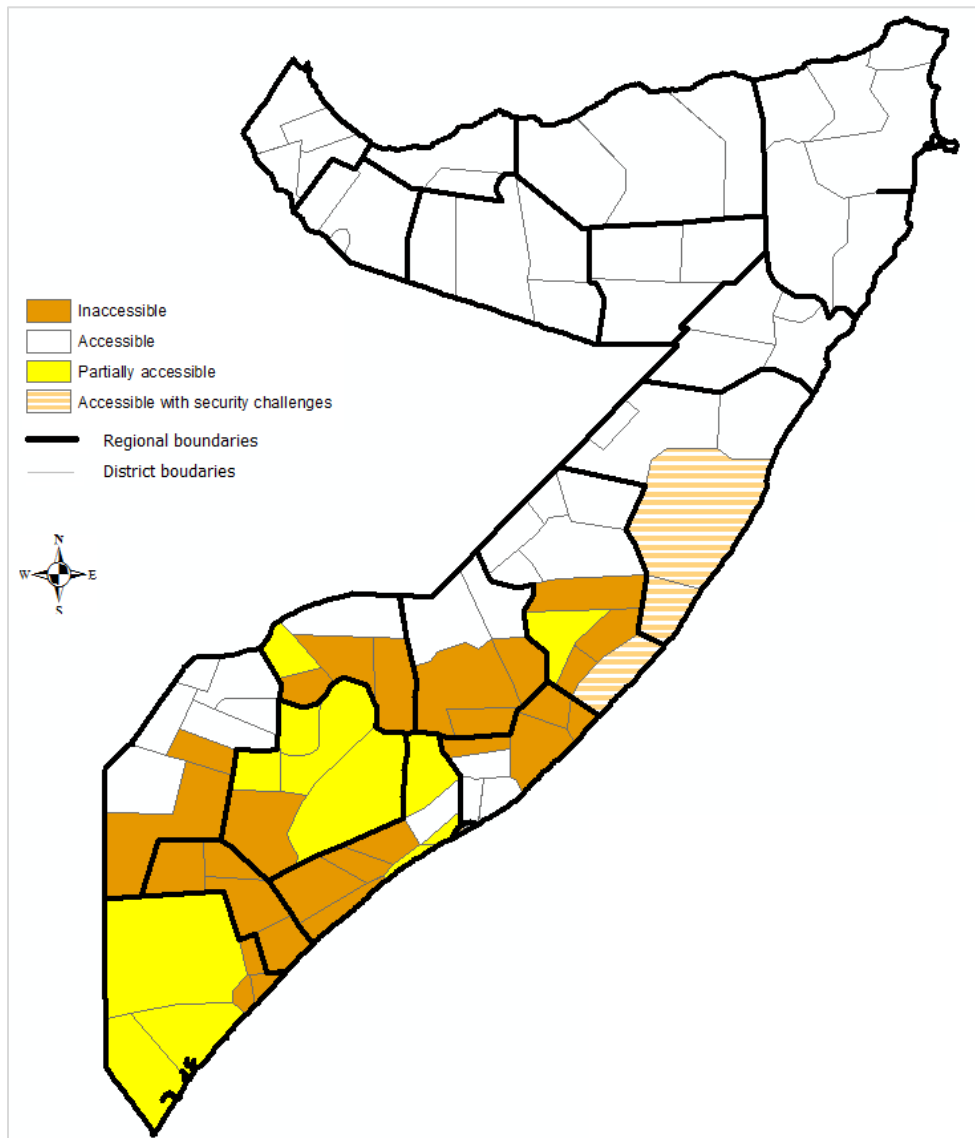
Proportion of AFP cases notified by community volunteers



*VPV started in October 2013

*Data as of April 2014

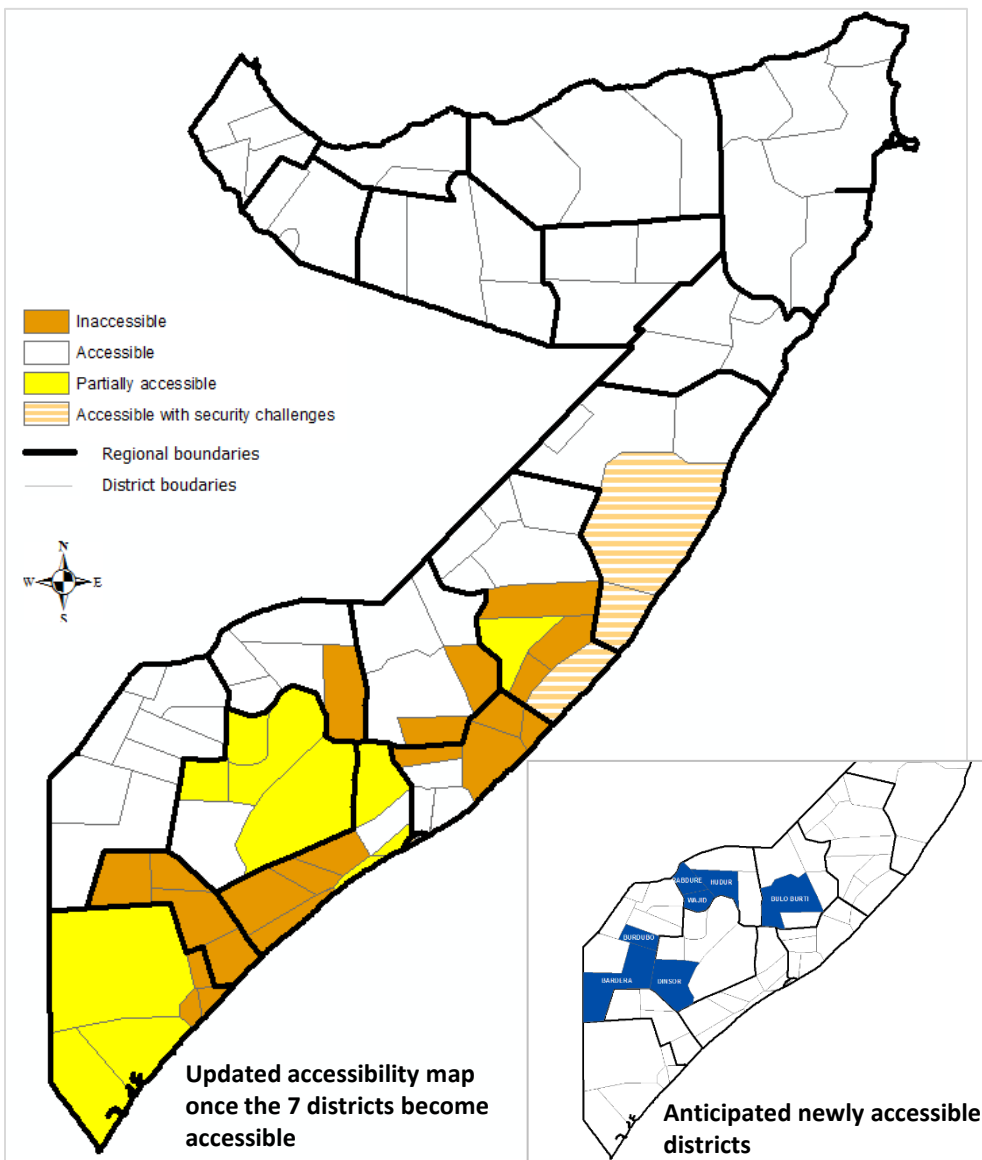
Accessibility status – a persistent challenge



- 27 districts completely not accessible for mass immunization activities
- 12 districts partially accessible (SIAs possible in major towns but not rural areas)

Regions	No of Inaccessible districts	No. of partially inaccessible district	Total Inaccessible children (<5 years)
Bakool	3	1	45331
Bay	1	4	82796
Galgadud	3	1	22561
Gedo	2	2	30670
Hiran	3	0	32769
Lower Juba	3	0	51935
Lower Shabelle	4	3	203656
Middle Juba	4	0	55379
Middle Shabelle	4	0	47393
Grand total	27	11	572490

Anticipated accessibility



- As the result of ongoing military operations on the ground (Somali forces backed by AMISOM) 7 new districts with $\approx 110,000$ children are expected to open up for SIAs
- 6 of these districts were totally inaccessible while 1 was partially accessible

Location and population of potentially newly accessible districts

Region	District	Target pop <5 Years
Bakool	Rabdure	3,453
	Hudur	16,365
	Wajid	9,986
Gedo	Burdubo	7,793
	Bardera	22,876
Hiran	Bulo Burti	15,706
Bay	Dinsor	33,524
Total		109,703

Conclusion

Conclusion

- The country program continue to demonstrate its ability to implement effective outbreak response activities despite persistent challenges
- The current outbreak dynamic translates an overall positive impact of outbreak response activities
- Risks to outbreak control persist, notably in the form of persistent accessibility issues and poor routine immunization
- Complacency in outbreak response activities should not settle in

Thank you

