

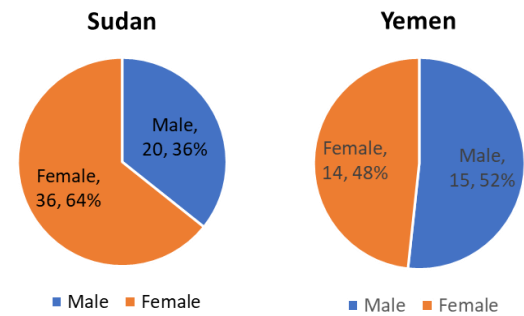


SITUATION UPDATE

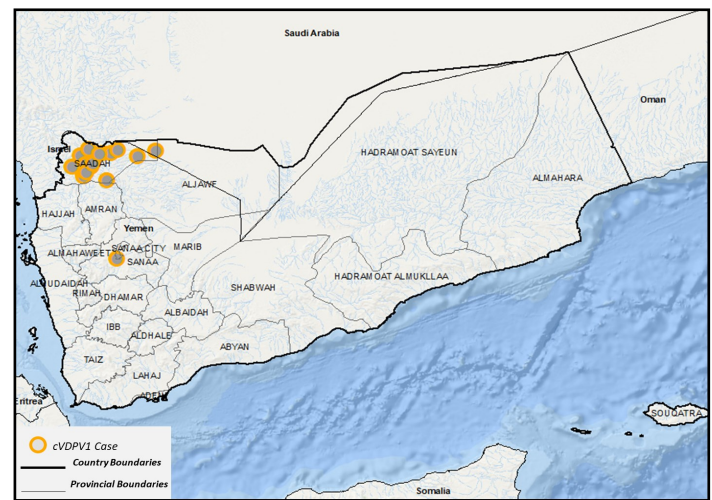
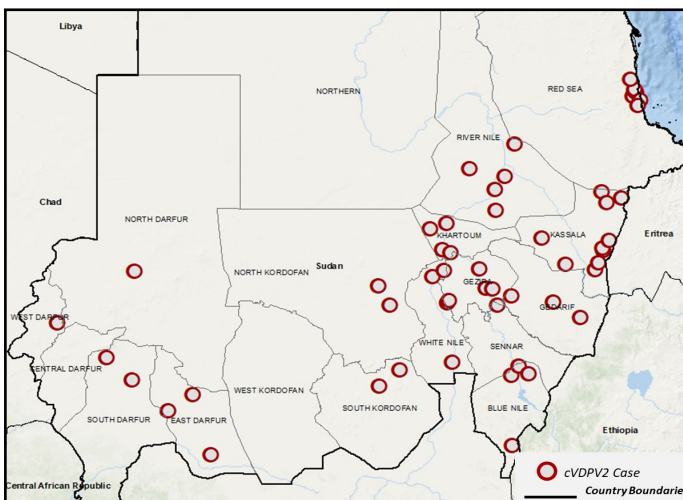
- In 2021, the polio eradication programme is responding to multiple outbreaks of circulating vaccine-derived poliovirus (cVDPV) in the EMR (WHO) – MENA (UNICEF) regions.
- Four new cases of cVDPV2 have been reported from **Sudan**, taking the total number of children paralysed in the outbreak to 56. **Sudan** has completed the second outbreak response vaccination round, reaching more than 8.2 million children with polio vaccines and vitamin A.
- No new cases of cVDPV1 have been reported in **Yemen**. The total number of children paralysed since the outbreak was detected remains 28, including one case from 2019. The second outreach round in Sa’adah governorate is underway, while preparations continue ahead of the second vaccination campaign in the northern governorates.
- In January, a second VDPV2 isolate has been confirmed in **Egypt**. Genetic sequencing indicates this newly detected isolate is not linked with the earlier detection in Giza.
- **Iran** is preparing for an mOPV2 response campaign in limited districts of Sistan and Balochistan province following detection of VDPV2 in three environmental samples in 2020.

Details of the most recent cVDPV cases and sex distribution of cases

	Sudan: cVDVP2	Yemen: cVDVP1
Date of onset of paralysis	3 December 2020	6 August 2020
Location	North Darfur	Sa’adah governorate
Child age	30 months	144 months
Sex	Female	Female
Known immunization status	Routine (OPV): 3 SIA (OPV): 2 IPV: Unknown	Routine (OPV): 0 SIA (OPV): 1 IPV: 0



Distribution of cVDPV2 in Sudan and cVDPV1 in Yemen, 2020



Surveillance:

Sudan:

- Since the last situation report (week 2, 2021) four new cVDPV2 cases were reported in Sudan.
- All of the new cases had onset of paralysis in 2020, bringing the total number of confirmed cVDPV2 cases to 56 from 14 states since the outbreak began in August 2020.
- No new detections have been confirmed from environmental samples from Khartoum; cVDPV2 has been confirmed in 11 samples collected up to September 2020.

Yemen:

- Sa'adah governorate remains the epicentre of the cVDPV1 outbreak in Yemen.
- As of 4 February, 82 specimen from 2020 were pending with the lab. 121 specimen from 2020 and 33 specimen from 2021 are awaiting shipment from Yemen to the lab for processing.
- WHO continues to work towards initiating environmental surveillance in Yemen in Sana'a, Aden, Hudaidah and Sa'adah governorates.

Egypt:

- A second VDPV2 isolate has been confirmed from an environmental site in Alexandria, Egypt on 12 January 2021. Genetic sequencing indicates that this isolate is not linked to the VDPV2 detected in Giza in September 2020.
- Enhanced surveillance activities continue in Egypt including healthy children sampling. A total of 20 samples collected from Egyptians and non-Egyptians.
- Deputy Minister of Health is working with the Ministry of Water Resources and Irrigation to locate other areas to collect ad hoc samples from to identify the specific district that the virus is shedding.

Iran:

- In 2020, VDPV2 was detected in three (3) environmental samples collected from Sistan and Balochistan province in October, November and December. The first detection was confirmed in Zabol district, with the two subsequent positives collected from Zahidan district. Sequencing data reflects that this isolate is genetically linked to ongoing transmission in **Afghanistan** and **Pakistan**.
- Enhanced surveillance activities are ongoing and teams are preparing for targeted vaccination activities.

Case Response Preparedness and Implementation update:

Sudan:

- The second nationwide outbreak response vaccination campaign was completed on 28 January in 17 out of 18 states. The campaign in West Darfur state has been postponed to 22 February due to ongoing conflict.
- During this round, over 8 million children under age five were reached with OPV through a house to house vaccination campaign. All children aged 6-59 months were also given vitamin A.

Yemen:

- The preparation for the second national outbreak response round is ongoing and all required supplies are in place; round to cover 13 governorates: Hajja, Al-Jawf, Amran, Al-Mahawweet, Amanat al-Asima, Sana'a, Hodeidah, Raymah, Dhamar, Taizz, Ibb, Al-Bayda, Al-Dhalee.
- Vaccinator training, social mobilization and microplanning have been improved based on findings from previous round.
- Exact timing for round will be confirmed following the EPI taskforce meeting in Sana'a.
- Second round of integrated outreach activity in Sa'adah commenced on 30 January 2021 and includes vaccination, vitamin A, WASH, deworming tablets and IMCI components; UNICEF will cover costs of this round.
- UNICEF has contracted company to complete third party monitoring for the next round.

Iran:

- Two sub-national vaccination campaigns are planned in 27 districts of four provinces [Sistan and Balochistan, Kerman, Hormozgan and South Khorasan] in **Iran** in response to the detection of VDPV2 from two environmental sites in areas bordering **Afghanistan** and **Pakistan**.

- Vaccination teams are ready to implement the first house-to-house campaign on 13 February. Vaccination will also be offered at fixed centers and at five (5) cross border vaccination points between Iran and both Afghanistan and Pakistan.
- The second round is planned to commence 6 March.
- National EPI staff visited the affected province to train teams on mOPV2 vaccine management and documents, non-Iranian community engagement in this campaign and vaccination activities at borders with AFG and PAK.

Egypt:

- Following the detection of the second VPDV2 isolate an updated risk assessment for Egypt has been submitted to the GPEI's Outbreak Preparedness and Response Task Team (OPRTT) for advice on appropriate response.
- An IPV catch-up campaign is ongoing in three districts of Alexandria (Gharb, Gomrok and Wasat) following the most recent detection.



A poster from Iran, urging parents to cooperate with health workers and vaccinate their children to protect them from polio during the upcoming campaign.



A mobile clinic vaccinating children with IPV in Nag'a-Al-Alarab area, Gharb district, Alexandria, Egypt.

Vaccine logistics:

Sudan:

- Almost 10 million doses of mOPV2 vaccine was distributed to states on 18 January 2021 ahead of the campaign.
- All other vaccine management supplies were delivered to EPI central store for dispatch with vaccines.
- 8.4 million doses of vitamin A and related supplies were procured and delivered to states ahead of the campaign.

Yemen:

- Vaccine and vitamin A for the campaign in the northern governorates are available in country at the central store waiting for distribution to the governorates.

Iran:

- On 31 January 2021, Iran received 1.2 million mOPV2 doses for the first vaccination response round.
- Vaccine has been distributed from the national cold room storage to Kerman's provincial Cold Room.
- Field-level training is complete; focused on VDPV2 risks, vaccine management and best practice for border campaigning.

Risk Communication and Community Engagement:

Sudan:

- Campaign was preceded by nationwide communication and social mobilization activities aimed at increasing community awareness and improving vaccine acceptance. Pre-campaign activities were conducted in 17 of 18 states (not in West Darfur, owing to security situation).

- Religious leaders at federal and state levels, pediatricians and other medical personnel were mobilized to raise awareness about the campaign.
- SMS messages disseminated by MTN, ZAIN and Sudani Telecoms.
- Orientation session for media personnel held on 20 January 2021.

Community engagement activities			
Social mobilizers trained	Stickers printed	Banners printed	Mass media broadcasting spots
1,222	21,600	2000	20 radio stations and 3 TV networks

Yemen:

- Social mobilization plans for the second round have been finalized with the national Health Education Center. Field level plans are focused on interpersonal communication, including the use of vehicles with megaphones, engagement of community leaders and installation of street banners.
- Health Education Center is preparing a response plan for refusals, focusing on the 20 highest-risk districts, with recommendations for better coordination with tribal and religious leaders to tackle refusals and increase trust.
- Data from the social assessment is being analysed. One major takeaway from the initial analysis is the need to improve knowledge of social mobilizers on polio and increase their Interpersonal Communication Skills especially when engaging with households with refusals or missed children.

Regional Coordination

- The regional polio IMST (WHO/UNICEF) continues to convene coordination calls with the GPEI Outbreak Preparedness and Response Task Team (OPRTT) and with country counterparts from GPEI agencies and the Ministries of Health to provide technical support and guidance.

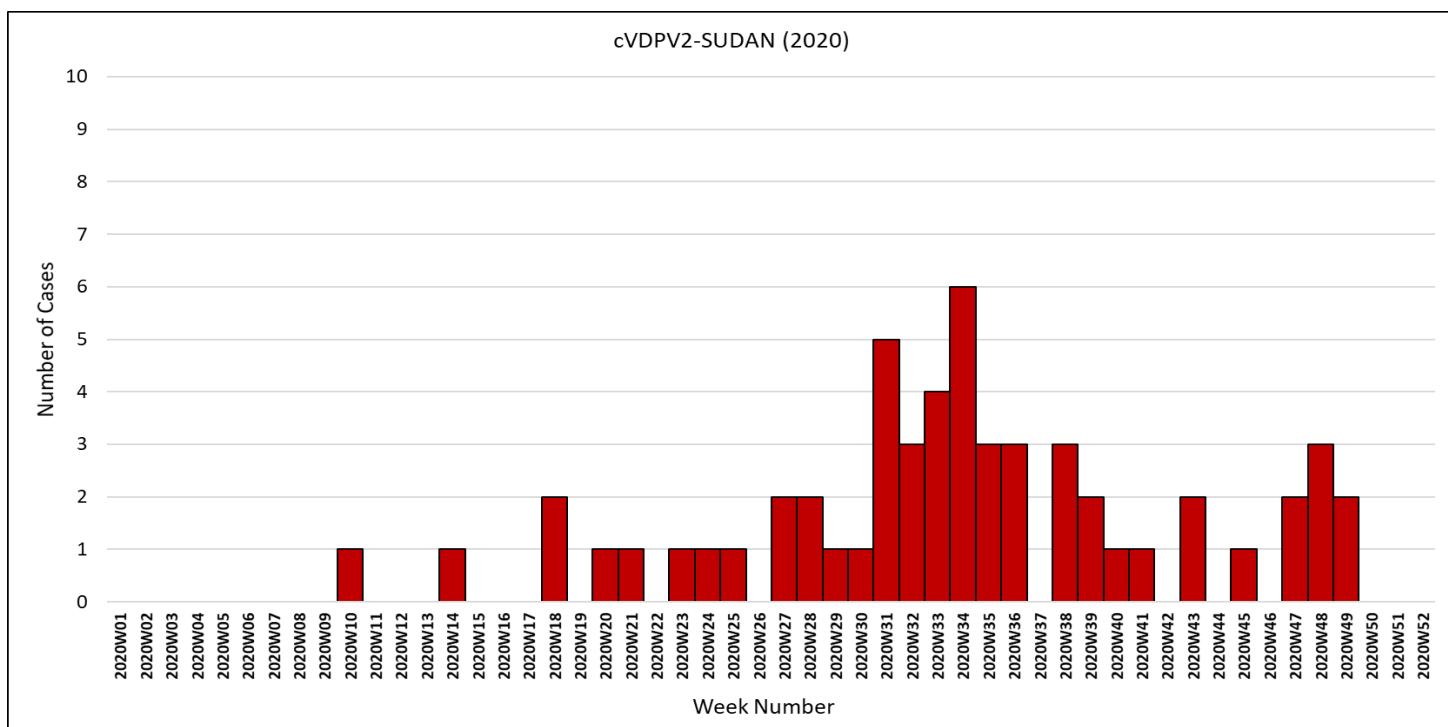
REGIONAL RISK ASSESSMENT

- Falling immunity to type 2 polioviruses, weak routine immunization, disruptions to health services due to the COVID-19 pandemic, access challenges and population movement are named as key contributing factors for the rising risk of cVDPV spread in the region and elsewhere in the post Switch era.
- With an increasing number of countries experiencing cVDPV2 outbreak, ensuring the provision of type-2 containing vaccine is becoming increasingly difficult. Its release from the global stockpile must meet a high standard of quality investigation to define the scope of possible response and quality implementation of SIAs.
- Rapid and robust outbreak and events response to VDPV2 is critically essential though intra-regional and cross regional collaboration to prevent children from permanent disability and international spread. Currently, VDPV2 in **Iran** and **Tajikistan** (EURO) demonstrate international spread of cVDPV2 originating from Pakistan; and in **Sudan** from **Chad**.
- The cVDPV1 outbreak is currently limited to **Yemen**, yet there is a risk of spread to countries and/or populations having persistent low routine immunization. This is the only cVDPV1 outbreak globally.
- There has been no detection of cVDPV3 since September 2018 in **Somalia**. In areas having no or insufficient access and low routine immunization like **Somalia**, the emergence of polio due to VDPV3 remains a risk, nonetheless.
- Endemic countries, **Pakistan** and **Afghanistan**, continue to manage the dual challenge of transmission of wild poliovirus and expanding cVDPV2 outbreak.

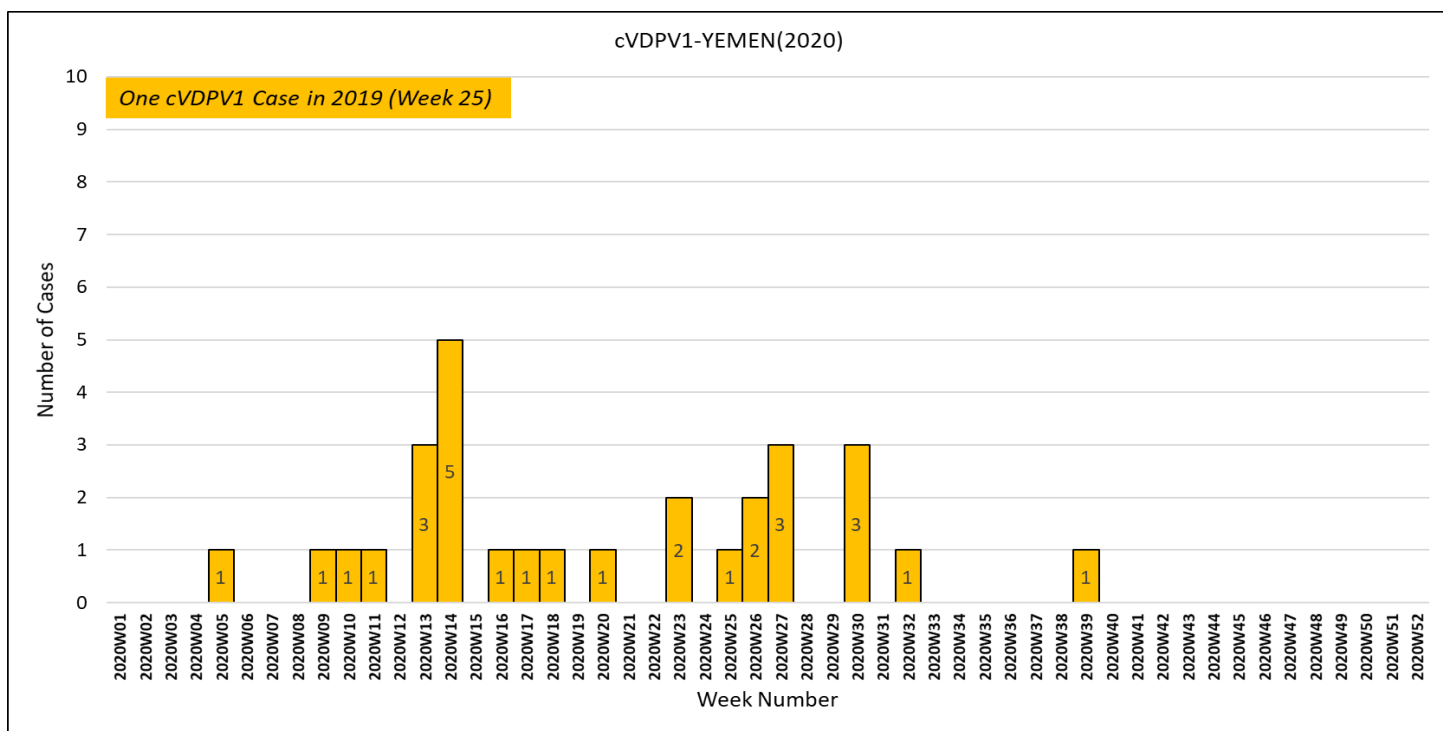
Other cVDPV2 outbreaks in the EMR:



OUTBREAK EPI CURVES



For more detail, please see the [Sudan country-level situation report](#).



Send questions to:

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Relevant links:

- [Global Polio Eradication Initiative \(GPEI\) website](#), updated weekly
- **WATCH:**
- [Vaccine-derived polioviruses animation](#)
- [Responding to an outbreak of VDPV video](#)
- [GPEI factsheet—VDPV](#)
- [What is vaccine-derived polio?](#)