

Situation Report 20

Polio Outbreak

4 May 2020

Highlights

- The total number of polio cases in the country remains at 17. The Philippines is affected by both cVDPV1 and cVDPV2. cVDPV is considered a public health emergency of international concern (PHEIC).
- Currently, there are 14 cases of cVDPV2, one case with cVDPV1; one case with VDPV1; and one case with immunodeficiency related VDPV type 2 (iVDPV2).
- The second round of bOPV was completed on 1 March in Mindanao targeting 1,487,026 children under 5 and 1,989,517 children under 10. A total of 1,477,617 children under 5 representing (99.4%) and 1,961,968 children under 10 (98.6%) were vaccinated.
- In the National Capital Region, the second mOPV2 round was completed on 8 March, a total of 1,432,065 children under five were vaccinated (102%).
- On 12 March the Philippines raised the COVID-19 Alert System to **Code Red sublevel 2** as recommended by the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID), and imposed stringent physical distancing measures and community quarantine for 30 days which will have a significant impact on polio outbreak response activity. On 16 March, the entire Luzon was put on enhanced community quarantine until 13 April and extended to 15 May in areas including NCR. During subsequent weeks other regions in the Philippines also enforced the enhanced community quarantine further affecting the routine and other immunization services. The rapid response vaccination with mOPV2 in selected areas of Region 3 and the third round of bOPV planned for Mindanao, originally scheduled on 23 March have been postponed until further notice.

# of samples confirmed	Environment		Human			
	ES (+)	Last ES (+) collection	AFP	Healthy	Contacts	Last AFP (+)
cVDPV1	14	28 Nov 2019	1			28 Nov 2019
cVDPV2	23	15 Jan 2020	14	5	3	15 Jan 2020
iVDPV2			1			
VDPV1			1		1	

Data as of 21 March 2020



Table 1: Details of completed vaccination campaigns (2020)

Date	Vaccine	Place	Target	Total No	Coverage
6-12 Jan	bOPV	BaSulTa*/Zamboanga, Isabella/Lambayong	<10	705,089	95%
20 Jan-2 Feb	mOPV2	Mindanao regions	<5	3.1 million	99%
27 Jan-7 Feb	mOPV2	NCR	<5	1.4 million	99%
17 Feb-1 Mar	bOPV	BaSulTa/Zamboanga, Isabella/Lambayong	<10	739,640	99%
	bOPV	Rest of Regions IX/XII/BARMM and rest of Mindanao	<5	3 million	99%
24 Feb-8 Mar	mOPV2	NCR	<5	1.4 million	102%

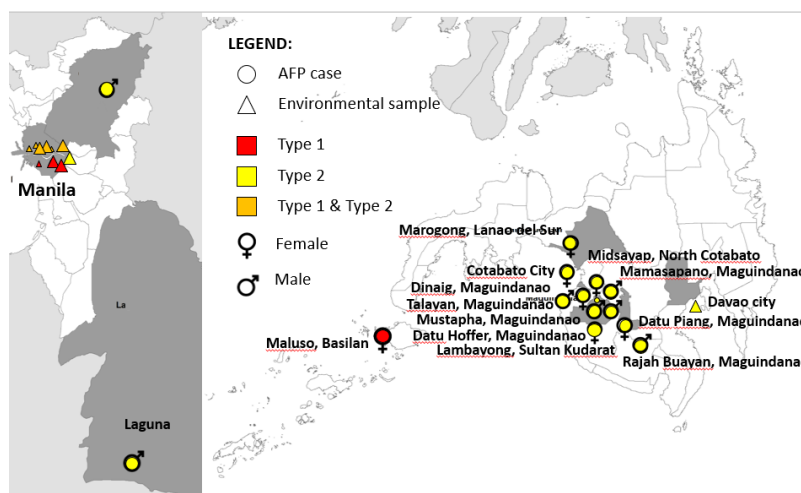
* Basilan, Sulu and Tawi-Tawi

Current Situation

Table 2: Age and Gender per Type and Location of Polio Cases

Type	Age	Gender	Region
VDPV1	4	F	XII
cVDPV1	9	F	BARMM
iVDPV2	5	M	IV-A
cVDPV2	3	F	BARMM
cVDPV2	4	F	BARMM
cVDPV2	3	F	XII
cVDPV2	2	F	BARMM
cVDPV2	2	M	XII
cVDPV2	4	F	XII
cVDPV2	2	M	BARMM
cVDPV2	<1	M	BARMM
cVDPV2	<½	M	BARMM
cVDPV2	2	M	BARMM
cVDPV2	3	M	BARMM
cVDPV2	2	M	XII
cVDPV2	3	M	NCR
cVDPV2	1	M	III

Figure 1: VDPV Locations in the Philippines as of 21 March 2020



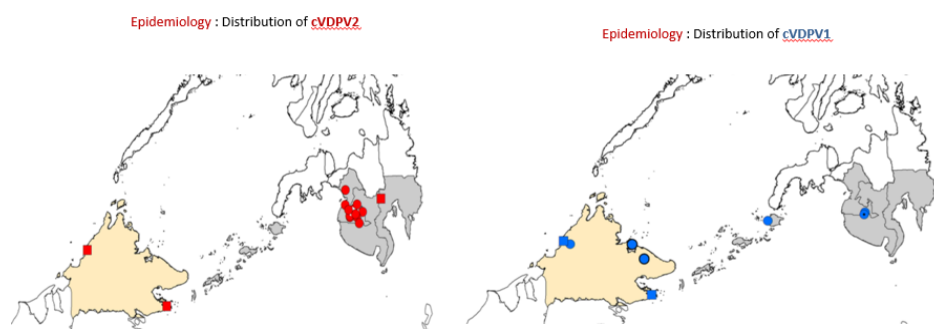
Circulating Vaccine Derived Polio Virus type 1 (cVDPV1)

Thus far, there is one cVDPV1 case confirmed in the Philippines, from the island province of Basilan, with onset of paralysis on 19 October 2019. Three cVDPV1 cases from Sabah State, Malaysia were confirmed to be genetically linked to the Basilan case by the Victorian Infectious Diseases Reference Laboratory (VIDRL) in Australia (Figure 2). All 14 cVDPV1 environmental samples (ES) found in Manila are all genetically linked. The last ES positive for cVDPV1 was taken on 28 November 2019 in Tondo, Manila. Further ES taken were negative for cVDPV1.

The VDPV1 case from Lamboyang, Sultan Kudarat (Region XII) is not genetically linked to the Basilan and Malaysia cases and is therefore not categorised as circulating.

Figure 2. Distribution of cVDPV1 and cVDPV2 in Philippines and Malaysia.

Distribution of Polio cases-Philippines and Malaysia



Circulating Vaccine Derived Polio Virus type 2 (cVDPV2)

The total number of cVDPV2 cases is 14 and the last cVDPV2 case was detected in Cabanatuan City, Nueva Ecija, Region 3 with onset of paralysis on 15 January 2020. Verification of the sample taken from

the 3-year-old boy from Quezon City was done by the US CDC and was found to be negative for poliovirus. The National Polio Laboratory (RITM) is formulating an official report on these samples retested in US CDC which will be presented to the Polio EOC and which will then decide on formal dissemination of the updated results.

There are 23 cVDPV2 from ES, and the last ES positive for cVDPV2 was isolated on 16 January 2020 from Tondo, Manila and from Butuanon River, Mandaue, Cebu. As part of routine ES surveillance, the last ES collected from Tondo, Manila on 24 March 2020 was negative for cVDPV2.

All samples were tested by the National Polio Laboratory at the Research Institute for Tropical Medicine (RITM), whereas sequencing and genetic analysis is done at the NIID in Japan and additional genetic characterization provided by the United States Centers for Disease Control and Prevention (CDC).

Immunodeficiency related Vaccine Derived Polio Virus type 2 (iVDPV2)

The case of iVDPV2 is a 5-year-old male from Calamba City, Laguna in Region 4A, with onset of paralysis on 25 August 2019 and the boy has been continuously shedding the virus until February 2020. There is ongoing coordination between DOH, RITM hospital, WHO and Viro Defense. An ethical review is ongoing in RITM for the provision of Pocopavir an anti-retroviral against Polio virus to the patient.

Response

Risk assessment

There have been no new polio cases reported after 15 February 2020.

While there are three cVDPV1 cases from Malaysia confirmed to be related to the Philippine cVDPV1 case, the regional risk of potential spread across international borders remains moderate. However, travel restrictions have been imposed by the Philippine government as well as other neighbouring countries in response to the COVID-19 pandemic.

Coordination

DOH is coordinating the polio response through its Incident Command Structures (ICS) and Emergency Operation Centers (EOC) set up in each of the region, as well as the Mindanao hub and at national level. DOH issues regular bulletins with coverage data, Adverse Events Following Immunization (AEFI), AFP and environmental surveillance updates from the 17 regions.

- Following the COVID-19 outbreak response, the Polio EOC meetings at national level have been reduced to once a week and after ECQ there have been initiation of virtual meetings.

OBRA recommendation

- Recognizing the detection of cVDPV2 outbreak virus in two new areas, the OBRA team encourages urgent consultation with the mOPV2 Advisory Group to discuss possible immunization response options
- These options include the possible expansion of the geographical scope of the planned 2nd round of mOPV2 for NCR to include Regions 3 and Region 7

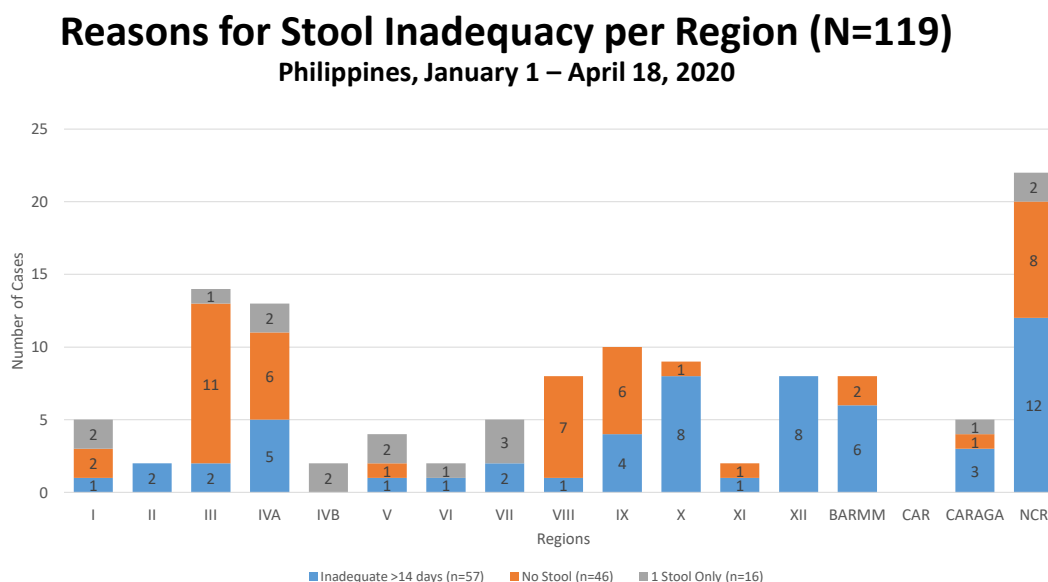
- High priority should be given to defining the extent of transmission in the newly identified transmission foci through targeted intense surveillance measures
- Urgently address vaccine procurement issues by developing more long-term vaccine procurement strategies
- Government prioritization for and investment into the outbreak response will need to continue until the cVDPV outbreaks are over
- To further improve and guide outbreak response activities, all sources of available data (SIA, RCA, and surveillance data) should be routinely analysed to identify gaps and implement corrective action
- Assure that the updated AFP surveillance guidelines incorporate OBRA recommendations, and implement them nationwide

Surveillance

From 1 January to 18 April 2020, a total of 346 AFP cases have been reported to PIDSIR with AFP rate of 3.21 and annualized NP-AFP rate of 1.79. The stool adequacy is 66% nationwide.

Among the outbreak regions, Regions 9, 10, 11, 12, CARAGA, BARMM and NCR have reached the target NP-AFP rate of 3 per 100,000 under 15 years. For the non-outbreak regions, Regions 1, 2, 8 and CAR have reached the target of NP-AFP rate of 2 cases per 100,000 under 15 years. However, only 4 regions reached the target Stool Adequacy Rate of 80%, i.e., Regions 2, 6, 11 and CAR. The main reasons why stool adequacy rate is low are due to delayed collection of stool sample beyond 14 days or no stool was collected at all (Figure 3). This issue has been raised to the different surveillance officers during their orientation meeting.

Figure 3. Reasons for Stool Inadequacy per Region (n=107), Philippines, 1 January – 18 April, 2020

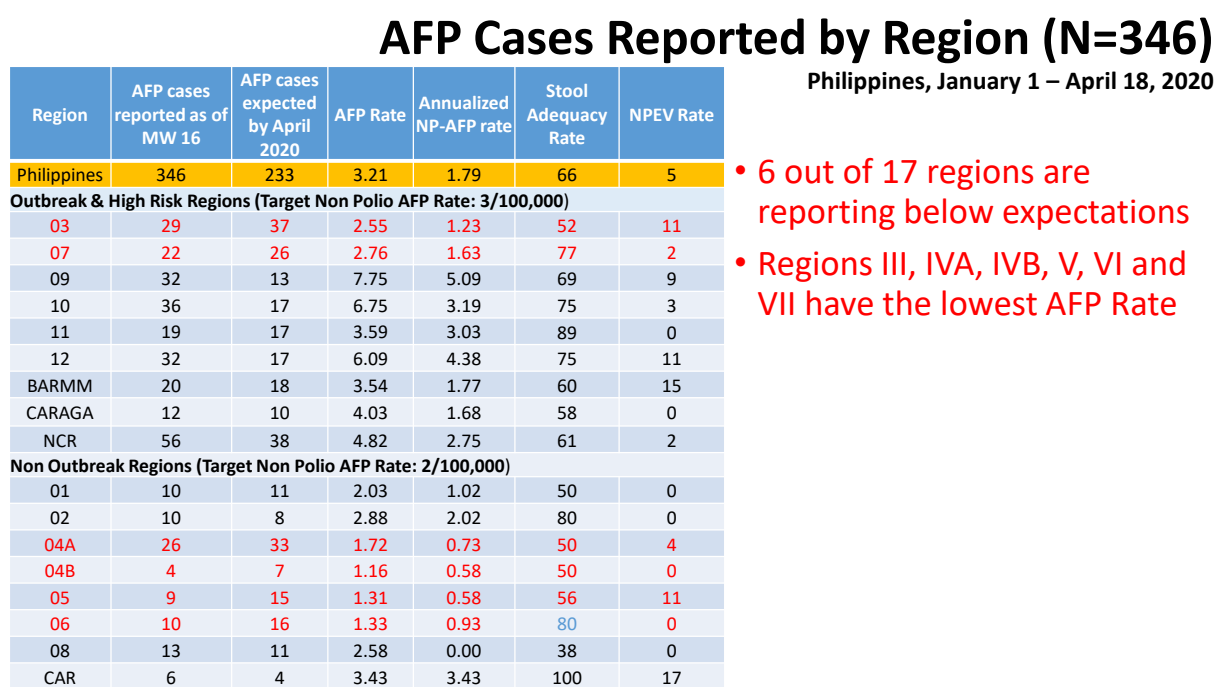


WHO has supported DOH by recruiting 18 AFP surveillance officers, one surveillance officer assigned per region, except for NCR and BARMM which have two surveillance officers. The surveillance officers have been trained prior to their deployment to their respective regions in February. Training materials for hospital, province and city level surveillance officers have been distributed. All 17 regions have established expert review panels, and revised guidelines on AFP surveillance have been disseminated on

the first week of March. However, cascading of AFP surveillance training from regions to the provinces, cities and hospitals have been postponed until further notice due to the COVID-19 pandemic response.

Due to travel restrictions and enhanced community quarantine imposed on NCR, entire Luzon and other parts of the country, no AFP case investigation in the community is happening, but hospitals continue to do AFP surveillance and stool sample collection. Collection of stool samples and transport to RITM in Manila is still ongoing despite the cancellation of commercial flights. Cargos and courier services are still operating. Eventually, if there is no community AFP surveillance because of the COVID response, this would affect the AFP surveillance performance of the country as expected, which is already low during the first quarter of 2020 (Figure 4).

Figure 4. AFP Surveillance Performance by Region, Philippines, 1 January to 11 April 2020.



Immunization response

The planned limited response vaccination in 6 municipalities and 1 city in the Province of Nueva Ecija, Region 3 targeting 82,827 children aged 0-59 months which was scheduled on 23-29 March was postponed until further notice due to COVID-19 outbreak. Training and orientation of staff from entire Region 3 who will be involved in the vaccination campaign have been conducted on 4-6 March. Vaccines have also been distributed to the regional health offices.

Similarly, other planned vaccinations in April and May for the entire Region 3 and the 3 priority provinces of Region 4A (Rizal, Laguna, and Cavite) have been postponed.

The National EPI issued interim guidelines on immunization in the context of COVID-19 outbreak including the decision making algorithm as a basis of the health workers. There are disruptions in the routine immunization service delivery especially in areas with documented COVID-19 community transmission.

Annex 1: Decision Making Algorithm:

Consideration of immunization options during COVID 19 outbreak shall be guided by a detailed risk assessment of VPDs, epidemiological situation of COVID-19, and immunization service delivery capacity.

Scenario	Assessment	Response
Scenario 1 LGU has no known case of COVID-19 (Alert level Blue)	<ul style="list-style-type: none"> Low risk of VPDs and unlikely potential for large outbreaks Adequate immunization staff Adequate vaccines 	<ul style="list-style-type: none"> Continue routine immunization services with emphasis on primary series vaccination for <12 months old and defaulters Continue VPD surveillance including AFP surveillance
Scenario 2 LGU has no known case of COVID-19 (Alert level Blue)	<ul style="list-style-type: none"> High risk of VPDs potentially leading to outbreaks and cause mortality Adequate immunization staff Adequate vaccines 	<ul style="list-style-type: none"> Suspend routine immunization activities until situation stabilized and becomes Alert level Blue
Scenario 3 LGU has confirmed case of COVID-19 (Alert level Red sub-level 1) Containment and Community Mitigation	<ul style="list-style-type: none"> Low risk of VPDs and unlikely potential for large outbreaks Immunization staff are engaged in COVID-19 response Adequate vaccines 	<ul style="list-style-type: none"> Option 1: Continue routine immunization services with emphasis on primary series vaccination for <12 months old at the health center on a biweekly basis Option 2: Outbreak immunization services with emphasis on primary series vaccination for <12 months and defaulters on a biweekly basis
Scenario 4 LGU has confirmed case of COVID-19 (Alert level Red sub-level 1) Containment and Community Mitigation	<ul style="list-style-type: none"> High risk of VPDs potentially leading to outbreaks and cause mortality Immunization staff are engaged in COVID-19 response Adequate vaccines 	<ul style="list-style-type: none"> Option 1: Continue routine immunization services with emphasis on primary series vaccination for <12 months old at the health center on a biweekly basis Option 2: Outbreak immunization services with emphasis on primary series vaccination for <12 months and defaulters on a biweekly basis
Scenario 5 LGU has documented community transmission (Alert level Red sub-level 2) Containment and Enhanced Community Mitigation	<ul style="list-style-type: none"> Whether low or high risk for VPD Immunization staff are engaged in COVID-19 response 	<ul style="list-style-type: none"> Suspend routine immunization activities until situation stabilized and becomes Alert level Blue

Note: The impact and appropriateness of the chosen options shall be monitored and reassessed weekly as the COVID-19 situation evolves.

Vaccine Logistics

The shipment of mOPV2 (4.2 million doses) is on hold due to the limited storage capacity of RITM-SDD (National Vaccine Store). UNICEF Supply Division was already notified to delay the said shipment. The COVID-19 test kits are currently occupying the intended space for vaccines in the walk-in freezer. On top of that, the freezer is currently housing 9.46 million doses of bOPV (from GPEI) and 1.29 million doses of mOPV2 (unopened vials from the previous rounds and returned to RITM-SDD). Please see details below:

Site	Vaccine	Manufacturer	Expiration Date	VVM Status	Quantity (in doses)
RITM-SDD	bOPV	Sanofi	January 2021 March 2021 May 2021	Use point	9,822,040
	mOPV2	Biofarma	April 2021 May 2021	Use point	842,300
		GSK	October 2027		454,620
CHD 3 Vaccine Store	mOPV2	Biofarma	May 2021	Use point	87,000

Social mobilization and partners' engagement

All partners supporting the polio response are requested to:

- ➔ Update <https://tinyurl.com/phpolio3W> with information on Who is doing What Where to better measure the impact of activities
- ➔ Report through UNICEF's Social Mobilization Indicators tool at <https://enketo.ona.io/x/#MNquhgob>
username: spvrca
password: spvrca123

Two (2) UNICEF Communication for Development (C4D) consultants assisting DOH on communication and social mobilization component of the polio outbreak response, together with UNICEF staff have now joined and providing support to COVID-19 activities in Risk Communication Community Engagement. One consultant who is based in Davao City is now actively providing assistance working closely with DOH EOC and partners such as WHO, developing key messages for the public to contain the spread of the virus.

Risk communication

The DOH Health Promotion and Communication Services oriented the Regional Health Education and Promotion Officers from Regions III and IVA on the overall messages and strategies. The toolkit was also made available for them to use and contextualize.

The HPCS training on interpersonal communication training and social mobilization for health workers addressed vaccine hesitancy (handling refusals). Risk communication will continue to focus on

communicating risk of not vaccinating, minimize negative impact of adverse events following immunization (AEFI) before they escalate to vaccine crises.

-Global Polio Eradication Initiative: <http://polioeradication.org/where-we-work/philippines/>

-DOH Advisory: Polio Vaccination for Travelers Coming to the Philippines 10 October 2019
<https://www.doh.gov.ph/advisories/Polio-Vaccination-for-Travelers-coming-to-the-Philippines>

All relevant information including previous situation reports, can be found here:

- <https://www.who.int/westernpacific/emergencies/polio-outbreak-in-the-philippines>

Funding allocation and budget

(US\$)	Budget		Allocation
	1 st	2 nd	
Government*	6,772,249	5,839,221	6,772,249
GPEI	6,422,063	9,189,726**	9,200,000
WHO	3,176,858	802,063	2,834,447
UNICEF	3,245,205	1,101,962	2,891,625
Other partners			
Philippine Red Cross			297,143***
IFRC			345,983****

* Government has pledged US\$ 9 million

** Includes vaccine replenishment from routine stock

** Equivalent to PHP 15,000,000

*** Equivalent to CHF 336,302

COVID 19 response support from Polio consultants

Polio surge capacity, which includes Polio international consultants from WHO and UNICEF, Polio Alumni Stoppers from US CDC, along with WHO and UNICEF EPI staff from CO, have been providing support to the COVID pandemic response through:

- Attending in the regular regional/ provincial/ city emergency operations centre meetings for COVID-19, and providing technical inputs for the response strategies
- Supporting the training of health workers in contact tracing, infection prevention and control, isolation; and orientation with new/updated COVID guidelines
- Working closely with Epidemiological Surveillance Units (ESUs) and Barangay Health Emergency Response Teams (BHERTs), and hospital staff by providing guidance in the conduct of active case finding and contact tracing
- Analysing data and helping coordinate and manage the effective rollout of COVID-19 response interventions in communities
- Setting up of laboratory capacity for testing COVID-19: assessing laboratory facilities, skilling of staff with molecular diagnostic and biosafety skills, conducting proficiency testing

Locally-hired AFP surveillance officers have also been supporting the COVID 19 response mainly in data encoding and hospital follow-ups for the completion of the CIF and contact tracing via phone.



Polio consultant supports the Quezon City Health Office in training health workers and police nurses for COVID19 contact tracing. Photo: WHO/A Bakos



WHO, with the BARMM surveillance officers, provide technical advice to the Maguindanao authorities on establishment of quarantine centers for COVID-19 confirmed cases. Photo: WHO/L Mizan.



Polio consultant Dr Greg Jennings, also an expert in establishment of laboratories, assesses a TB lab in Cotabato Regional Medical Center as a possible COVID testing center. Photo: WHO



Orientation on the new COVID surveillance decision tool for hospital surveillance coordinators and other health workers in General Santos City. Photo: WHO /G. Abie



UNICEF Polio consultants are supporting the conduct of an online webinar for COVID-19 Infection Prevention and Control for Home and Community Settings

#Please Note:

In addition, the following polio positive cases should be considered to remove when National Polio Laboratory (RITM) sends an official report to national Polio EOC. However, the number of confirmed cases for this polio sitrep 20 remains 17 cases. According to US CDC below listed cases were found to be negative for polio:

1. The AFP case from Quezon City, NCR (S19-653) that had identical sequencing results to the AFP case in Sultan Kudarat (S19-682) tested negative for polio.
2. The healthy 3yrs /M child from Sultan Kudarat (C19-170) originally reported as 8NT differ was confirmed for type 2 but with 2NT differ and classified as SL2(Address: Baumal Barangay, Lambayong City, Sulatan Kudarat Province, Region XII, Mindanao).