

## Syrian Arab Republic

Date: 7 November 2013

### Situation Report No. 1

Syria last confirmed polio case due to an imported wild poliovirus was in 1999. Since then Syria remained polio free till October 2013. Following reports of a cluster of 14 acute flaccid paralysis (AFP) cases up to 17 October 2013 in Deir ez-Zor, wild poliovirus type1 (WPV1) has been isolated from ten of the cases under investigation. Final genetic sequencing results are pending to determine the origin of the isolated viruses.

Before the current crisis, the immunization programme in Syria was one of the best programmes in the Region. The coverage rate of the OPV 3rd dose was above 90% until the year 2010 and then declined sharply to 68% in 2012 due to the current situation.

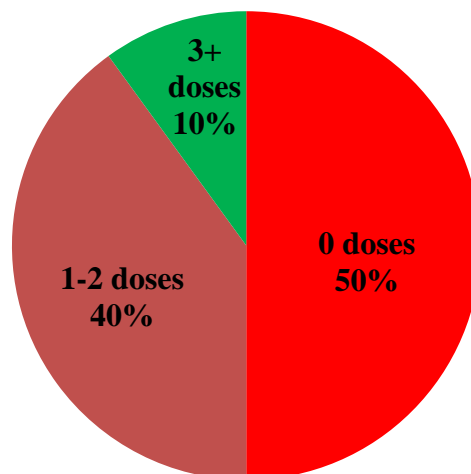
Expanded Programme on Immunization (EPI) in collaboration with WHO and UNICEF has taken the re-emerging polio cases in Syria seriously and is being working on a rapid and effective response plan. This report summarizes the situation till today.

#### Epidemiological situation:

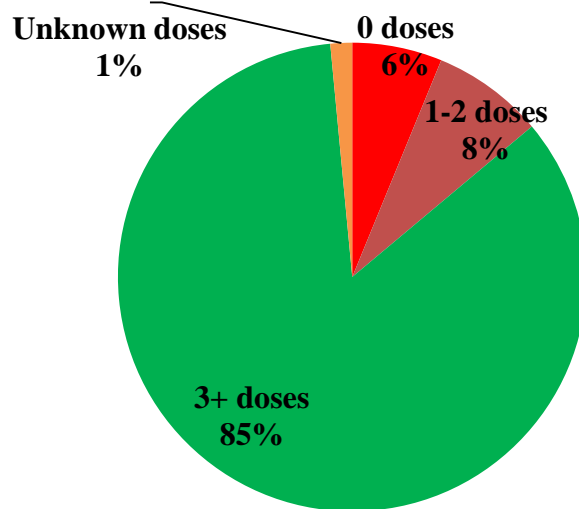
Out of a cluster of 14 acute flaccid paralysis (AFP) cases up to 17 October 2013 Deir ez-Zor, wild poliovirus type1 (WPV1) has been isolated from ten of the cases.

The comparison of immunity profile (diagram 1 & 2) of the polio cases and non-polio AFP cases shows the clear effect of low OPV doses.

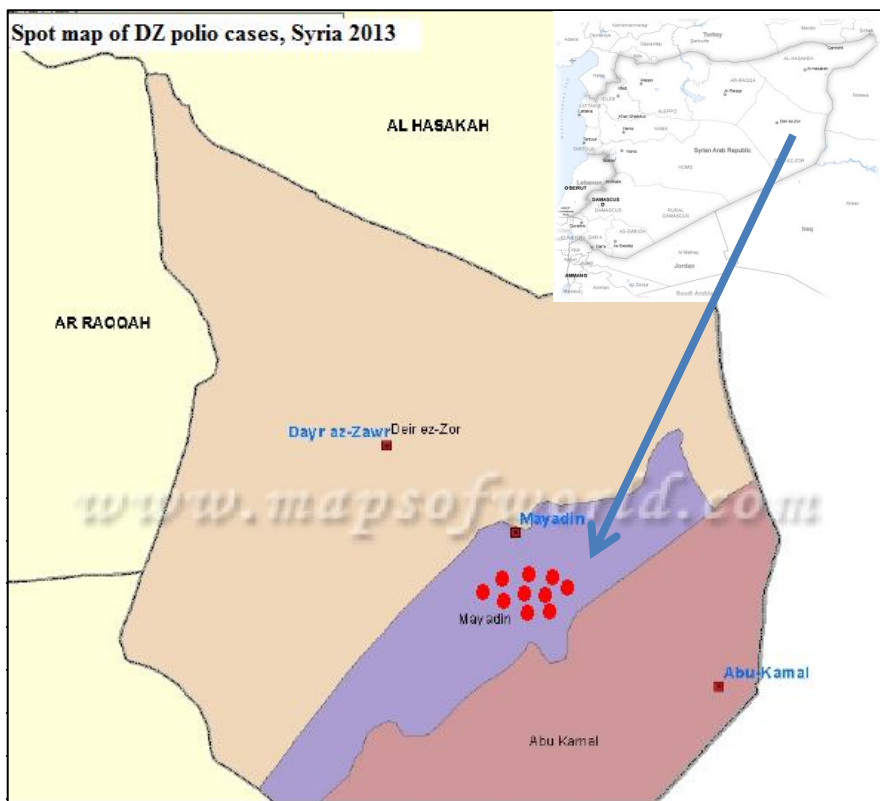
**Diagram 1. Immunity profile of the polio AFP cases**



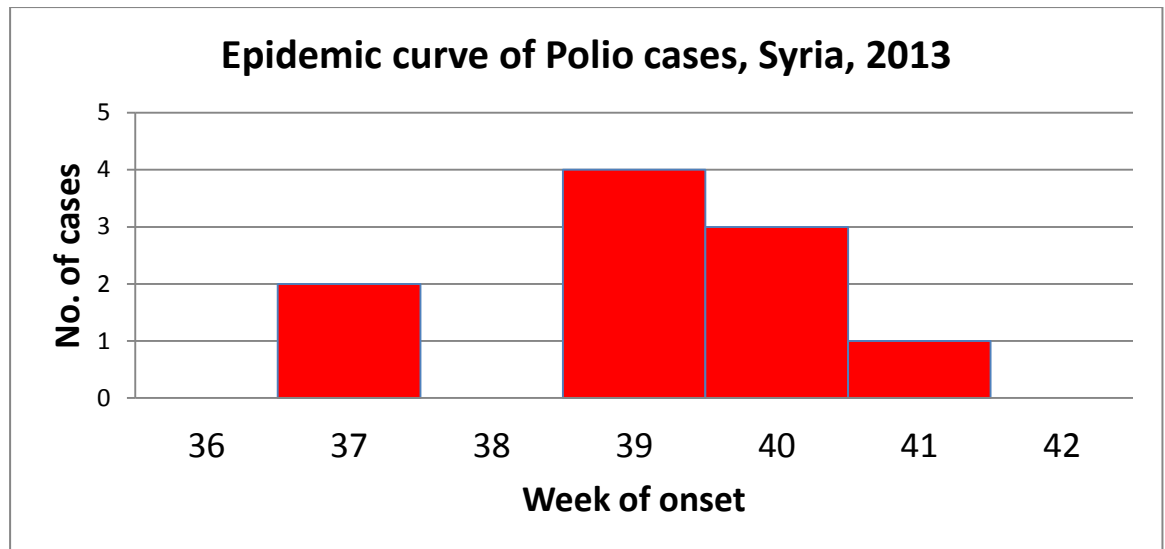
**Diagram 2. Immunity profile of the non-polio AFP cases**



- All the ten polio cases occurred in Mayadin district in Deir ez-Zor province (see the below spot map).



- So far, the cases appeared between 10/9/2013 and 4/10/2013 (see epidemic curve).



**Actions taken so far:**

As a response to the re-appearance of the polio cases in Deir ez-Zor province, the programme undertook the following activities:

- The information was immediately disseminated to the MOH officials, EPI staff and partners. An urgent meeting was conducted in EPI with the support of the Dir PHC to discuss the situation and outline on the immediate activities to be done in response to this outbreak.
- All provinces were informed to be vigilant and enhance the already prepared plan of immunization campaign in October 2013.
- Coordination with national and international partners has been taken in order to prepare a consolidated response plan.
- Partners especially WHO and UNICEF were requested to mobilize additional resources to meet the response plan.
- Advocacy activities: MOH issued a statement for the media representatives of the NGOs, explaining the current situation of polio outbreak in Syria.

**Immunization response:**

- The EPI has already prepared a plan to conduct immunization campaign against polio and measles before the confirmation of the polio cases. The plan is targeting 1.32 million children under 5 for OPV and 2.3 million children under 15 for measles vaccine.
- The future supplementary immunization activity (SIA) plan includes 5 NIDs rounds in the coming 5 months. The first round (which is considered as the second round after the confirmation of polio cases in Syria) will commence on 8 December 2013. Syria will use bOPV for the first time in order to boost immunity of children very fast and interrupt the poliovirus transmission as soon as possible.

**Surveillance response:**

- All the clustered AFP cases were considered as “Hot cases” and actions taken before the arrival of the lab result. The actions included the vaccination of 2666 children in El Meyadien.
- Active surveillance has been established in governorates through WHO focal points in the different governorates and MOH surveillance officers as well daily zero reporting is activated in Deir ez-Zor.
- Sensitization of the public and private clinicians was done in order to immediately report any AFP cases to the EPI team in their area.
- Coordination with different parties has been initiated to facilitated the collection and shipment of the stool samples to the reference lab in Damascus
- Sending the National AFP investigation forms to the areas of hard to reach through the partners who have access to those to those areas.