Improving Acute Flaccid Paralysis (AFP) Early Case Detection and Reporting in Pastoralist and Hard-to-reach part of Ethiopia using CORE Group Ethiopia Community Volunteers.

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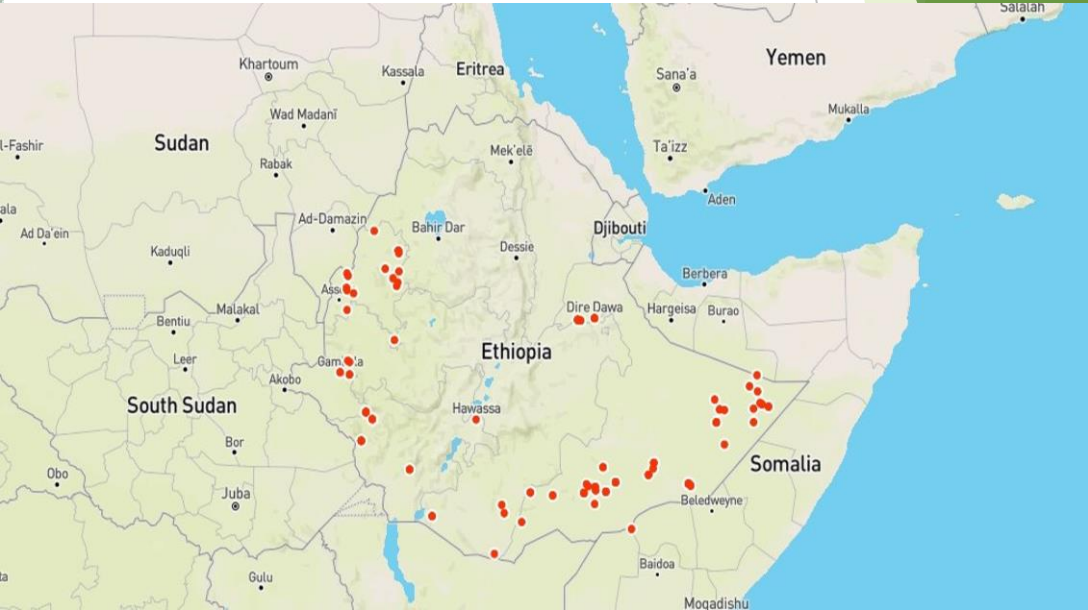APHA: 148th Annual Meeting and Expo October 24-28, 2020, Virtual

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.

Table1: Comparison of 2018 and 2019 FY AFP cases reported by CVs and cases presented directly to heath facility.

Cases reported by	Number of reported cases		Average Days from Onset-to-Notification		Average Days from Notification-to-Investigation		Average Days from Onset-2nd Stool collection	
	2018	2019	2018	2019	2018	2019	2018	2019
Community Volunteers	39	26	3.9	4.1	1.0	0.4	7.3	7.0
Health Facility	104	110	6.3	6.0	0.4	1.7	9.0	9.0
Total/ Average	143	136	5.6	5.7	0.6	1.5	8.5	8.6

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