

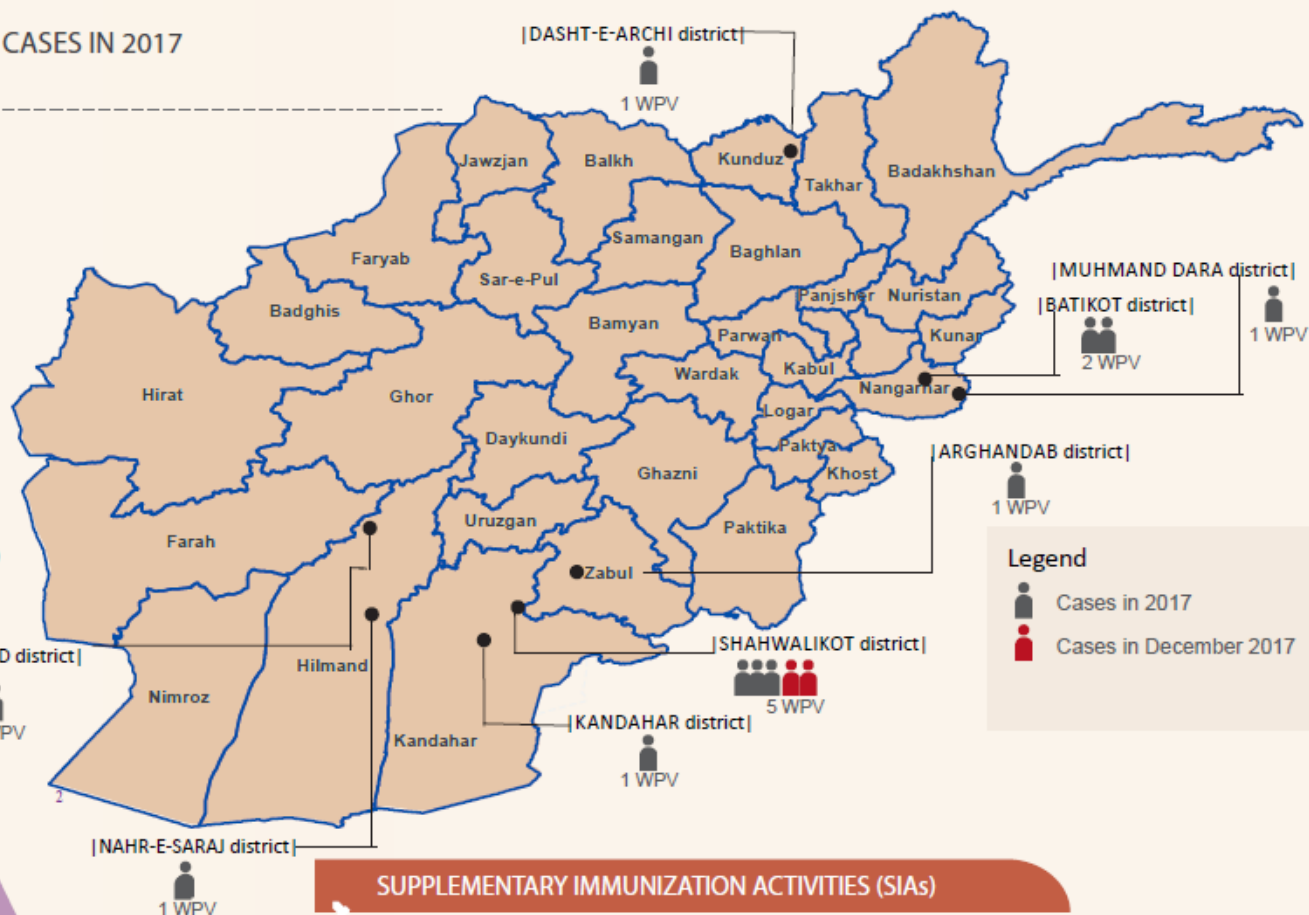
2 WILD POLIOVIRUS (WPV1) REPORTED IN DECEMBER 2017

13 WPV1 CASES IN 2017

5 WPV1/VDPV2 POSITIVE ENVIRONMENTAL SAMPLES REPORTED IN DECEMBER 2017

5,5 MILLION CHILDREN TARGETED SUB-NATIONAL IMMUNIZATION DAYS (SNID) (18-22 December 2017)

446,000 CHILDREN TARGETED CASE RESPONSE CAMPAIGN (7-11 December 2017)

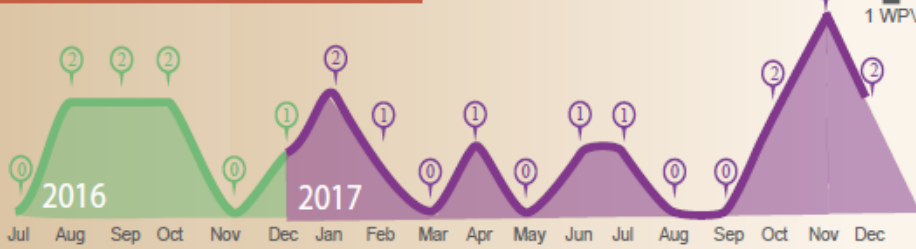


Legend
 Cases in 2017
 Cases in December 2017

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

390 PERMANENT TRANSIT TEAMS
16 CROSS-BORDER VACCINATION POINTS

WILD POLIO CASE COUNT 2016-2017



POLIO TRANSMISSION

- 2 new wild poliovirus (WPV1) cases were reported in December, both from Shahwalikot district of Kandahar province with onset on 17 Nov and 3 Dec.
- A total of 5 WPV1 positive environmental samples were reported in December 2017. 3 positive samples were collected from Nangarhar province, and 2 from Kandahar province. The total number of positive environmental samples reached 30 by 31st December 2017.

AFP and ENVIRONMENTAL SURVEILLANCE

- 220 acute flaccid paralysis (AFP) cases (102 girls and 118 boys) were reported in December. In 2017, a total of 3,009 AFP cases were reported, of which 2,790 were discarded as "non-polio AFP" and 206 AFP cases are pending classification.
- Non-polio AFP rate is 15, stool adequacy above 94%, and non-polio enterovirus rate above 23% 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)

- A Sub-national immunization days (SNID) campaign which was conducted on 18-22 December 2017 targeted 5,5 million children under the age of 5 years with OPV in 188 districts of 22 provinces.
- A case response campaign responding to a positive environmental sample conducted on 7-11 December targeted 446,000 children in 3 districts of Kabul city as well as Bagرامي and Dehsabz districts in Kabul province.

COMPLEMENTARY VACCINATION ACTIVITIES

- A total of 16 cross-border vaccination points, 40 cross-border teams and 390 permanent transit teams (PTTs) were operational across Afghanistan during December 2017.
- Permanent transit teams vaccinated 1,121,074 children against polio and cross-border teams vaccinated 80,543 children during December.
- A total of 810 children under the age of 10 were vaccinated with OPV and 808 by IPV by teams in UNHCR repatriation centers and IOM sites receiving returnees and refugees from Pakistan and Iran during December.
- In whole of 2017, 50,050 returnee children received OPV and 25,603 children were vaccinated with IPV.
- In compliance to International Health Regulations (IHR), 23,616 international travelers were vaccinated during December.

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 733 AFP focal points, closely linked with over 28,000 community-based reporting volunteers across the country.

AFP surveillance review concluded in October 2017 that overall AFP surveillance system looks good in areas reviewed. There is a sensitive AFP surveillance system and good community-based network of reporting volunteers in place. Overall documentation quality is satisfactory with certain minor deficiencies. Front-line workers carried out active case search during SIAs. In 2016/17, the AFP reporting network continued to be reviewed and expanded based on needs, and

emphasis was on including healthcare providers serving high-risk population groups as well as insecure and high-risk areas and districts with low non-polio AFP rates.

In total, the environmental surveillance system includes 20 sampling sites in Nangarhar, Kunar, Kandahar, Helmand, Kabul, Khost, Herat, Balkh and Kunduz 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), PEI coordinators, regional polio officers, assistant regional polio officers, provincial polio officers and district polio officers.

More than 5,500 cluster supervisors and over 69,000 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 curriculum, which in 2016/17, focused 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 2017 to improve SIA quality included 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 50 very high-risk districts (VHRDs). In 2016/17, the oral polio vaccine (OPV) SIA schedule included four national immunization days (NIDs) and four sub-national immunization days (SNIDs) in 2016 and four NIDs and six SNIDs in 2017. The campaign dates were synchronized with Pakistan.

For every new case detected, three case response campaigns were carried out.

COMPLEMENTARY VACCINATION ACTIVITIES



390 Permanent Transit Teams (PTTs) vaccinated children travelling in and out of security-compromised areas and to other destinations. Sixteen cross-border vaccination points in border areas with Pakistan and Iran ensured that children crossing the border were immunized. In selected locations, permanent polio teams (PPTs) provided 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 and 2017 the programme continued to assess and modify the number and location of PTTs according to needs and accessibility. Synchronization with vaccination operations in Pakistan continued for

cross-border teams (CBTs). Special campaigns were carried out in the South-Eastern region targeting nomads who moved widely in the country and across borders.

Teams at airports administered OPV to travellers as per recommendations under International Health Regulations.

Teams also provided returnees from Pakistan and Iran with OPV, IPV and measles vaccination in UNHCR and IOM sites.