Horn of Africa Polio Outbreak Bulletin

Situation analysis

- In the Horn of Africa, the outbreak of wild poliovirus type 1 (WPV1) has reached 31 cases: 25 from Somalia (primarily from Banadir region) and 6 from Kenya (Dadaab in north-eastern Kenya). This is the first WPV outbreak in Somalia since 2007 and in Kenya since 2011.

- In response to the outbreak and to prevent further spread, 3 vaccination campaigns with oral polio vaccine (OPV) have been held in Somalia, 2 each in Kenya and Ethiopia and 1 each in Djibouti and Yemen. The next campaigns are starting 30 June in Yemen, 1 July in Somalia and Kenya and 5 July in Ethiopia.

Emergency outbreak response

Activities

- In Somalia, the third outbreak response campaign was conducted on 12-18 June. As adults are also deemed to be at risk of the current outbreak, in Banadir all age groups were targeted. Nationwide campaigns are taking place 1-7 July. People of all ages in the accessible districts of South-Central Somalia including Banadir will be vaccinated. The target age group for Puntland and Somaliland is under 5 years. To reduce the chance of spread of WPV into security-compromised areas, the country team is finalizing transit point vaccination teams and administering OPV to children under 10 years old visiting health facilities.

- Following the attack on the UN compound in Mogadishu on 19 June, additional security measures are currently being negotiated with the government.

- In Kenya, the second round of outbreak response activities was held on 17-21 June, targeting 1.35 million people, including all ages in Dadaab. Further activities are planned 1-5 July.

- Immunization campaigns are also taking place in other parts of the Horn of Africa, to urgently boost population immunity levels and minimize the risk of
spread of the outbreak. **Djibouti** held polio vaccination campaigns on 15-20 June. In **Ethiopia**, in areas bordering Kenya and Somalia, immunization activities were held on 31 May to 2 June targeting 184,000 children primarily in refugee camps. This was followed by a second round launched in the Somali Region on 21 June (an integrated polio and measles campaign). Additional high risk zones will hold polio campaigns starting on 21 June. The total target population for this round is 2.6 million children. Temporary vaccination posts for daily vaccination (targeting under-15 children) have been established at crossing and transit points in Liben: Dollo Ado (refugee camps pre-registration area) and Dollo Bay (with support from MSF). **Yemen** conducted activities on 2-5 June to reach 2.1 million children, with a second campaign 30 June – 2 July to reach 3.5 million children.

- A Polio Emergency Committee has been established by the Somalia Directorate of Health, to ensure a coordinated and comprehensive outbreak response across government and operational partners. A full Horn of Africa outbreak response plan for the end of 2013 and the first half of 2014 is being finalized.

**Risks**

- Large areas of south-central Somalia have not conducted immunization campaigns since 2009 due to insecurity, leaving as many as 500,000 children particularly vulnerable in this area. Two cases have now been confirmed from these parts of Lower Shabelle region. The risk to populations across other areas of Somalia is also very high, due to substantial subnational population immunity gaps.

- The Horn of Africa witnesses regular large-scale population movements, due to seasonal and nomadic movements as well as insecurity. This puts polio-free areas within Somalia and countries across the Horn of Africa at high risk.

- In 2005, polio spread across the African continent, and into Yemen and the Horn of Africa, resulting in over 700 cases.

- 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 (3 cases). Circulating VDPVs are rare strains of poliovirus that have genetically mutated from the strain contained in the oral polio vaccine 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 strains of poliovirus. More at [www.polioeradication.org](http://www.polioeradication.org).

**Risk mitigation**

- The Global Polio Eradication Initiative (GPEI) 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. This involves conducting rapid, vigorous and large-scale immunization activities in infected countries, 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 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.
• 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.

• Vaccination posts are being set up in places which border security-compromised areas, to immunize all those entering/leaving such areas. High-risk areas and populations are regularly assessed, including mapping chronic conflict areas and major population movement routes. Local-level negotiations have intensified, to increase access to communities.

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

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1 Data officially reported in WHO HQ as of 25 June 2013