

Maintaining Polio-free Status After Regional Certification,

Annual Progress Report of Myanmar

Year/Period covered: January 2016- September 2017

Submission by NCCPE to South-East Asia RCCPE

Section 1: Country background

- **Table 1: Population data by age**

| Year | | Total Pop | <15 years | <5 years | < 1 year |
|------|----------------|------------|---------------|--------------|--------------|
| 2016 | No. | 52,088,703 | 14,493,639 | 4,626,063 | 945,877 |
| | % of total pop | 100% | <u>27.8</u> % | <u>8.9</u> % | <u>1.8</u> % |
| 2017 | No. | 52,231,648 | 13,515,236 | 4,542,878 | 947,243 |
| | % of total pop | 100% | <u>25.9</u> % | <u>8.7</u> % | <u>1.8</u> % |

- identified 101 townships as hard to reach
- Population movement is occurring along border with neighboring countries especially with Thailand , China and Bangladesh.
- Population movement within the countries, conflict area, construction sites, urban areas.

Section 2: National Certification Committee for Polio Poliomyelitis Eradication (NCCPE)

- **Reformed on May 2017 new composition and terms of reference are updated.**
- **According to reform NCCPE, it was composed of an independent experts outside the immunization program and TOR has not changed and it's mainly included to provide expert opinion in preparing and regularly updating national outbreak response plan for polio outbreak and advised the national program on technical or other issues related to improvement of strategy implementation.**

Chair and Members of NCCPE

| No | Name | Designation | Remark |
|----|---------------------------------|---|-----------|
| 1 | Professor Dr. Soe Lwin Nyein | Director General (Retired), Department of Public Health | Chairman |
| 2 | Professor Dr. Nay Win | Professor and Head (Retired), Department of Medicine, University of Medicine(1), Yangon | Member |
| 3 | Professor Dr. Ye Myint Kyaw | Professor and Head, Department of Paediatric , University of Medicine (1), Yangon | Member |
| 4 | Professor Dr Khin Nyo Thein | Professor and Head Department of Paediatric , University of Medicine (2), Yangon | Member |
| 5 | Dr Khin Ye Oo | Deputy Director (Retired), National Health Laboratory, | Member |
| 6 | Dr Than Htain Win | Deputy Director (Retired), Department of Public Health | Member |
| 7 | CEPI , CEU , NHL | CEPI , CEU , NHL | Secretary |

- **NCCPE meetings (3 times) in 2017.(May, August, September)**

Remarks and recommendations of Chairman

- **NCCPE meeting on 2nd June 2017 ,chairman of NCCPE shared the experience of 9th RCCPE meeting and highlighted on Improvements in routine immunization as the major issues and it should be strengthen in all townships with low coverage with a focus on hard- to-reach and underserved populations .**
- **Mentioned on enhanced efforts and revitalization of routine EPI services in Rakhine State as well as in other areas with migrant populations, conflict areas and geographically hard to reach area. Chairman also recommended to secretariat group for propose field visit for member at sub- national level to provide and encourage all members to check and verify data, where necessary, through site visits and feedback to supervisors at different levels**

Activities of chairman and members of NCCPE

- Participate in monitoring and supervisory field visit to Polio SIA in Rakhine State ,
- NCCPE had organized and conducted Polio Outbreak Table Top Exercise
- Participated and shared technical expertise in RSO induction training for newly recruited RSO network and Team Leader from Special Disease Control Unit/ EPI focal persons from all States and Regions.

Recommendations of 9th RCCPE meeting , Dec 2016 to Myanmar

- Improvements in routine immunization must be maintained and further strengthened in all townships with low coverage with a focus on hard- to-reach and underserved populations .
- Being concerned about the fragility of the progress in Myanmar the RCCPE would like to see **more details on actions taken to improve coverage and surveillance among migrant populations in Rakhine State** as well as in other areas concerned.
- Scrutiny of AFP to ensure that the surveillance system is picking up all AFP cases that could be polio.

Statement of the 13th IHR Emergency Committee regarding the international spread of poliovirus

WHO statement 2nd May 2017

- **Risk categories**

States no longer infected by WPV1 or cVDPV, but which remain vulnerable to re-infection by WPV or cVDPV.

- **WPV1**

- Cameroon (last case 9 Jul 2014)

- Niger (last case 15 Nov 2012)

- Chad (last case 14 Jun 2012)

- Central African Republic (last case 8 Dec 2011)

- **cVDPV**

- Ukraine (last case 7th July 2015)

- Madagascar (last case 22nd August 2015)

- **Myanmar (last case 5th October 2015)**

- Guinea (last case 14th December 2015)

- Lao PDR (last case 11th January 2016)

TEMPORARY RECOMMENDATIONS

- Urgently strengthen routine immunization to boost population immunity.
- Enhance surveillance quality to reduce the risk of undetected WPV1 and cVDPV transmission, particularly among high risk mobile and vulnerable populations.
- Intensify efforts to ensure vaccination of mobile and cross border populations, Internally Displaced Persons, refugees and other vulnerable groups.
- Enhance regional cooperation and cross border coordination to ensure prompt detection of WPV1 and cVDPV, and vaccination of high risk population groups.
- Maintain these measures with documentation of full application of high quality surveillance and vaccination activities.
- At the end of 12 months* without evidence of reintroduction of WPV1 or new emergence and circulation of cVDPV, provide a report to the Director General on measures taken to implement the Temporary Recommendations.

Section 3:

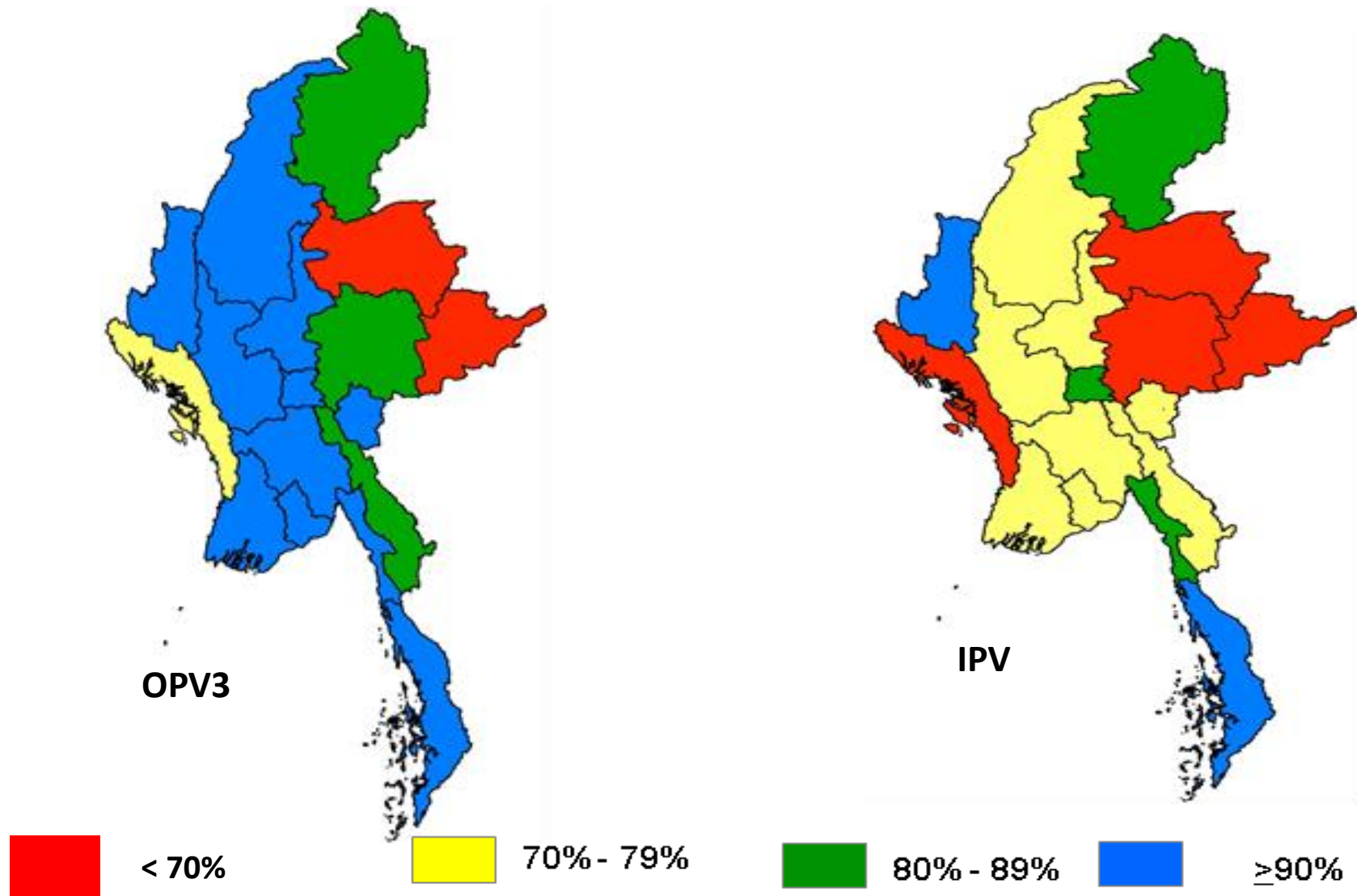
Are polio immunization coverage and immunity levels high enough to prevent imported wild poliovirus to circulate and emergence of vaccine derived poliovirus (VDPV)?

Table National polio immunization coverage(s) in the period under review

| Year | Vaccine | No. of Doses | Coverage (%) | Method used to determine coverage |
|-------------------|----------------|---------------------|---------------------|--|
| 2016 | tOPV | 823,377 | 89% | Administrative report |
| 2016 | IPV | 450,157 | 74% | Administrative report |
| 2017 (Jan-Aug) | tOPV* | 549,273 | 89% (annualized) | Administrative report |
| 2017 (Jan-Aug) | IPV | 153065 | 24% | Administrative report |

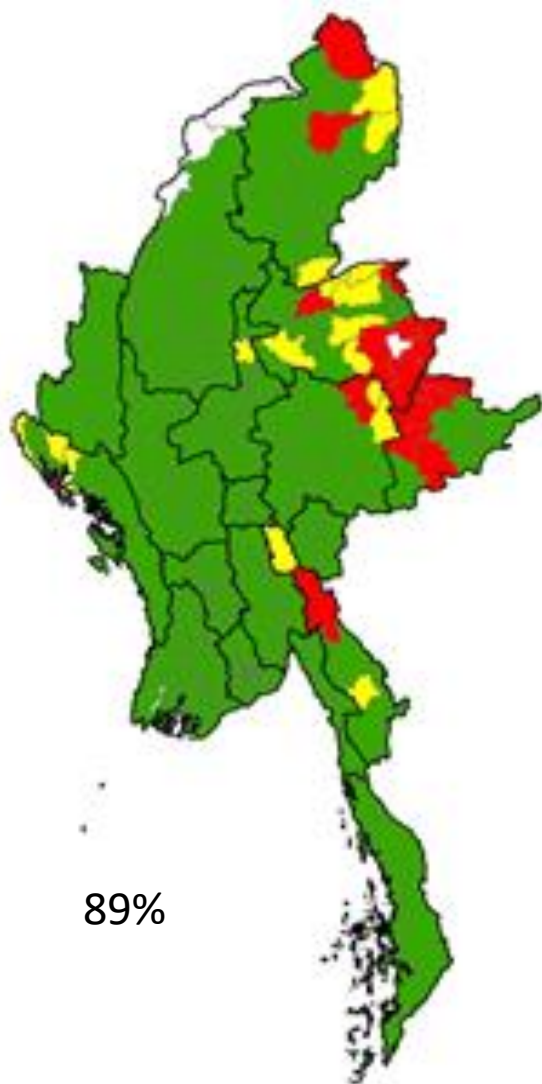
- IPV coverage 2017 in was 24% that remarkably low due to global shortage of IPV
- Myanmar has given priority for Rakhine State and Yangon region and provided adequate supplies of IPV for under 1 target population in all townships of Rakhine/Yangon

Map showing National polio immunization coverage by Region/State for 2016

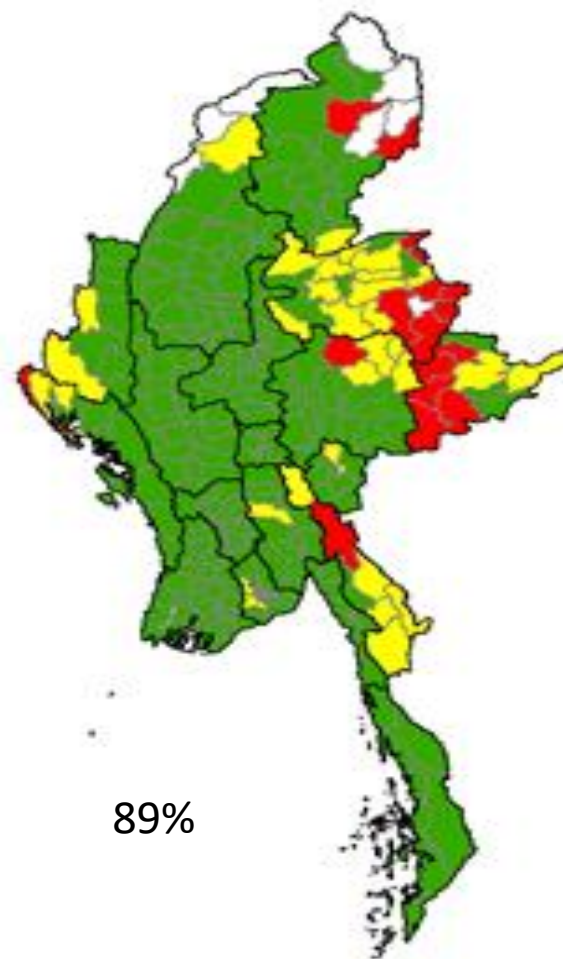


Map showing OPV3 coverage by Townships for 2016 and 2017

2016



2017



< 60%



60 - 79 %



> 80 %

89%

89%

Polio immunization status of AFP cases in 2016 and 2017 by age group

| Year | Age | Total # | # with zero dose | # with OPV1 | # with OPV2 | # with ≥OPV3 | Unknown |
|-------------------|------------|---------|------------------|-------------|-------------|--------------|---------|
| 2016 | 0-5 years | 181 | 9 | 9 | 11 | 145 (80%) | 7 |
| | 6-15 years | 285 | 17 | 9 | 15 | 217 (76%) | 27 |
| 2017 (Jan-Sep) | 0-5 years | 113 | 8 | 5 | 4 | 94 (83%) | 2 |
| | 6-15 years | 181 | 15 | 8 | 8 | 145 (80%) | 5 |

WUENIC estimates data for 2016 have been improved and aligned to national administrative coverage rates for all vaccines. The grade of confidence remains in the lowest category as there is no independent recent survey data available.

Townships with opv3 coverage <80% from 2015 to 2017 (as of August)

| Year | % of Townships |
|------|----------------|
| 2015 | 48 (14.5%) |
| 2016 | 39 (12%) |
| 2017 | (62)19 % |

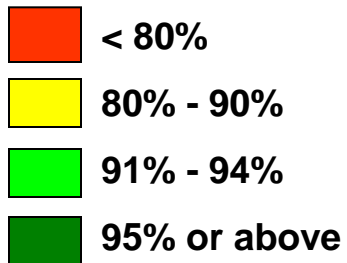
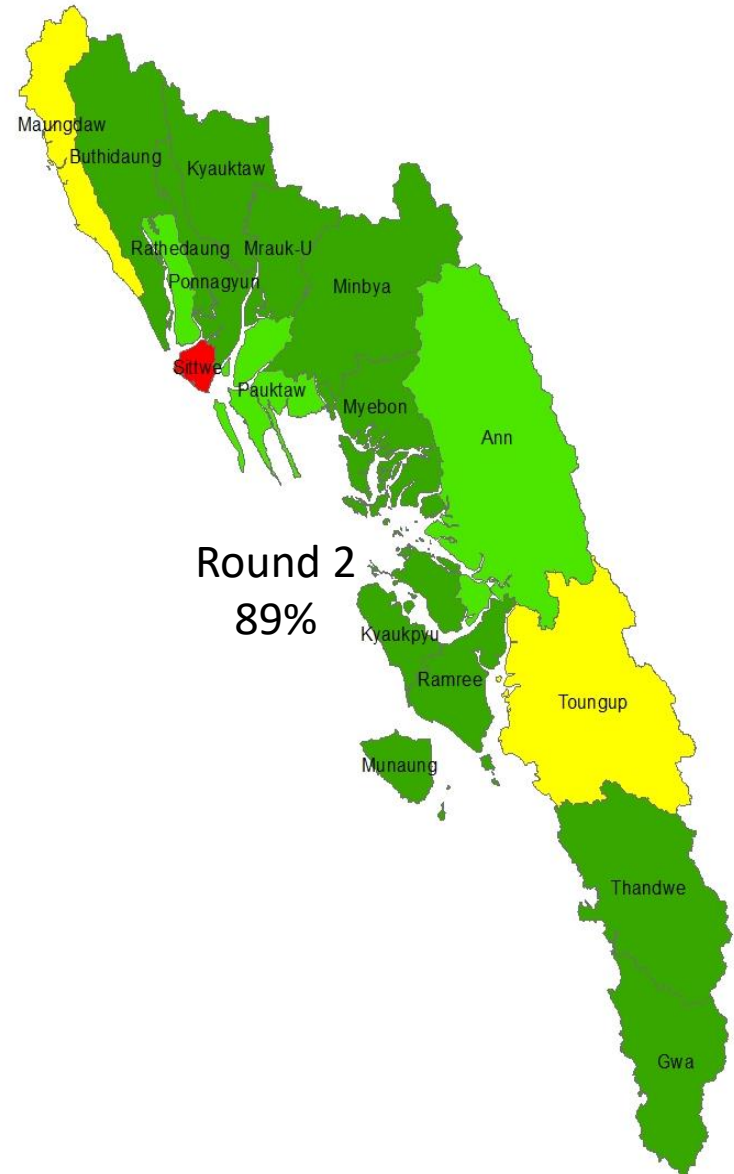
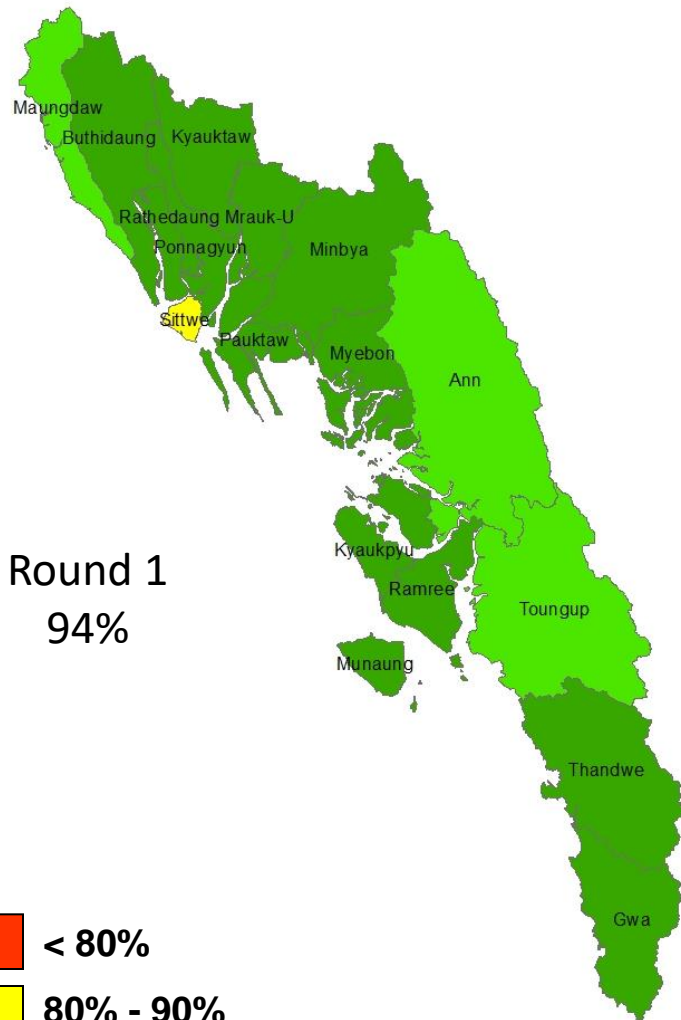
Activities to improve coverage in low performing areas

- Updated Micro planning with development of annual EPI work plans by each townships,
- Initiation of hospital based immunization in 98 major hospitals
- Special strategy for hard to reach, migratory population, peri urban and conflict area,
- Provide incentives to midwives, providing budget for supervision and monitoring,
- Communication and advocacy meetings with local administrators and EHO in States /Region
- Crash immunization program in 101 townships hard-to- reach area from Nov 2016 to May 2017
- Conducted Data Quality Audit in August 2017 and enhanced data quality improvement
- Giving message on Routine immunization through radio and multimedia

Challenges and response for routine immunization in Rakhine State

- Terrorist attack in Maungdaw township in October 2016 .
- Developed and implement the **plan for strengthening of routine immunization programme and polio eradication in 9 high risk township in Rakhine State** since December 2016 . As one of the strategy of that pain to fill the immunity gap and prevent the polio outbreak in Rakhine State ,
- MOHS had decided to conduct the Polio SIA in all 17 townships of Rakhine State in May and June 2017 , targeting all under 5 children .
- Polio SIA had been postponed to July and August 2017 due to cyclone Mora attack in June 2017. Overall polio SIA achievement for 1st Round and 2nd Round was 94 % and 89 % respectively due to the false rumor and terrorist attack during the campaign .

Preventive Polio SIA and Coverage, Rakhine State, Myanmar –Bangladesh Border in July and August 2017



Polio SIA in Myanmar (2010-2017)

| Year | Antigen | Geographic coverage | Target age | Target population | | Coverage (%) | |
|------|---------|---------------------|------------|-------------------|---------|--------------|---------|
| | | | | Round 1 | Round 2 | Round 1 | Round 2 |
| 2010 | OPV | SNID | <5 years | 2,229,394 | | 98 | 100 |
| 2011 | OPV | SNID | <5 years | 2,925,709 | | 98 | 99 |
| 2012 | OPV | SNID | <5 years | 281,026 | | 99 | 101 |
| 2013 | OPV | SNID | <5 years | 335,860 | | 97 | 97 |
| 2015 | OPV | SNID | <5 years | 367,972 | | 97 | - |
| 2016 | OPV | Mop-up SNID | <5 years | 3,017,377 | | 96 | 99 |
| 2016 | OPV | Mop-up NID | <5 years | 4,908,837 | | 99 | 99 |
| 2017 | bOPV | Mop up SNID | <5 years | 362950 | | 94 | 89 |

High Risk Townships

A total of 101 townships as high risk area with

- Geographically or socially too hard to reach ,
- Conflict or insecurity ,
- Poor health system ,
- Cross border area,
- IDP , migrant population and peri-urban slums
- Low OPV3 coverage < 80%
- Poor AFP surveillance indicators