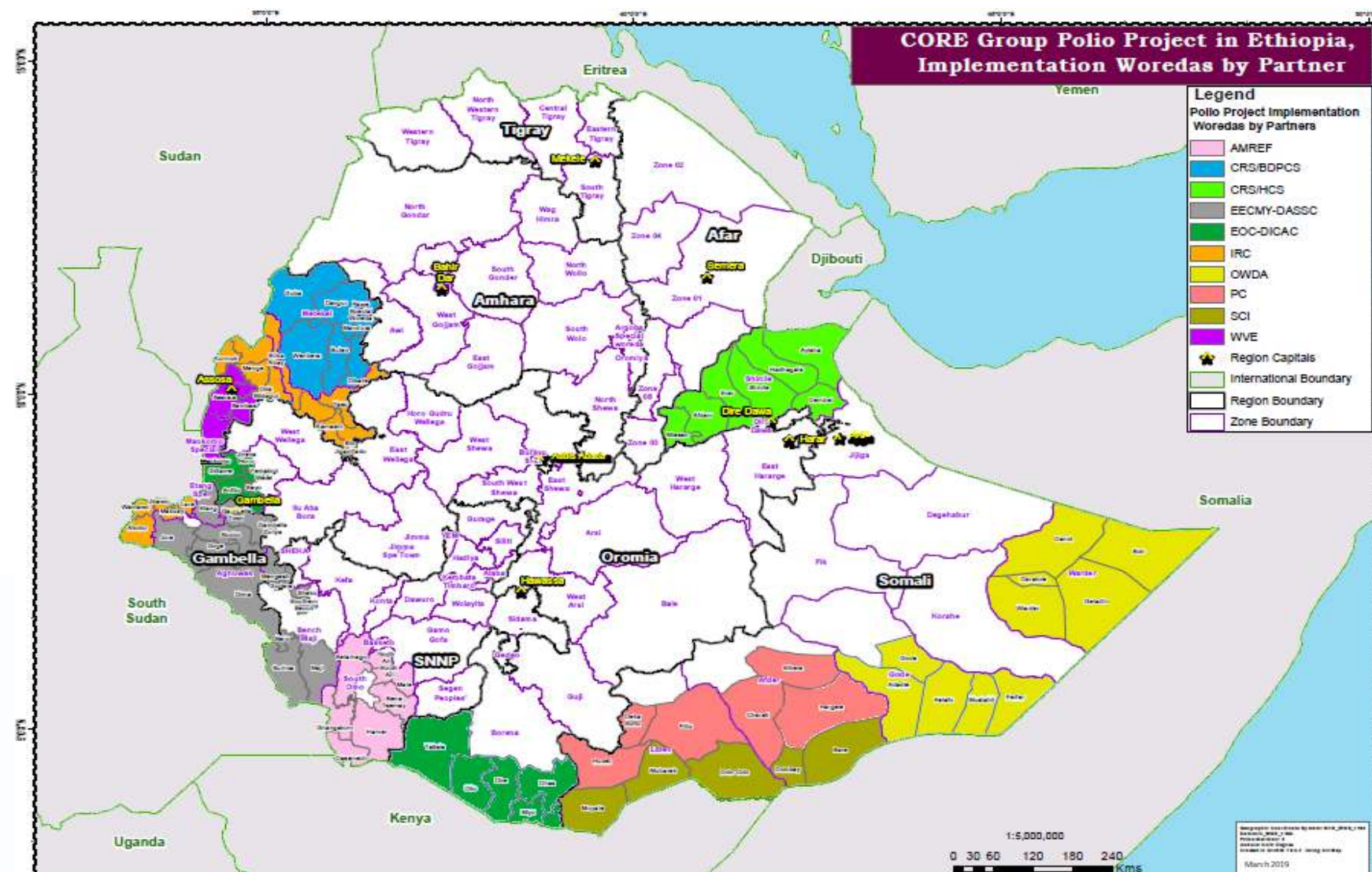


BACKGROUND:

- The surveillance intervention in Ethiopia has not adequately involved the community to be part of the surveillance system. The level of community sensitization and eventual detection and reporting of Acute Flaccid Paralysis (AFP) cases is minimal. If the level of community awareness is increased, they can be of substantial assist in AFP case and other vaccine preventable diseases detection and reporting, facilitation of stool collection. In Ethiopia active surveillance of AFP has been conducted at community and health facility levels.
- CORE Group Polio Project (CGPP) Ethiopia is working in partnership with 11 Non-Governmental organizations, covering 85 Districts in five regions, mainly to contribute towards polio eradication efforts of the FMOH in pastoralist, semi pastoralist and hard to reach areas of the country.
- Volunteer Community Mobilizers (VCMs) are backbone of the Community Base Surveillance (CBS) and New Born Tracking (NBT) program of CGPP in Ethiopia. VCMs after three days training deploy to carry out activities like pregnant women and new born identification and registration, immunizations defaulter tracing, community education by moving house to house & in community gatherings. Moreover; they are expected to actively search and report cases of AFP/Measles and NNT.

Picture:1 map of CGPP Ethiopia implementation Areas, CGPP Ethiopia 2019.



STUDY OBJECTIVE:

- Assess contribution of Volunteer Community Mobilizers in Polio Eradication through early cases detection and reporting of Acute Flaccid Paralysis (AFP) in pastoralist, hard to reach and bordering part of Ethiopia.

METHODS:

- One year WHO weekly AFP data (January to December 2018) and CGPP Ethiopia report reviewed to asses VCMs contribution in early AFP case detection and reporting. Then AFP cases detected and reported by VCMs compared with cases presented straight to health facility (HF) in CGPP Ethiopia implementation areas.

RESULTS:

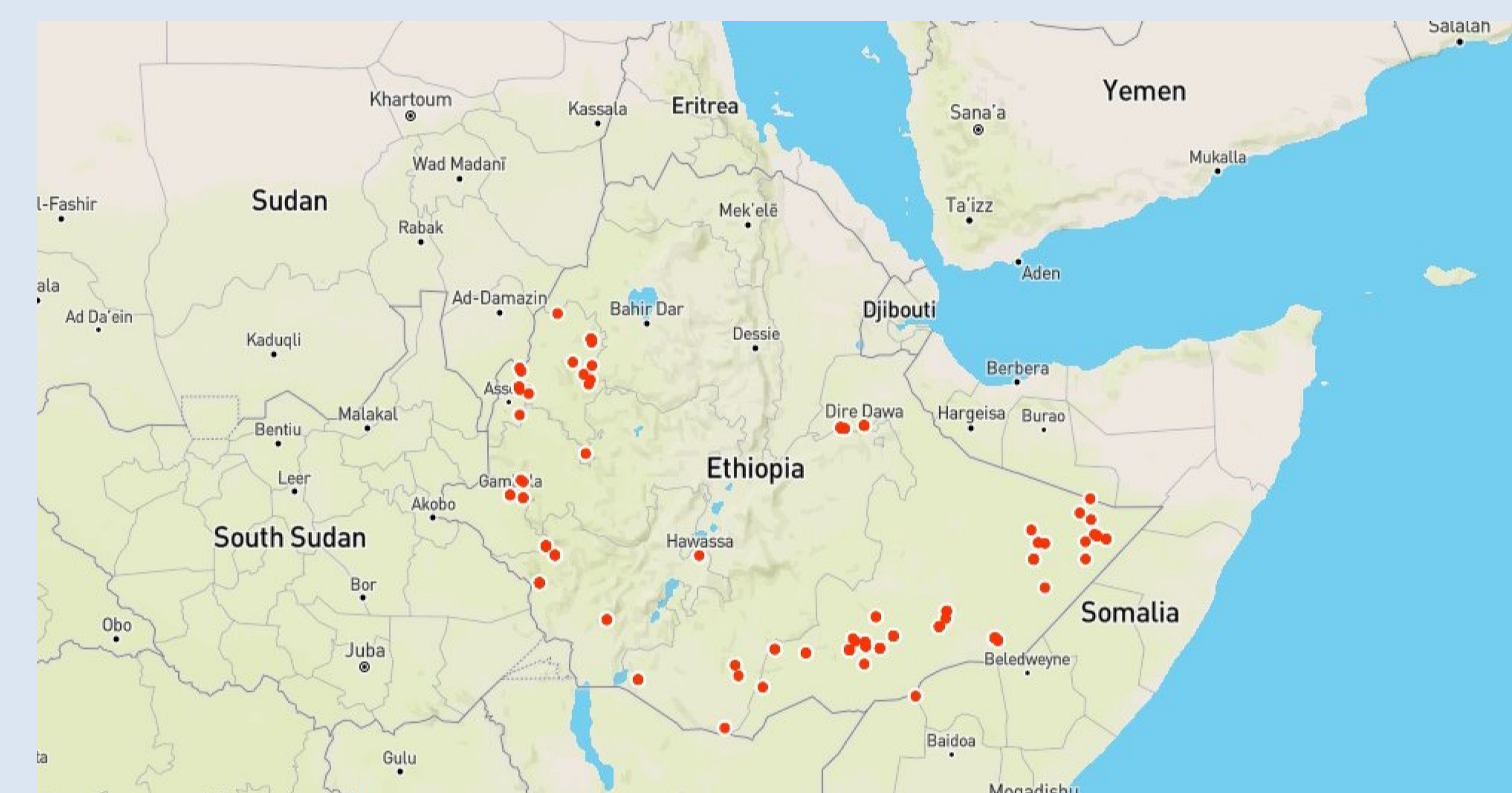
- From January to December 2018, total of 143 AFP cases reported from 85 CGPP implementation Districts, of which 39 (27.2%) reported by VCMs. Average days from onset of illness to detection were 3.9 for cases reported by VCMs and 6.3 for HF presented cases. Average days between onset and 2nd stool collection were 7.3 and 9.0 for VCMs reported and HF cases respectively, which meet the standard (within 14 days).

Table 1: Comparison of average days from onset of illness to detection, from notification-to- investigation and from onset of illness to second stool collection between cases reported by VCMs and cases presented to heath facility, CGPP Ethiopia 2019.

Reported by	# of cases	Average Days from Onset-to- Notification	Average Days from Notification-to- Investigation	Average Days from Onset-to 2 nd Stool collection
Volunteer Community Mobilizers	39	3.9	1.0	7.3
Health Facility	104	6.3	0.4	9.0
Total/Average	143	5.6	0.6	8.5



Picture 2: Borena Zone CGPP Volunteer Community Mobilizers, CGPP Ethiopia, 2019.



Picture 2: Geo map of AFP reported cases in CGPP Ethiopia implementation area, 2019

CONCLUSION:

- Community based surveillance complements conventional facility based surveillance and possess great potential to improve the sensitivity of surveillance system. This finding reviled that, VCMs significantly contributed not only in AFP case detection and reporting but also early detection of AFP cases when compared with HF presented cases by two and half days.

RECOMMENDATION:

- Motivate VCMs to improve AFP case detection rate and share experiences to scale up the program to similar areas of the Country.

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