Horn of Africa polio outbreak - Bulletin

Situation analysis

• The Horn of Africa is experiencing an outbreak of wild poliovirus type 1 (WPV1). Six cases have been confirmed, four from Somalia (Banadir and Bay region) and two from Kenya (Dadaab in north-eastern Kenya). It is the first WPV in Somalia since 2007 and in Kenya since 2011.

• The first case in Somalia was confirmed on 9 May (with onset of paralysis on 18 April). The first case from Kenya was confirmed on 22 May (with onset of paralysis on 30 April).

Emergency outbreak response

• In Somalia, an outbreak response campaign was conducted on 14-18 May, targeting 450,000 children across Banadir (including the city of Mogadishu) and adjoining district of Afgoye, with a subsequent campaign held on 26-29 May that targeted 1.6 million. The next campaign is planned for 9-12 June targeting 3.1 million.

• In Kenya, outbreak response was launched on 26-29 May to reach 400,000 children in Dadaab and surrounding districts. Further campaigns are planned, including parts of Nairobi, for 9-13 June targeting 1.7 million, to be followed by larger-scale subnational immunization days (SNIDs) 22-26 June that will reach 4.3 million children.

• Immunization campaigns are planned and being conducted in Ethiopia and Yemen to urgently boost population immunity levels and minimize the risk of spread of the outbreak. In 2005, polio spread across the African continent, and into Yemen and the Horn of Africa, resulting in over 700 cases.

• In Ethiopia, in areas bordering Kenya and Somalia, immunization activities are planned for 31 May to 2 June targeting 184,000 children primarily in refugee camps. Broader activities are planned for 21-24 June that will reach 2.6 million children.

• Yemen is planning two activities on 2-5 June targeting 2.1 million children; and 30 June to 2 July targeting 3.5 million children.

• A full Horn of Africa outbreak response plan for the end of 2013 and the first half of 2014 is being finalized.

• A summary budget for the Horn of Africa outbreak response is being developed and will be shared with donors at the country level who are encouraged to support these emergency immunization activities.
Overcoming key challenges

• The GPEI has significant experience in managing large polio outbreaks in Africa and Asia based on the international outbreak response guidelines adopted by the WHA in 2006. This involves conducting rapid, vigorous and large scale immunization activities in the infected country, protective campaigns in the surrounding countries, increasing the age group of the target population, providing surge staffing support for Operations and Communications, mobilizing emergency funding at the country-level, using new vaccines like bOPV and intensifying active AFP surveillance. The effective implementation of the outbreak response guidelines have considerably reduced the severity and duration of such outbreaks.

• Large areas of south-central Somalia have not conducted immunization campaigns since 2009, due to inaccessibility, leaving as many as 500,000 children particularly vulnerable in this area. We can expect a significant number of paralysed children should the current polio outbreak spread into this area. The risk to populations across Somalia is also very high, due to substantial subnational population immunity gaps.

• A surveillance alert for polio has been issued to all countries across the Horn of Africa, highlighting the need to conduct active searches for acute flaccid paralysis (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.

• Large areas of south-central Somalia, are also affected by an ongoing circulating vaccine-derived poliovirus type 2 (cVDVP2) outbreak, which has resulted in 18 cases in Somalia since 2009. In 2012, this strain also spread to Kenya, causing 3 cases in Dadaab, North Eastern Province.

• Large-scale population movements persist across the Horn of Africa, due to seasonal and nomadic movements, and also insecurity. This puts polio-free areas within Somalia and countries across the Horn of Africa at high-risk. To boost population immunity levels in accessible, polio-free areas of Somalia, vaccination posts are being set up in areas bordering inaccessible areas to immunize all populations entering/leaving such areas (including targeting older age groups). Assessments of high-risk areas and populations continue to be conducted, including mapping chronic conflict-areas and major population movement routes. Local-level access negotiations have intensified, to increase access to populations in inaccessible areas.

For periodic updates go to: www.polioeradication.org