

16 August 2013

## Horn of Africa Polio Outbreak Bulletin

### Situation analysis

- On 14 August 2013, the Kenya Medical Research Institute (KEMRI) issued an advanced notification of a case of WPV1 from a child living in Ethiopia with date of onset 10 July 2013. The case is from the Somali Region of Ethiopia in a child aged 18 months who had never been vaccinated with OPV. Investigation of this prospective case is ongoing.
- Because of the routes of poliovirus spread in previous Horn of Africa outbreak, this area of Ethiopia had been considered at 'high risk', and since June, two large-scale supplementary immunization activities (SIAs) had already been conducted as part of the broader Horn of Africa outbreak response. Confirmation of the case in Ethiopia underscores the risk this outbreak continues to pose to countries across the region. This risk is magnified by large-scale population movements and persistent immunity gaps in some areas. Since May, 118 cases have been confirmed (105 in Somalia, 12 in Dadaab, Kenya, and one in Ethiopia).
- Outbreak response across the Horn of Africa is continuing to be intensified. Since May, a total of 12 large-scale SIAs have been conducted across Somalia, Kenya, Ethiopia and Yemen. Further SIAs are planned. In Ethiopia, an immediate local immunization campaign is being conducted in the immediate vicinity of the case, with plans being finalized for a larger-scale SIA planned, targeting 950,000 children under the age of five years. SIAs are planned through the end of the year in all polio-affected areas and areas at high-risk of importation.

#### KEY FACTS

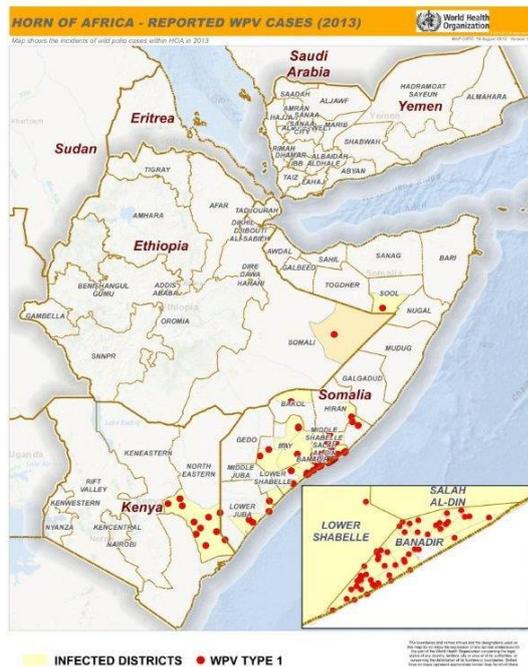
- Emergency activities continue in response to wild poliovirus outbreak in Horn of Africa
- High risk of further spread of virus. Surveillance alert issued to all countries across Horn of Africa
- Budget: US\$ 76.5 million.
- Funding gap: US\$ 20.8 million.

### Emergency outbreak response

#### Updates & Activities

- In Ethiopia, planned outbreak response is being reviewed in light of confirmation of the case. However, this area of Ethiopia had already been considered 'high risk' and had been operating in an outbreak 'modus operandi'.
- The Kenya and Somalia country offices will conduct a three month polio outbreak assessment from 14- 27 August.
- A donors meeting is planned for the second week of September to provide current, new and potential donors with information on the outbreak and the current needs of the region.
- The UN Foundation/UNICEF delegation visiting Kenya was briefed on the HOA outbreak and response by Government of Kenya, WHO, UNICEF, and partners. The delegation lead,

American actress and UNICEF ambassador Amanda Peet, expressed willingness to advocate for additional resources for the outbreak response.



- Somalia** has reported polio cases across nine regions of the country. The sixth vaccination campaign in response to the outbreak will take place from 17-21 August. To reduce the chance of spread of polio into security-compromised areas, vaccination teams have been set up at 38 cross-border and transit points. A further four polio vaccination campaigns and one Child Health Day (including routine immunization services) are planned before the end of the year. Additionally, OPV will be offered to children in higher age groups to ensure their protection. The next polio campaign in Somalia is scheduled for 18-21 August, aiming to vaccinate 3.4 million children up to 10 years of age.

- Kenya** has conducted three rounds of vaccination response, with a further four planned by the end of the year. All of Kenya's

polio cases so far are restricted to the Dadaab Refugee Camp and adjoining communities. The next vaccination campaign in Kenya is planned for 17-21 August for 4.9 million children under five years of age. A new approach is the organization of transit posts, only 38 have been established so far mainly in Banadir, but a total of 315 posts should be established rapidly.

### Remaining Countries in Horn of Africa Region

- Ethiopia** will continue to intensify outbreak response activities in light of confirmation of a polio case from Somali Province. This area of Ethiopia had already conducted two SIAs since June, in an outbreak 'modus operandi' as it was considered at high-risk of re-infection.
- South Sudan** is planning polio campaigns in communities that neighbour polio affected countries starting 20 August with full national campaigns in October and November.
- Uganda** has not detected any WPV case and full NIDs are planned by the end of August and end of September.
- Yemen** has not detected any cases of WPV. Intensified activities have been undertaken to decrease the risk for WPV importation. Surveillance activities have also been strengthened with NIDs in June and July, including vaccination of all ages in refugee camps

**Cross-border meetings** have been held to ensure coordination between Ethiopia, Kenya and Somalia, discussing population movements, micro-plans and vaccination at crossing points, among other issues. The meetings have also been used to exchange data on SIA and routine immunization coverage as well as AFP surveillance performance. Mapping of frequently used crossing points were targeted with additional vaccination teams, cold chain support and vaccine stocks. Cross border microplans will include communication plans that target nomadic and trader populations sharing a common language. The following cross border meetings have been held or planned.

- 2 Jul: **Uganda - South Sudan** in Kajo-Keji, South Sudan
- 4 Jul: **Ethiopia - Kenya** in Moyale, Kenya
- 11 Jul: **Uganda - South Sudan** in Morobo, South Sudan
- 17 Jul: **Uganda - South Sudan** in Nimule-Magwi, South Sudan
- 19 Jul: **Ethiopia - Kenya** in Moyale, Ethiopia
- 2 Aug: **Ethiopia - Somalia - Kenya** in Mandera, Kenya
- 7 Aug: **South Sudan - Kenya** in Kopeta, South Sudan
- 10-11 Sep: **Uganda - Kenya** in Mbale, Uganda
- 15 Oct: **Ethiopia - Somalia - Kenya** in Jigiga, Ethiopia
- 17 Oct: **Ethiopia - Kenya** in Moyale, Kenya

## Risks

- Large areas of south-central Somalia have not conducted immunization campaigns since 2009 due to insecurity, leaving more than 600,000 children particularly vulnerable in this area (in particular parts of Lower Shabelle region). However, the bulk of confirmed WPV cases are from accessible areas, therefore the quality of SIAs is also a key factor to address. The risk to populations across all areas of Somalia is very high, due to substantial subnational population immunity gaps. One case has been reported in Somaliland, in the north of the country.
- The upcoming Hajj to Mecca in Saudi Arabia will entail mass movements across the Horn of Africa, which also witnesses regular large-scale population movements, due to seasonal and nomadic mobility as well as insecurity. This puts polio-free areas within Somalia and Kenya and other polio-free countries at high risk. The Kingdom of Saudi Arabia has issued specific [polio vaccination requirements](#) for pilgrims travelling to the Hajj from polio-affected countries.
- Parts of south-central Somalia are also affected by an outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2), which has caused 18 cases in Somalia since 2009 and spread to Dadaab in 2012 (three cases), one cVDPV2 was identified in 2013 (onset date 9 January 2013). Circulating VDPVs are rare strains of poliovirus that have genetically mutated from the attenuated virus contained in OPV. These mutated strains can cause paralysis and begin circulating in areas where many children remain unimmunized. If a population is fully immunized against polio, it will be protected against the spread of both wild and vaccine-derived strains of poliovirus. More information is available at [www.polioeradication.org](http://www.polioeradication.org).

## Risk mitigation

- The Global Polio Eradication Initiative has significant experience in managing large polio outbreaks in Africa and Asia based on the international outbreak response guidelines adopted by the World Health Assembly (WHA) in 2006. These involve conducting rapid and large-scale immunization activities in infected countries, protective campaigns in the surrounding areas, increasing the age group of the target population, shorter intervals between campaigns, providing surge staffing support for operations and communications, mobilizing emergency funding at the country-level, using new vaccines such as bivalent OPV and intensifying active surveillance for acute flaccid paralysis (AFP). The effective implementation of the outbreak response guidelines has considerably reduced the severity and duration of such outbreaks.

- Special strategies continue to be implemented in particular in and around Lower Shabelle region of Somalia, to improve operations in inaccessible areas. Local-level access negotiations are continuing, as are immunizing older age groups and setting up vaccination posts at entry/exit points of inaccessible areas. Community engagement activities continue to foster engagement of all communities in polio eradication activities. Activities include dissemination of public service announcements (PSAs), partnership with organized religious, youth and women's groups, vaccinator training, media workshops and bulk SMS distribution. The Somali National Women's Association continues to disseminate key messages about the dangers of polio and the benefits of OPV.
- A surveillance alert for polio has been issued to all countries across the Horn of Africa, highlighting the need to conduct active searches for AFP cases. All countries are urged to rapidly identify subnational immunity gaps and take measures to fill these. WHO's [\*International Travel and Health\*](#) recommends that all travellers to and from polio-infected areas be fully vaccinated against polio.

*For data and periodic updates, visit: [www.polioeradication.org](http://www.polioeradication.org)*