

Update on Status of Wild Poliovirus Outbreak in Kenya

9th Meeting of the IMB

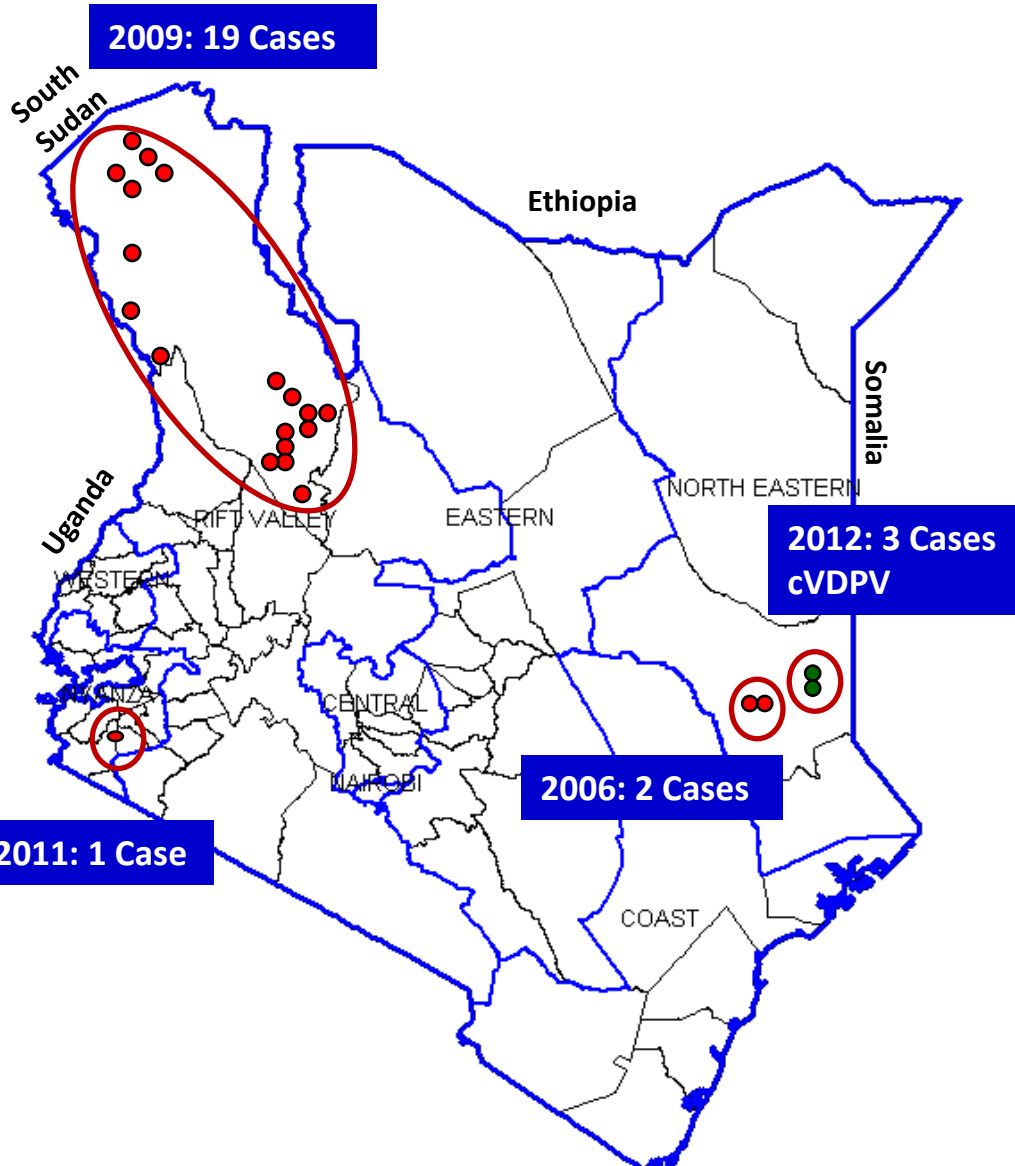
1-3 October 2013

London, UK

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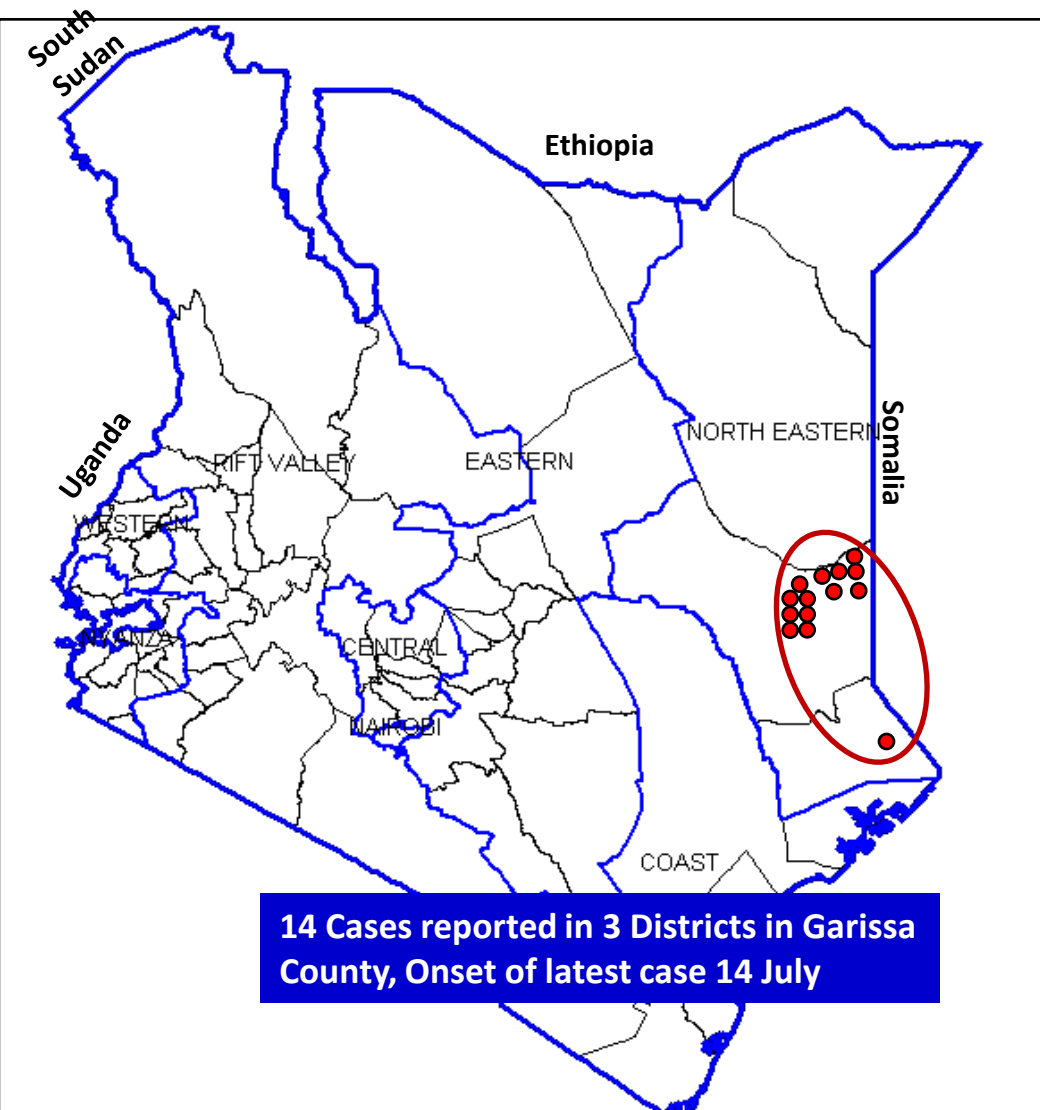
Background: Confirmed Polio Cases, Kenya, 2006 — 2012



Activities to maintain polio free status

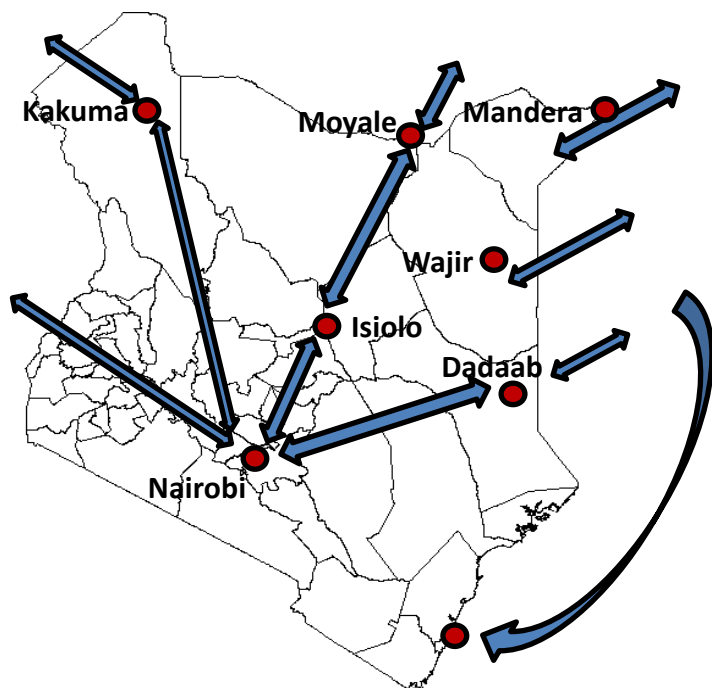
- Quarterly Risk Assessments
- Preventive SIAs Rounds conducted (**2 in 2012**)
- AFP Surveillance (Detection rate = **4 in 2012, 3.36 in 2013**)
- Strong RI (OPV3 coverage **82% in 2012, 86% in 2011**)

Confirmation and Immediate Response

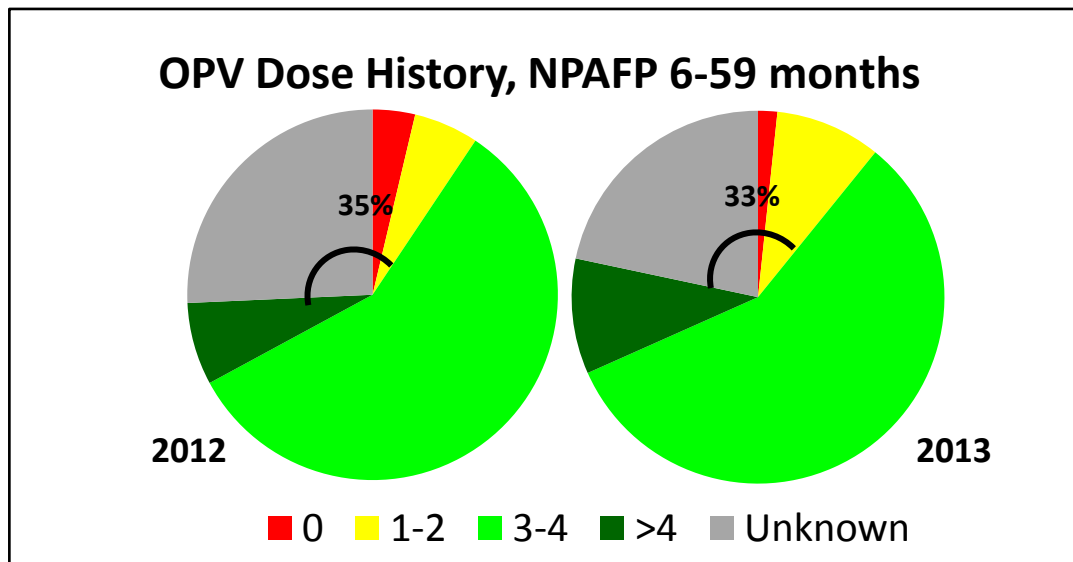
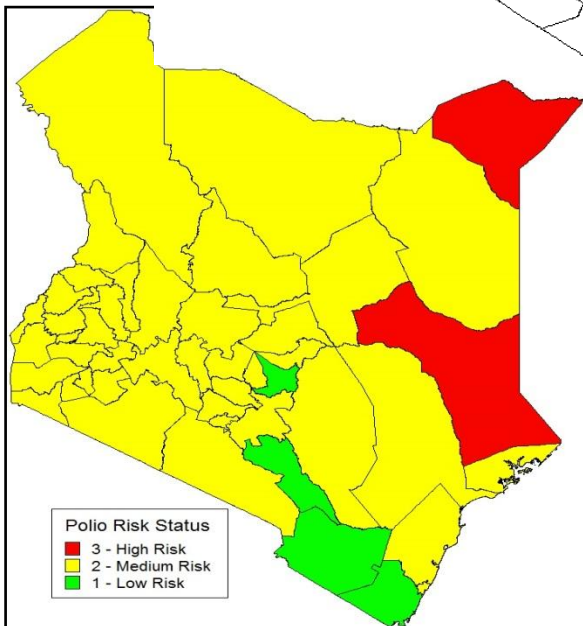


- Index case:
 - Onset: **30 April**
 - Investigation: **5 May**
 - Confirmation: **17 May**
- 1st National coordination meeting: **13 May**
- Detailed field investigation: **17 May 2013**
- National response plan adopted: **16 May**
- Immediate vaccination around the case: **27 – 31 May** (7 districts)
- 1st large scale SIA: **17 – 21 June** (25 districts)

Risks of Spread of WPV



- Gap in population immunity (estimate 220,000 unvaccinated in 2012)
 - Hard-to-Reach Areas
 - Insecurity Areas
 - Nomadic population



Government Coordination and Leadership

- GoK leads coordination of outbreak response with participation of technical partners
 - National Steering Committee - fortnightly meetings
 - Outbreak Response coordination structure (Technical , ACSM, Logistics , Outbreak investigation, Surveillance, RI working groups) - Weekly committee meetings
- Coordination meetings held weekly at outbreak epicentre (Dadaab) and County HQs Garissa (MOH, UNHCR, partners)
- Cross-border meetings on-going
 - 17th July – Kenya, Ethiopia met in Moyale, Ethiopia. Next 17th Oct 2013
 - 2nd August – Kenya, Somalia, Ethiopia met in Mandera Kenya
 - 7th August – Kenya, South Sudan met at Kapoeta, South Sudan
 - 8th October – Kenya, Uganda to meet in Kisumu, Kenya
- Declaring it a public health emergency –talks ongoing

Government Coordination and Leadership

July 2013 launch: 1st Lady
vaccinates a child



August 2013 launch: Director Public Health
being vaccinated by Garissa Governor



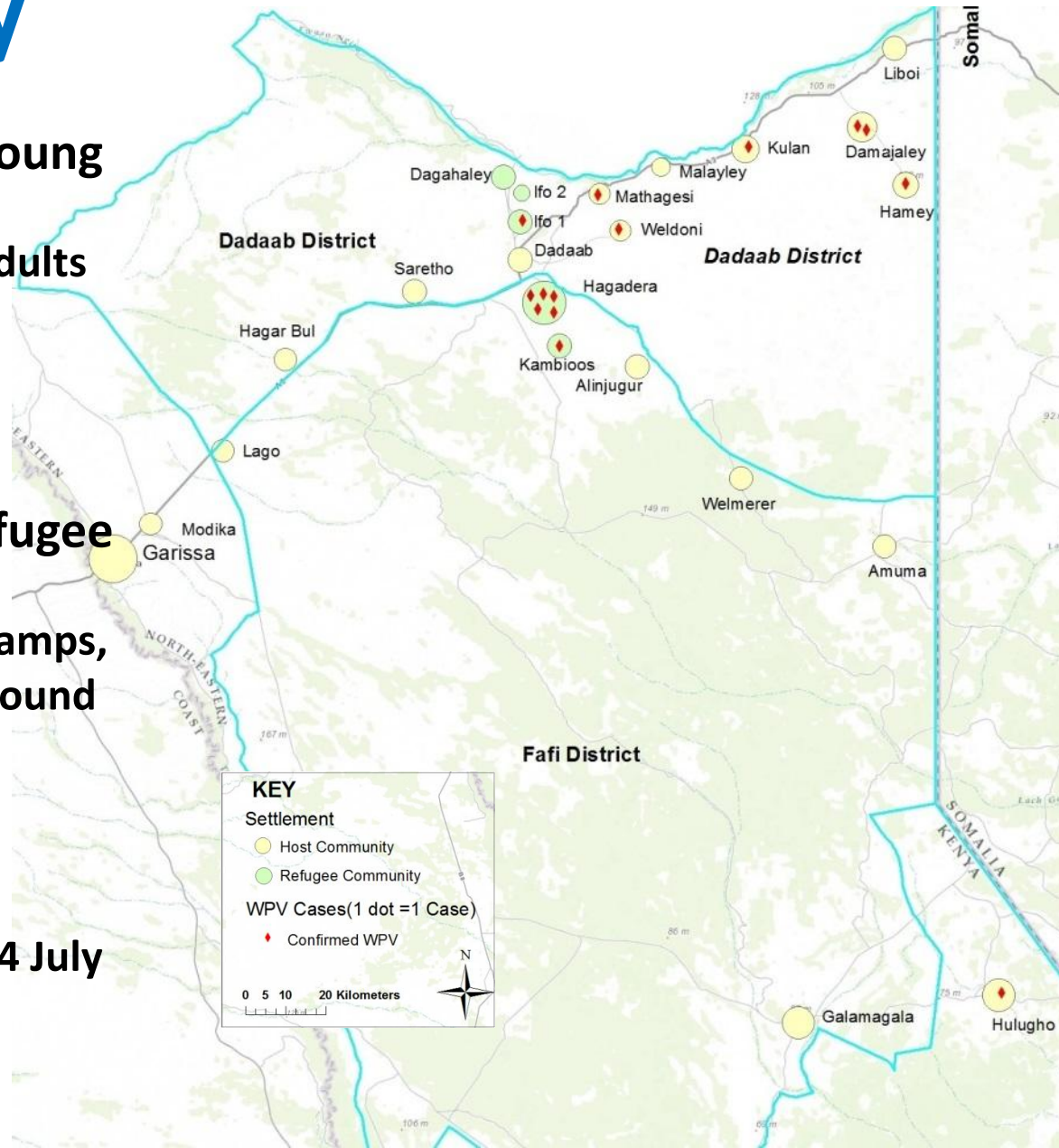
**September 2013
launch:** PS MOH
vaccinates a
child



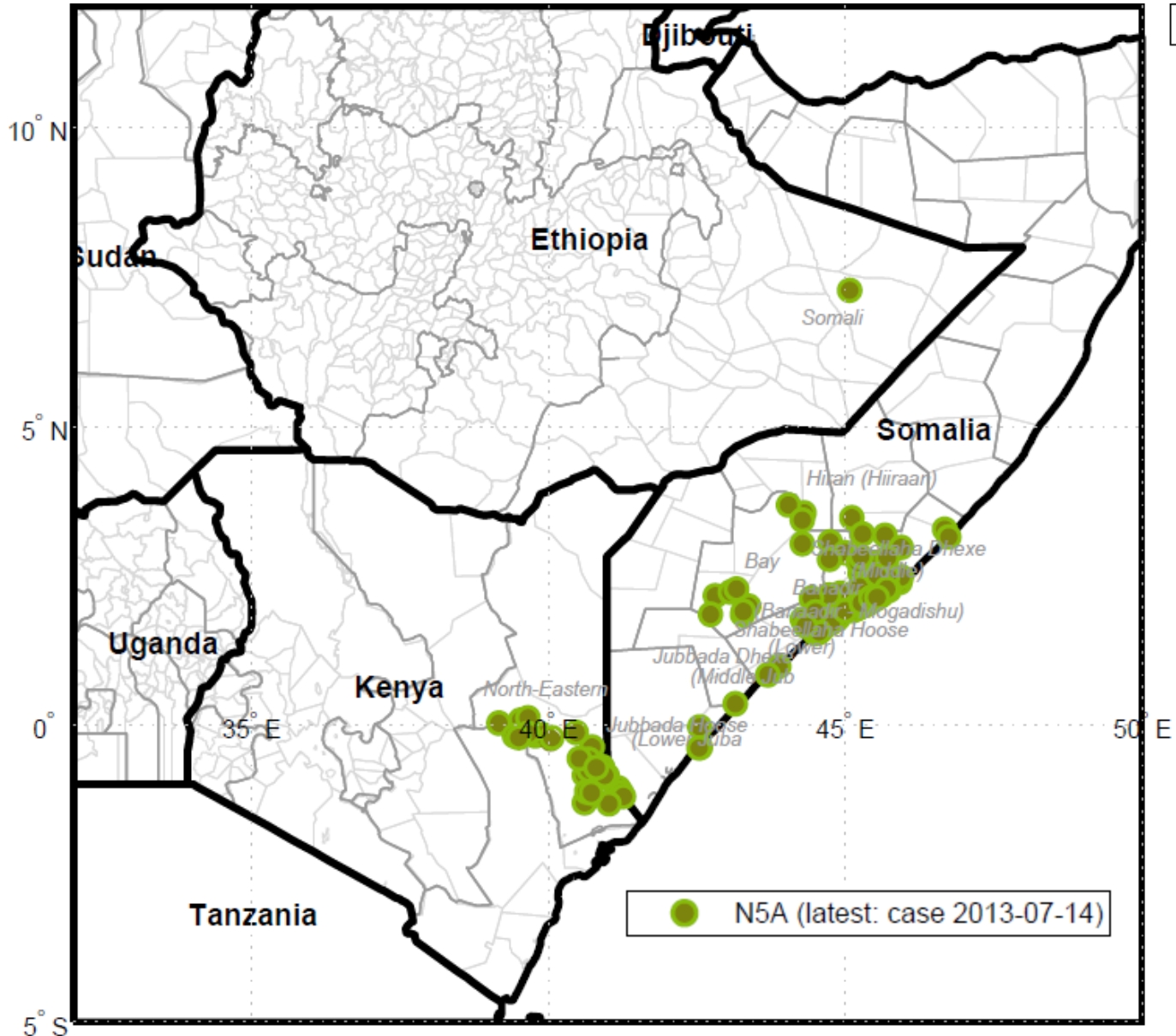
Programmatic Response

Epidemiology

- **14 cases in children and young adults**
 - 3 Cases in unvaccinated adults 19-22yrs
 - 10 Cases in children ≤ 4
 - 1 case aged 9 years
 - 1 confirmed death
- **In and around Dadaab Refugee camps**
 - 7 cases in 3 of 5 Dadaab camps,
 - 7 cases in communities around camps and Somali border
 - Cases in both refugee and Kenyan populations
- **Case onset 30 April**
 - Most recent case, onset 14 July



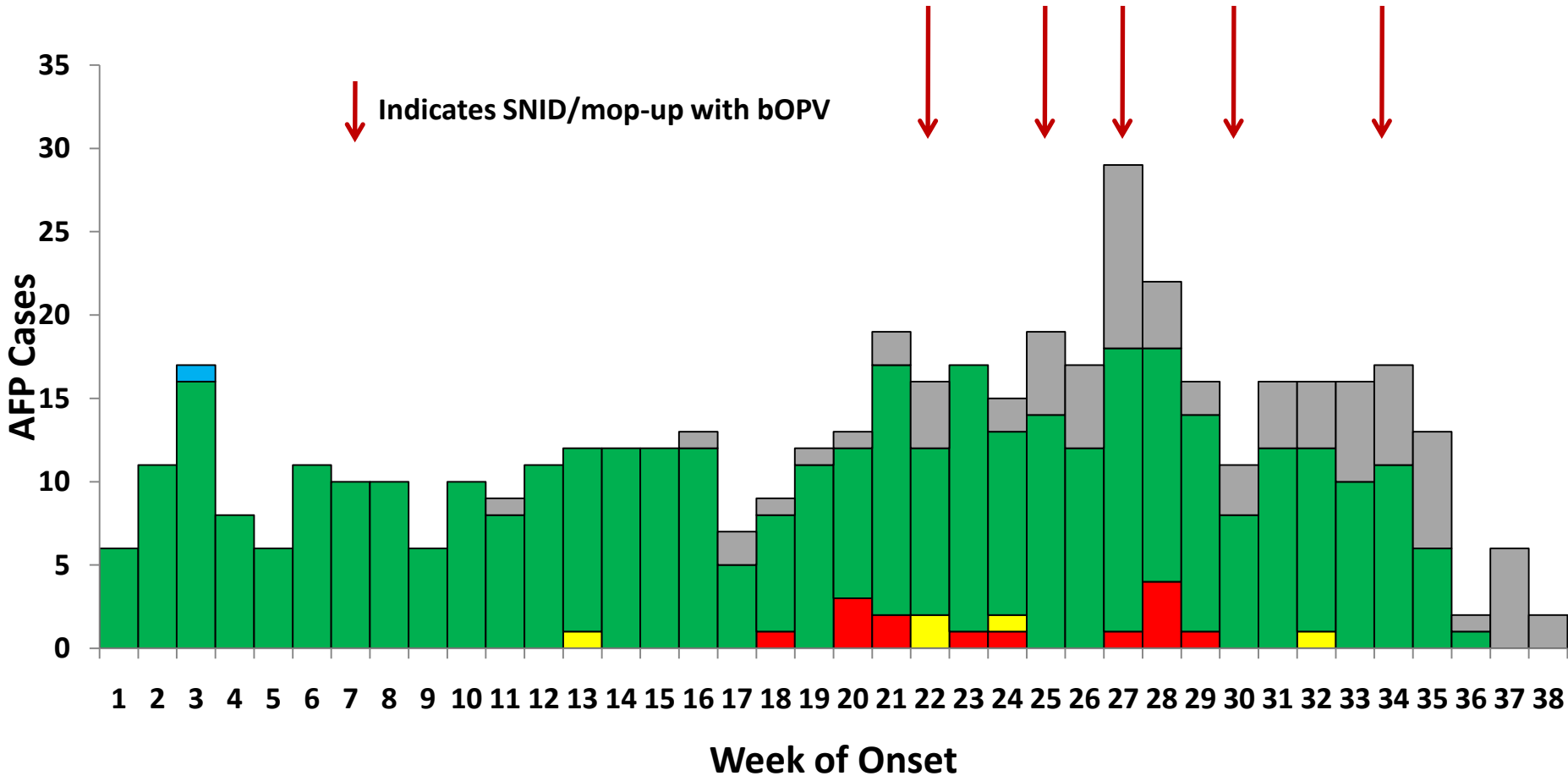
2013 PV1 Serotype Ethiopia, Kenya and Somalia WEAFA – B1 Genotype



WPV dots placed randomly within the map

Polio Outbreak 2013

Wild Compatible Not Polio Not AFP Pending



Advocacy, Communication & Social Mobilization (ACSM)

- Deployment of **social mobilizers** from partner organization such as UNICEF, Rotary, and Kenya Red Cross.
- Use of **Community health workers** for door to door mobilization
- Use of small community based **FM radio stations** in high risk areas – use of 7 languages
- **TV adverts** with use of sign language
- **Posters** that included sign language
- **Megaphones**
- Engagement of new partners such as **Kenya Pediatric Association** through one-on-one visits
- Parents awareness of campaign was **86%** in July and August

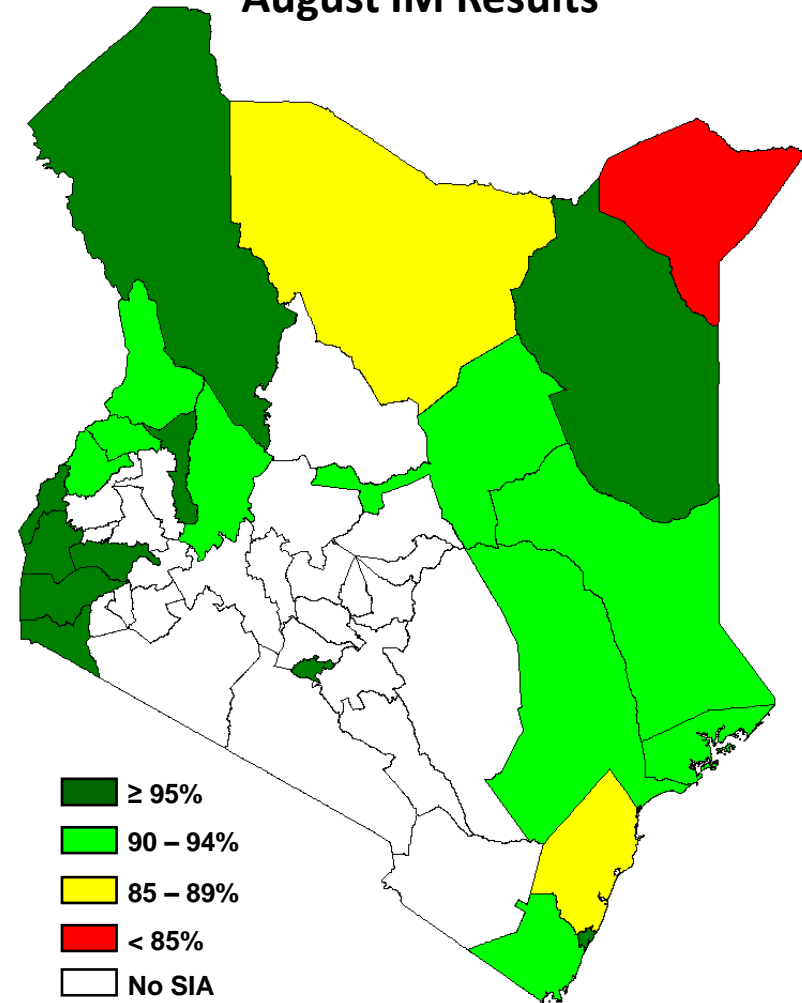
Innovative actions taken

- Vaccination at **Cross border points and Transit points**
- Engagement of **transport owners/conductors** for immunization of transit population
- **Tracing and vaccination of Nomadic population**
- Using **community health workers** for door to door social mobilization for SIAs and AFP detection
- **Expanded age groups** in the highest risk areas (under 15 and total population in the camps)

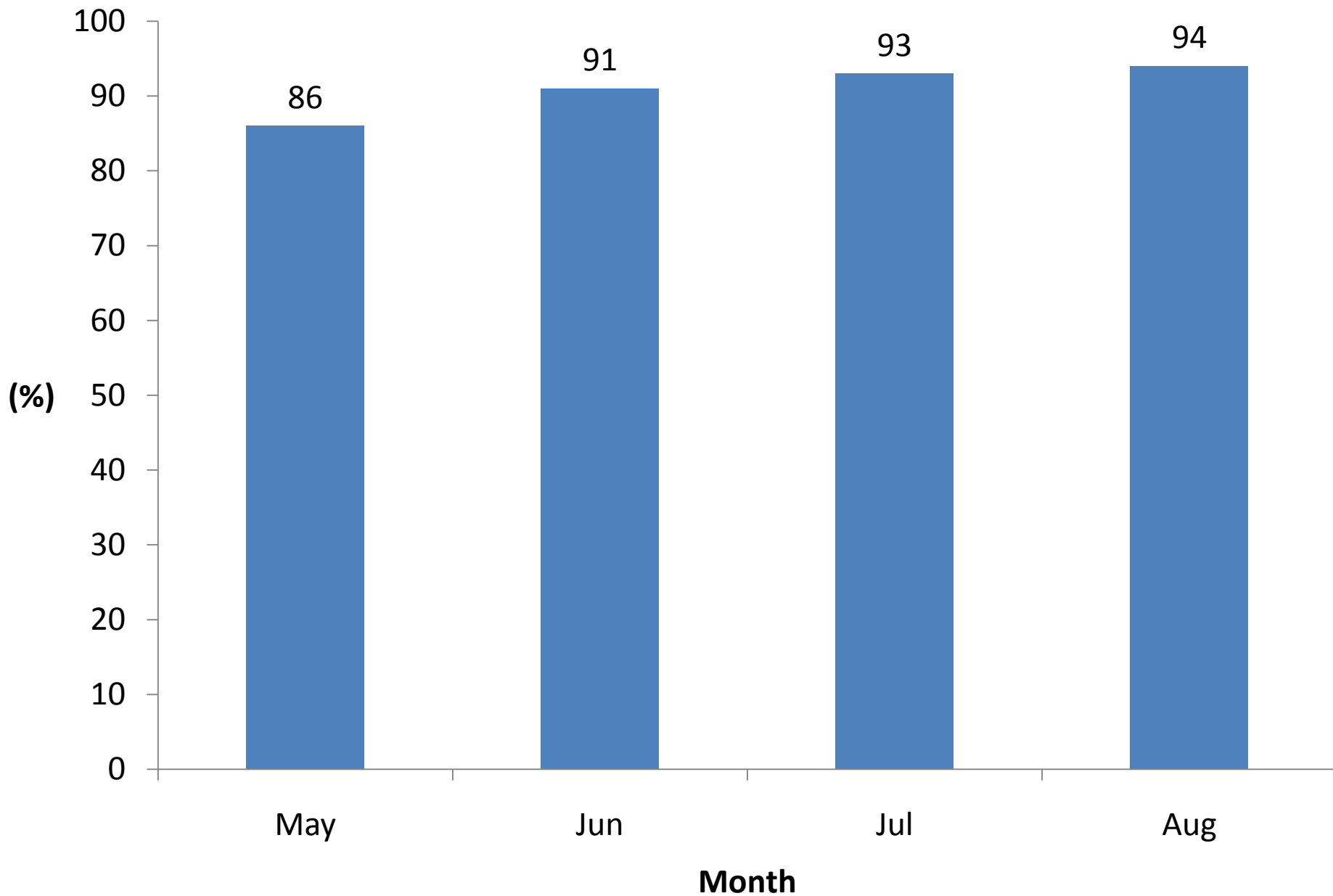
Vaccination Response

Round	Date	Area	Targeted	Target	Vaccinated
1	27-31 May	Camps + 3 host districts	< 15 yrs	512,610	567,876
		Other districts	< 5 yrs		
2	17-21 Jun	Refugee Camps	All ages	1,306,614	1,240,036
		3 host districts	< 15 yrs		
3	1-10 Jul	Other districts	< 5 yrs	4.3M	4,661,881
		Camps	All ages		
Mop-up	27-31 Jul	Around last case	< 5 yrs	25,787	26,821
4	17-21 Aug	Camps + host county + 1 district	All ages	5.1M	5,332,453
		Other districts	< 5 yrs		
5	21-25 Sep	Camps + host county + 1 district	All ages	5.3M	
		Other districts	< 5 yrs		
6	2-6 Nov	Entire country	< 5 yrs	8.2M	
7	7-11 Dec	Entire country	< 5 yrs	8.2M	

August IM Results



Independent Monitoring Coverage - Polio SIAs 2013

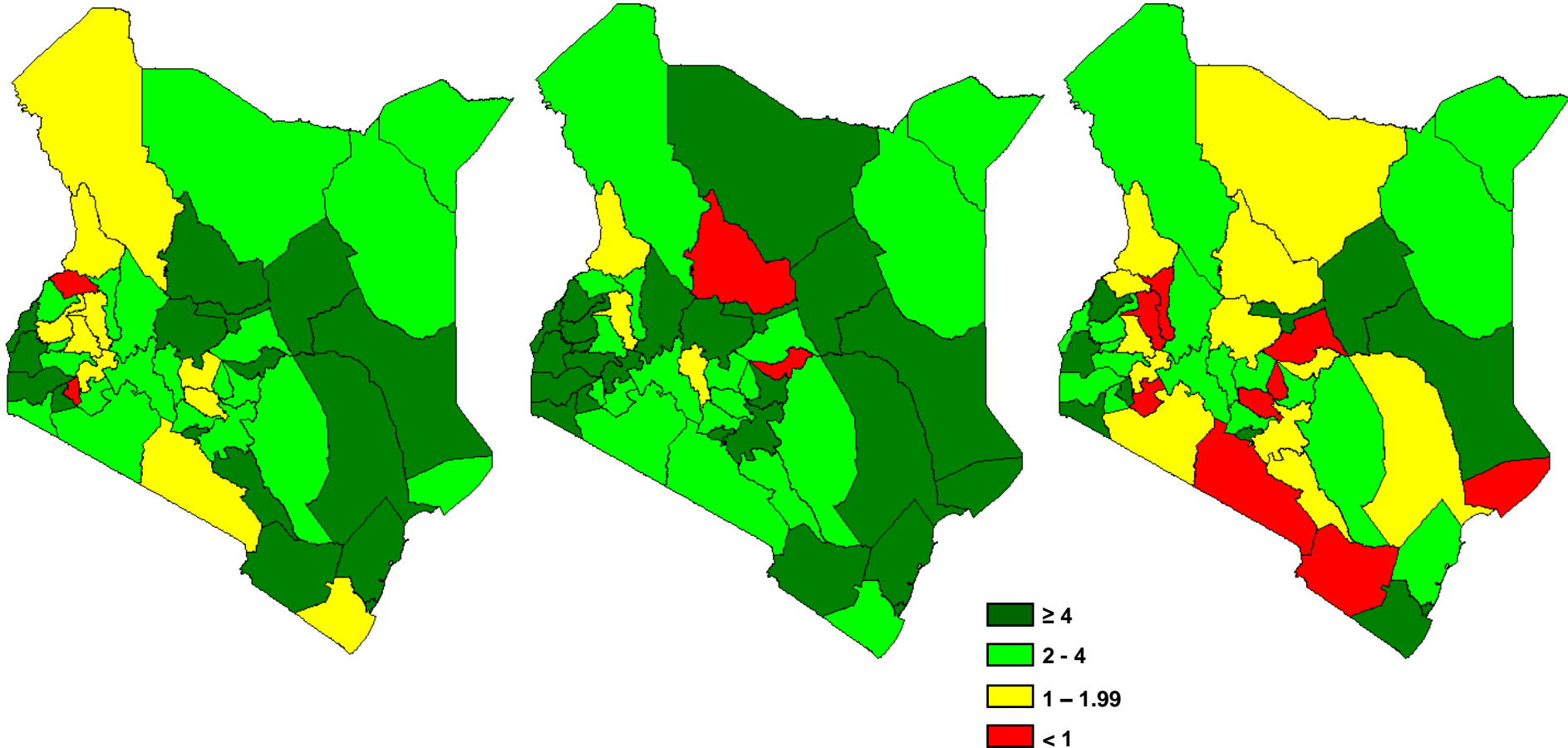


Non-Polio AFP Detection Rate*, by County

2011

2012

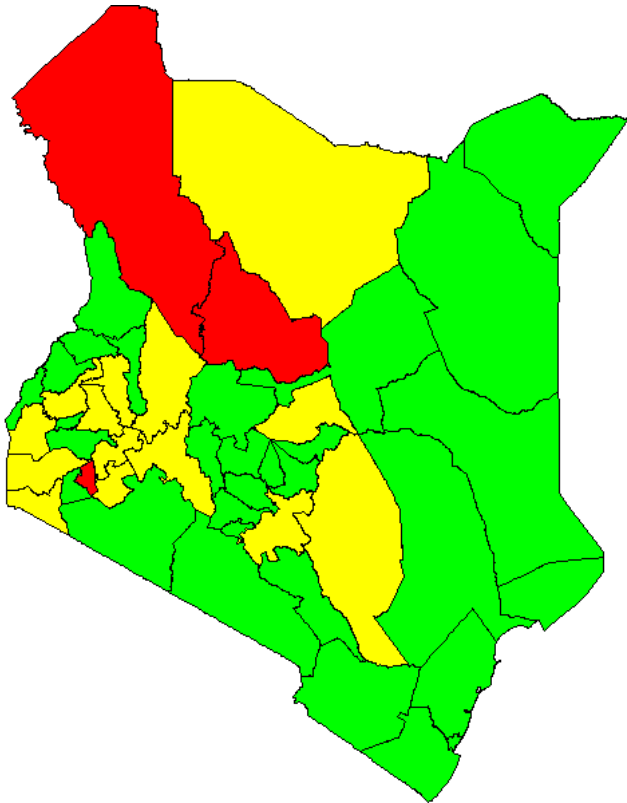
2013



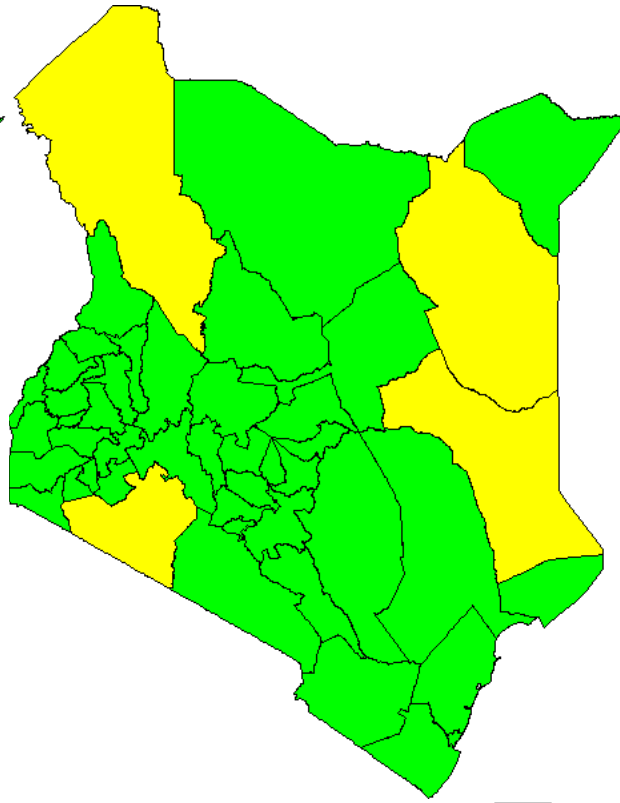
*per 100,000 population < 15
2013 rate annualized through week 38

Specimen Adequacy Rate by County

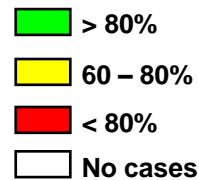
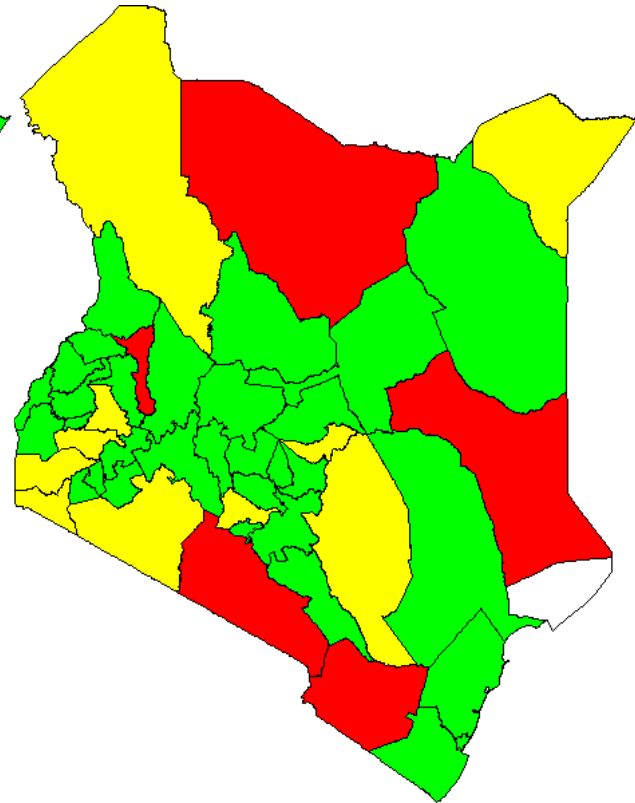
2011



2012



2013



2013 though week 38

Status of implementation of the 3 Month Post Polio outbreak Assessment Recommendations

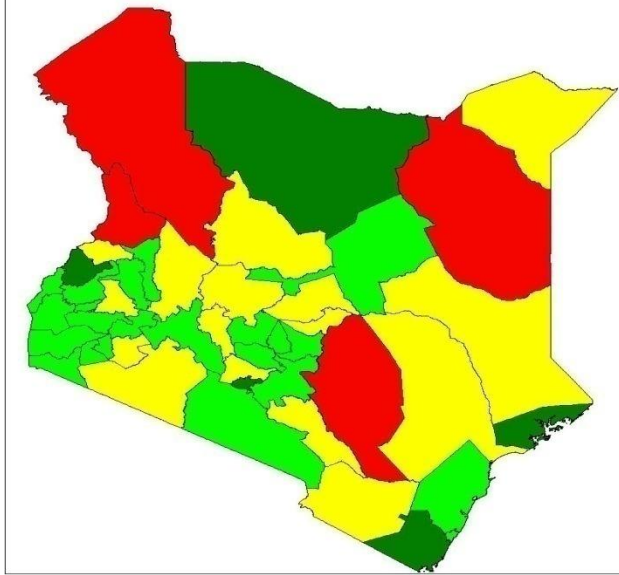
Summary* of Implementation of Recommendations

Recommendation By Section	Total Numb	Implementation Status			Comment
		Fully	Partially (ongoing)	Not started	
Coordination	5	1	4		
Outbreak Investigation & AFP Surveillance Strengthening	3		3		
Immunization Response (SIAs & RI)	6		6		

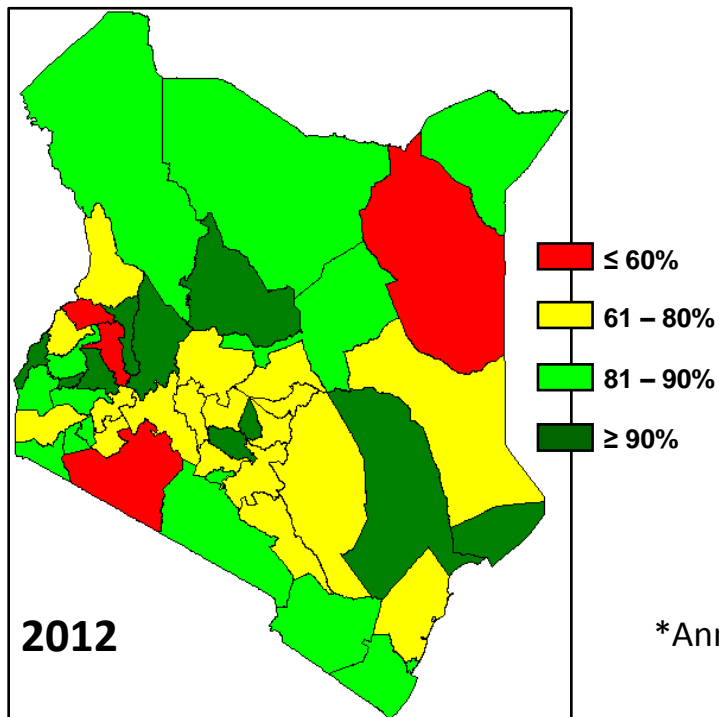
* See details in the Status of implementation handout

- Folder explaining the detailed status of implementation of post polio outbreak assessment

Routine Immunization Coverage with OPV3, by County, 2012-2013



2013*



2012

- Plan to strengthen RI immunization has been finalized
- Under-Immunized children have been mapped out
- Specific directives given to districts from MOH to use RED/REC strategy
- MOH office to be opened in Dadaab refugee camps
- Polio advocacy kits being printed
- Appointed polio ambassador

*Annualized coverage through August

Resources

- **Financial**

- Gov – Support RI and Surveillance (vaccines+cold chain: USD 5m this year , operation funds (USD 1m)+ salaries of staff
- GPEI Partners – SIAs 2013: WHO USD 9m, UNICEF USD 1m
- Other in-country resource mobilization: USAID, KRC, CDC, Others

- **Human**

- In addition to available Gov structure
 - Additional support through STOP(7), and consultants from (BMGF(2), CDC(4), UNICEF(2) and WHO(5))
 - Surge capacity: 3 lab personnel and 4 WHO surveillance officer (1 based in Dadaab)

- **OPV - GPEI**

- **Challenges in mobilizing resources by Govt**

- Outbreak occurred toward the end of the fiscal year
- Process to devolve government structures and funds in line with the new constitution
- Country just coming out of a general elections

Issues/Challenges

- Gap in population immunity (sub-optimal RI)
- Massive population movements
- Insecurity in priority areas of intervention
- Suboptimal SIA quality
 - Inadequate micro planning
 - Quality of team's supervision pre and intra-SIAs
 - Social mobilization (especially in Nairobi)
- Surveillance gaps
 - Timely case detection (Northeast: 60% only)
 - Incomplete and poorly filled case investigations
 - High number of unknown vaccination history
 - Silent districts (n=30)
- Transition of health services to devolved government

Priority Actions-1

- **Implement ALL the recommendations issued by the HoA TAG and the 3-month post-outbreak assessment.**
- **Gap in population immunity (sub-optimal RI)**
 - Tracing of defaulters to reduce drop outs
 - Regularize planned outreach sessions and increase sessions where needed
 - Take advantage of Mother-Child health weeks and use of any other opportunity to vaccinate children.
 - Mapping and planning for hard-to-reach/hard-to-convince populations
- **Massive population movements**
 - Strengthening cross border collaboration and coordination
 - Immunization a crossing at the border, and transit points
 - Institutionalize the tracking of nomadic population

Priority Actions-2

- **Insecurity in priority areas of intervention**
 - Use of the locally based personnel trained to implement activities
- **Suboptimal SIA quality**
 - Implement the micro planning process already initiated (finalized Micro plan template)
 - Nation-wide training using the updated training materials.
 - Implementation of updated campaign's monitoring tools (better monitoring for expanded age group).
 - Social mob (especially in Nairobi) – Finalize operational plan and implement integrated strategies such as house to house social mobilization to address refusals and special populations such as high density urban areas , Nomads, Insecure areas, and Transit population .
- **Surveillance gaps**
 - Conduct a comprehensive cascade training from central to the lowest level, starting with priority areas (Northeastern, Nairobi, etc.)
 - Realign supervisory structure with the ongoing devolution process (especially new counties)

Thank You

Actions to maintain Polio-free status

- **Jan 2012 assessment adequacy of response of Kenya OB in 2011 (GPEI and RI)**
- **Surveillance Gap analysis/Surveillance review**
- **Quarterly Risk analysis**
- **Strengthening of surveillance**
 - STOP Team members
- **5 rounds of SIAs Conducted in 2012**
- **Cold chain assessment conducted 2010**

AFP Surveillance Indicators, 2009-2013

Indicators	Target	2009	2010	2011	2012	2013*
NPAFP rate per 100,000 <15 years	≥2.0	2.84	2.33	3.29	4.02	3.36
Stool adequacy (%)	≥80	82	87	85	93	82
Timeliness including zero reporting (Weekly) (%)	≥80	52	92	95	91	86
Investigated ≤ 2 days of notification (%)	≥80	76	72	88	94	86
Specimen arriving at lab ≤ 3 days since collection (%)	≥80	92	90	85	92	87
Specimen arriving in good condition (%)	≥90	100	100	100	99	99.7
Non-polio enterovirus isolation rate(%)	≥10	6.5	9.9	8.6	11.8	14.5
Lab result within 14 days of receipt (%)	≥80	100	93	90	94	71

* As of 10 Sept

AFP Surveillance Performance by Province

	1 Jan– 31 Dec 2012		01 Jan– 10 Sep 2013		
Province	Non Polio AFP rate	Stool Adequacy (%)	Non Polio AFP rate	Stool Adequacy (%)	NPENT (%)
Central	1.98	95	1.89	89	15.4
Coast	5.39	91	5.68	93	22.9
Eastern	2.94	95	1.72	84	12.9
Nairobi	4.13	90	4.19	86	12.5
North Eastern	4.28	81	9.62	61	11.3
Nyanza	6.03	91	5.95	81	13.2
Rift Valley	2.97	87	1.80	87	11.1
Western	4.58	93	3.24	91	18.4
National	3.80	91	3.36	82	14.5