
Tenager Tadesse
CORE Group Polio Project
Addis Ababa, Ethiopia

APHA: 148th Annual Meeting and Expo October 24-28, 2020, Virtual
Background

- The surveillance intervention in Ethiopia has not adequately involved the community to be part of the surveillance system.
- Engaging the community for early AFP case detection and timely response is very important for polio eradication.
- In Ethiopia active surveillance of AFP has been conducted at community and health facility (HF) levels.
- Community Volunteers (CVs) are the backbone of Community Base Surveillance (CBS) program of CORE Group Polio Project (CGPP) Ethiopia.
- CVs after a three days training deployed to carry-out: pregnant women and new-born identification, registration and referral to HFs for Antenatal care and immunization, immunizations defaulter tracing, community education and actively searching and reporting cases of AFP/Measles/NNT.
Background...

Picture 1: Borena Zone CGPP Community Volunteers, CGPP Ethiopia, 2019.

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

- To assess improvement in AFP early cases detection and reporting by CVs in pastoralist, hard-to-reach and bordering part of Ethiopia.
- Two years (Jan. to Dec. 2018 & 2019), WHO weekly AFP data and CGPP Ethiopia reports were reviewed, to asses improvements in AFP early case detection and reporting in 2018 and 2019, mainly cases reported by CVs.
- Also AFP cases reported by CVs compared with cases presented straight to Health Facilities in CGPP Ethiopia implementation areas.
Findings

- In 2018 and 2019 CVs contribution on AFP cases reporting were, 39 (27.2%) and 26 (19.1 %) from the total AFP cases reported respectively.

- Average days from onset of illness-to-detection was 3.9 in 2018 & 4.1 2019 for cases reported by CVs, were as 6.3 & 6.0 for HF presented cases respectively.

- Average days between onset-of-illness and 2nd stool collection were 7.3 and 7.0 for CVs reported cases in 2018 & 2019 respectively, but it was 9.0 days for HF presented cases.

- But all cases reported by CVs and HF presented cases meet criteria that 2nd stool collection should be with in 14 days.
### Table 1: Comparison of 2018 and 2019 FY AFP cases reported by CVs and cases presented directly to heath facility.

<table>
<thead>
<tr>
<th>Cases reported by</th>
<th>Number of reported cases</th>
<th>Average Days from Onset-to-Notification</th>
<th>Average Days from Notification-to-Investigation</th>
<th>Average Days from Onset-2nd Stool collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Volunteers</td>
<td>39</td>
<td>26</td>
<td>3.9</td>
<td>4.1</td>
</tr>
<tr>
<td>Health Facility</td>
<td>104</td>
<td>110</td>
<td>6.3</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Total/Average</strong></td>
<td><strong>143</strong></td>
<td><strong>136</strong></td>
<td><strong>5.6</strong></td>
<td><strong>5.7</strong></td>
</tr>
</tbody>
</table>
Conclusion and Recommendation

- CBS complements conventional facility based surveillance and possess great potential to improve sensitivity of surveillance.
- This finding reviled that, the number of AFP cases reported by CVs decreased in 2019.
- When looking average days from onset of illness-to-detection, AFP cases detected and reported earlier by CVs (by two days) when compared with HF cases.
- It is recommended that, motivating CVs to detect and report more AFP cases and share this experience to scale up the program to similar areas of the Country.
Thank you