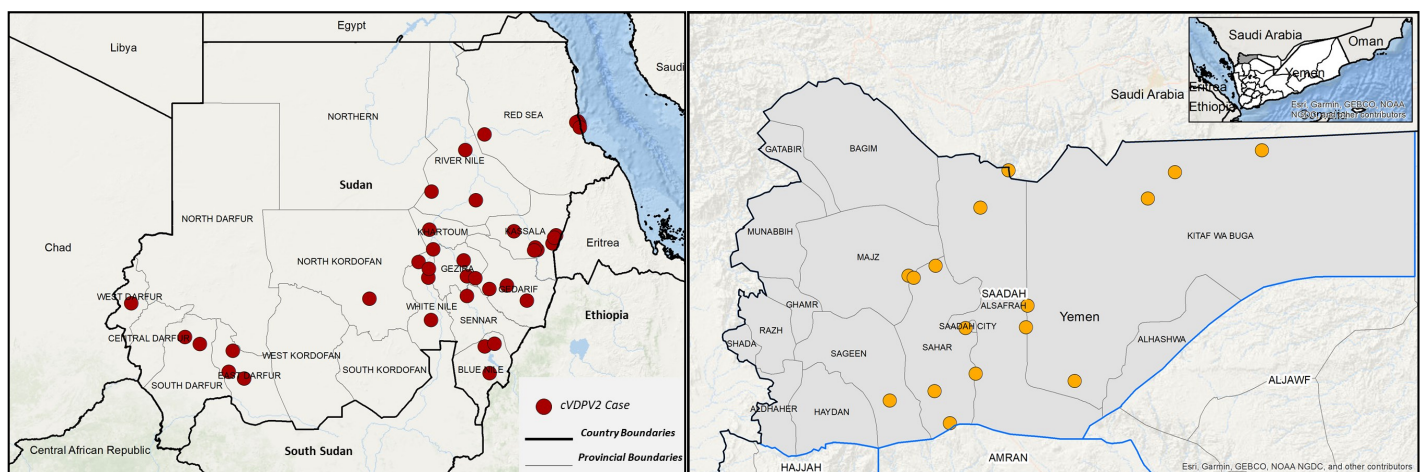




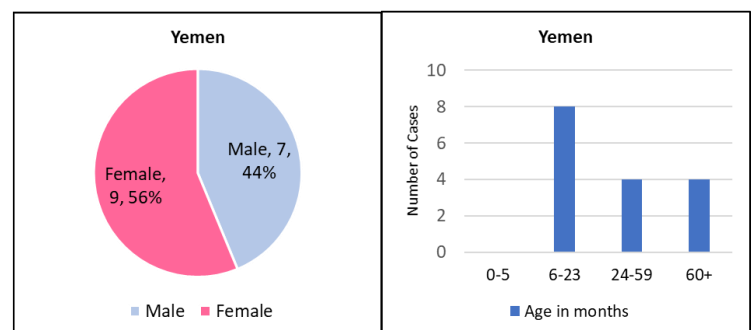
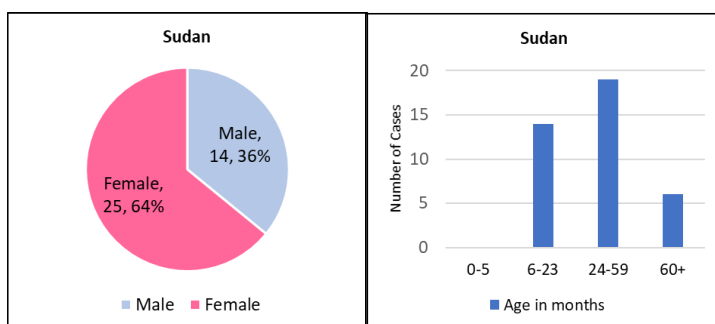
## SITUATION UPDATE

- The polio programme is working with governments and health authorities to plan and implement outbreak response activities urgently in **Sudan** and **Yemen**, which are affected by distinct outbreaks of cVDPV2 and cVDPV1, respectively.
- In week 40, the Global Polio Laboratory Network (GPLN) received notification of VDPV2 from an environmental sample taken from a collection site in Giza province (greater Cairo), **Egypt**, which is genetically linked to cVDPV2 isolated from East Darfur, **Sudan**.
  - This is from the same emergence (CHA-NDJ-1) originating from **Chad** that has now been found in **Sudan, South Sudan, Cameroon** and **Central African Republic**. The collection date of the environmental sample was 21 September. A full field investigation and risk assessment is underway to determine the appropriate response.
- Sixteen new cases have been confirmed in **Sudan**, taking the total number of children paralysed by cVDPV2 to 39. Results for an additional three L20B positive isolates are currently pending with the regional reference laboratory. The virus continues to spread further geographically, with 13 states now infected. Environmental surveillance has confirmed a total of eight cVDPV2 samples from sites in Khartoum.
- Two new cases of cVDPV1 have been confirmed from Sa’adah, **Yemen** following the retesting of some specimens. The total number of children paralysed by cVDPV1 is 17 (including one case from 2019). Additionally, several hundred stool specimens from AFP cases and contacts in Sa’adah and other northern governorates have been received at polio labs in Oman and Kenya for testing. The programme is anticipating an increase in the number of cases reported in the coming weeks.

### Distribution of cVDPV2 in Sudan and cVDPV1 in Yemen, 2020



### Age Group and Gender Distribution



## Surveillance:

- Efforts to accelerate and intensify surveillance for more rapid detection of the virus are underway in both **Sudan** and **Yemen**.
- Despite the challenges to disease surveillance since the onset of COVID-19, **Sudan** maintains a sensitive surveillance system. The annual non-polio AFP rate is 3.4 per 100,000 children under 15 years. It is 3+ in 13 states, between 2-3 in five states and the adequacy rate is 94%. Work to expand the environmental surveillance network continues.
- In **Yemen**, teams have successfully cleared the backlog of stool specimens from AFP cases and contacts. A total of 424 samples were shipped to KEMRI lab in Nairobi, Kenya with the support of UNICEF supply division. An additional 356 samples were sent by road to the Central Public Health Lab in Muscat, Oman. These samples are now undergoing testing and the programme expects this will change the epidemiology in the coming week.

## Health and Humanitarian Context:

- Flood waters are receding in **Sudan** after months of heavy rainfall that has left more than 875,000 people affected. Over 10 million people are at risk of contracting water-borne diseases and 4.5 million are exposed to vector-borne diseases. (source: OCHA, 11 October 2020)
- Surging inflation in **Sudan** continues to affect humanitarian responses, both by increasing population need and impacting the costing of activities.
- In **Yemen**, 15 out of 41 major United Nations humanitarian programmes have been reduced or shut down in past months due to a severe funding shortfall, and 30 more will be affected in the coming weeks unless additional funding is received. In September, WHO ended the Minimum Service Package in 121 health facilities, affecting 1 million people. If resources are not provided by the end of the year, an estimated 9 million people will lose access to basic health care services.
- Health partners in both **Yemen** and **Sudan** continue to support the COVID-19 response. In **Yemen**, the official epi-curve is unlikely to reflect the full extent of virus transmission.
- Widespread population movements of nomadic, IDP and rural groups further compound the challenges the programme faces in reaching every child. In **Sudan**, discussions are ongoing within the polio programme to try to reach children living in difficult to reach areas of South Kordofan and Blue Nile states.

## REGIONAL RISK ASSESSMENT

- The isolation of VDPV2 from an environmental sample in **Egypt** that is genetically related with viruses seen in **Sudan** highlights risk of international spread of the virus to other member states, especially those that document frequent movement to and from the infected countries.
- Waning gut immunity has expanded globally following [the switch](#) in 2016 when type-2 component of oral polio vaccine was globally withdrawn. Enhanced surveillance activities and routine immunization and review/updating of outbreak preparedness and response plans in countries with no poliovirus transmission are recommended.
- The twenty-sixth meeting of the Emergency Committee under the International Health Regulations (IHR) (2005) regarding the international spread of poliovirus met on 14 October 2020. The committee will release a statement following further deliberations.

## Regional coordination:

- The Regional Outbreak Management Group (WHO/UNICEF) continues to coordinate expediting support to **Yemen** and **Sudan** outbreaks, including surge support for lab, cold chain, logistic and vaccine management, surveillance, C4D and communications is largely in place.
- WHO and UNICEF have established a mechanism to align Resource Mobilization efforts across the three levels of respective organizations. In **Sudan**, WHO and UNICEF are working closely with the Federal Ministry of Health to finalize the budget for the outbreak response.

## Case Response Preparedness and Implementation update:

- The first of two nationwide vaccination campaigns in response to the outbreak in **Sudan** is now scheduled to begin on 9 November.
- Despite the delays, campaign preparation is well underway. The procurement process for finger markers and personal protective equipment is ongoing. Training of trainers (TOT) sessions have been conducted for microplanning, vaccine management and health promotion, in coordination with EPI teams. Cascade trainings are expected to commence in the coming week across **Sudan's** states.
- WHO and UNICEF are working closely with partners and local health authorities in **Yemen** to plan vaccination activities in response to the outbreak. In Sa'adah governorate, planning for integrated outreach activities is under way and a technical mission to provide planning support for the proposed activities is ongoing.

- The first of the house-to-house mass vaccination activities in **Yemen** will likely take place in November. A final decision is yet to be reached about whether the National Immunization Days (NIDs) round should be prioritized. In addition to the NID, two more targeted campaigns in the northern governorates of Amran, Aljawf and Hajjah (neighbouring Sa’adah) are planned.

### Vaccine logistics:

- In **Sudan**, UNICEF is supporting the development of plans to move almost 10 million doses of mOPV2 vaccine to the state level ahead of the first round.
- UNICEF continues to support the country team with key cold chain logistics preparations. A joint visit to **Sudan’s** national vaccine store to ensure that all mOPV2 vaccines are stored in the standard conditions has taken place. UNICEF is also recruiting additional capacity for vaccine management to support with the full implementation of the vaccine containment/validation plan, which is being finalized.
- Additional doses of bivalent oral polio vaccine (OPV) are needed to carry out all planned vaccination activities in response to the cVDPV1 outbreak in **Yemen**. The first shipment arrived in Sanaa on October 6.
- The quantities and distribution plan for the multi-antigen integrated campaign in Sa’adah is in development and all training materials, SOPs, supervision and vaccine stock management forms are under review.



2.3 million doses of bOPV arrived in Yemen in October. These vaccines will be used as part of outbreak response. UNICEF/Yemen

### Risk Communication and Community Engagement

#### Yemen:

- Social mobilization and community engagements plan has been developed for Sa’adah to be implemented by Community Volunteers.
- Community engagement activities and sessions for polio are ongoing in Aljawf and Sa’adah through mosque sessions, community meetings and mother-to-mother sessions.

#### Sudan:

- Health Promotion Specialists from the 18 states have completed training focused on social mobilization microplanning, campaign information and messages, responsibilities, and monitoring and reporting for community engagement activities. Training will be cascaded at subnational levels.
- In partnership with the national mobile operators, text messages will be distributed ahead of the polio campaign. In addition, the Sudanese Red Crescent Society has agreed to mobilize its community volunteers to implement community engagement activities.
- Crisis communication planning is underway, in collaboration with communication teams from the GPEI partnership. Additionally, a rumor tracking social media consultant was onboarded this week to the Ministry of Health.
- Key campaign messages, training and communication materials has been prepared and approved by the Technical Committee. The production of the materials is under way.

### cVDPV2 outbreaks in the EMR:

- New territories in **Afghanistan** and **Pakistan** continue to report cVDPV2 cases and isolates from the environment. The outbreak, which is genetically linked, began in 2019. Countries are planning synchronized tOPV vaccination campaigns in October to address ongoing circulation of WPV1 and cVDPV2.
- In **Somalia** WHO has received laboratory confirmation of further spread of cVDPV2 in Kismayo and Baidoa, as well as continued transmission in Banadir. A second mass immunization round using mOPV2 is scheduled to begin on October 26 in the south and central regions to address the protracted outbreak.
- Teams across the Region continue to adjust tactics in the context of COVID-19, to ensure all operational outbreak response is planned and executed with the highest safety measures.

Regional  
cVDPV2  
outbreaks  
Most recent  
onset of paralysis

**AFGHANISTAN**  
 **101**  
29 August 2020

**PAKISTAN**  
 **74**  
31 August 2020

**SOMALIA**  
 **08**  
17 September 2020

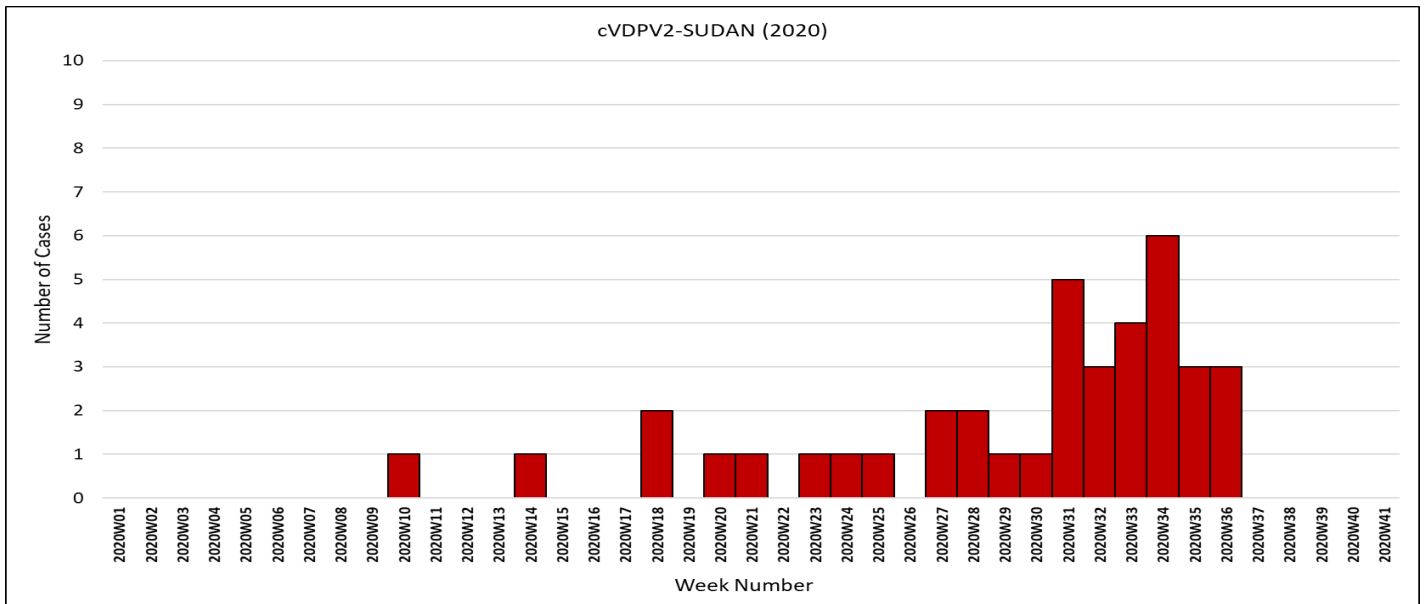


Environmental  
Surveillance

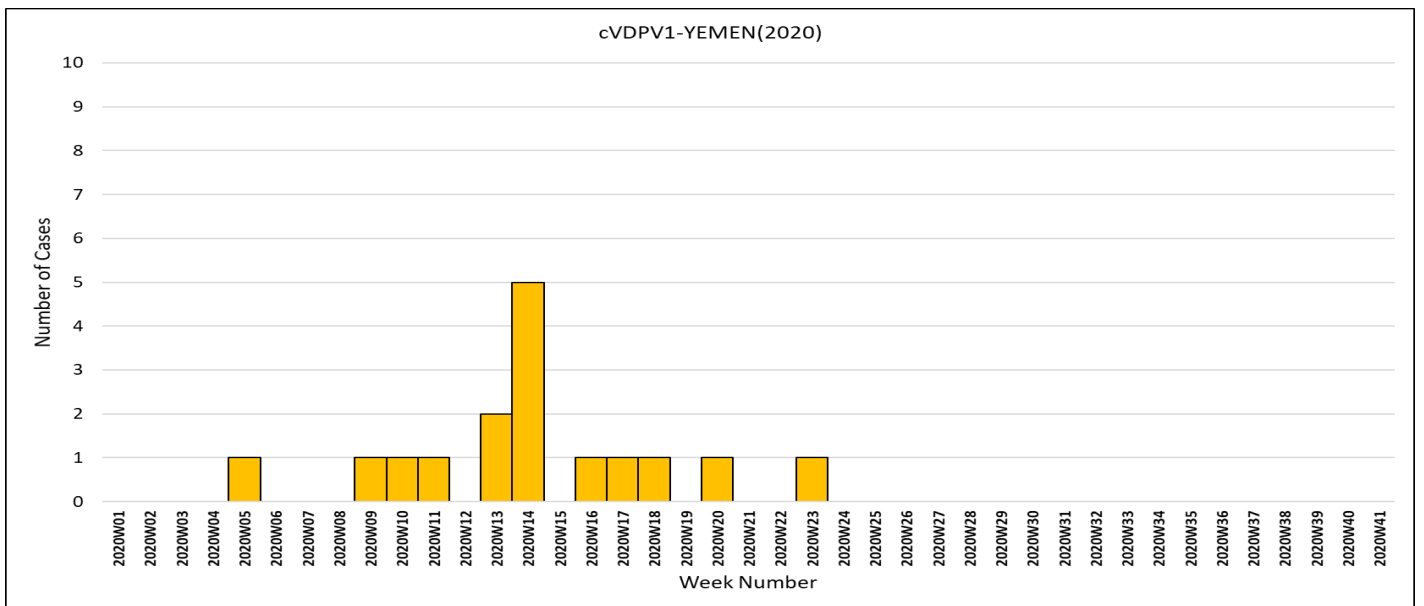
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Most recent collection 5 September 16 September 08 September

# OUTBREAK EPI CURVES



For more detail, the Sudan country level situation report is available [here](#).



## Relevant links:

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

Please direct comments and questions to:

WHO | Regional Outbreaks Coordinator: [shuklah@who.int](mailto:shuklah@who.int) / Regional Communications Lead: [sykes@who.int](mailto:sykes@who.int)

UNICEF | Regional Polio Coordinator: [father@unicef.org](mailto:father@unicef.org) / Regional Chief of Communications: [jtouma@unicef.org](mailto:jtouma@unicef.org)