Summary:
Outbreak confirmation:
Total number of cVDPV2 virus: 5
  1 AFP case
  4 healthy children
cVDPV2 cases this week: 0
Outbreak grade: 2

Infected Provinces and Districts:
Aceh Province – Pidie district

Index case:
Source: AFP case
Location: Mane sub-district, Pidie district, Aceh Province
Onset of paralysis: 9 October 2022, Age: 7 years old
Vaccination status: 0 dose

Most recent virus (by date of onset/collection)
Source: Healthy Children Sampling
Location: Mane Subdistrict, Pidie district, Aceh Province
Date of collection: 11 November 2022

KEY HIGHLIGHTS

- One confirmed Vaccine Derived Polio Virus (VDPV2) type 2 was reported in Pidie district, Aceh Province, Indonesia (INO) on 12 November 2022. Since the first VDPV2 case, circulation of VDPV2 (cVDPV2) was identified by four positive stool specimens collected from healthy children in a community living in the same village but not close contacts of the first case and the outbreak was confirmed on 25 November 2022.
- Ministry of Health reported that based on the FASTA file examination, the PV2 identified from Pidie District is not genetically linked with any previously detected cVDPV2. The examination also confirmed the classification of circulating VDPV2 (cVDPV2).
- MOH circular letter (date 22 December 2022) stated that 1st round of polio SIA was conducted up to 31 December 2022 and conducted Rapid Convenient Assessment (RCA) in the districts with more than 90%. However, those districts with less than 90% coverage as of 31 December will continue to do sweeping. The 2nd round will be started on 30 January 2023.
### SITUATION UPDATE

- A seven-year-old male child from Mane village, Mane sub-district, Aceh Province with acute flaccid paralysis (AFP) with the date of onset on 09 October 2022. The child did not have a travel history and had never received any polio vaccine (IPV and OPV). Laboratory confirmation of VDPV2 was received on 12 November 2022. Genetic sequencing results showed VDPV2 with 25 nucleotide changes. Whole genome sequencing is pending. Quantitative immunoglobulin test shows that the child is immunocompetent.
- In response to the detection of this case, a field investigation was undertaken:
  - 21 stool samples from healthy children in the surrounding area who are not contacts of the case were collected and tested for poliovirus.
  - 3 stool specimens tested positive for VDPV2 with 25-26 nucleotide changes at VP1 region.
- Based on the examination conducted by CDC Atlanta, the Ministry of Health has reported that the VDPV2 identified from Pidie District is not genetically linked to any previously sequenced VDPV2s and will be identified as INO-ACE-1. The positive result from the healthy children has been examined as well and genetically linked with INO-ACE-1. Therefore, it confirmed that the PV2 virus is classified as cVDPV2.
- To date, there are no additional cases reported.

### OUTBREAK RESPONSE

#### Coordination and planning:

- On 12 November 2022, the Ministry of Health, Indonesia notified WHO, through IHR focal point, of the isolation of VDPV2 from stool specimens collected from a child with acute flaccid paralysis (AFP).
- On 25 November 2022, the Ministry of Health, Indonesia confirmed the polio outbreak due to cVDPV2 and activated the functions of the National Emergency Operations Center (EOC), and formed a National Emergency Response Team. Regular joint MOH, WHO, UNICEF & partner meetings are being held to facilitate coordination of the response and planning and implementation of response measures.
- WHO South East Asia Regional Office deployed two staff members for rapid response to provide outbreak coordination support. Two international officers (immunization and surveillance) are in the process of being deployed to further support field operations in Aceh province.
- UNICEF deployed 21 additional health and social behavior change staff and consultants from UNICEF offices across
the country to support UNICEF Aceh Field office in planning, implementing, and monitoring the phased outbreak rapid response vaccination in Aceh province from 28th November –19th December 2022. One staff/consultant for each district in the 16 districts in phase 3, and an additional 5 Social Behaviour Change officers focusing on 8 districts with the highest vaccine hesitancy rates.

- Outbreak Response Plan and Budget is finalized, signed by DG CDC MOH, and submitted to WHO
- Polio partners meeting was held on the 22nd of December 2022.

**Surveillance:**

- On 27th December 2022, MOH and WHO conducted a Hospital Record Review (HRR) in the Pediatric clinic of Puskesmas Kuta Alam, Kota Banda Aceh with results of 5 AFP cases found. Moreover, on 28th December 2022, HRR also was conducted in Teuku Umar Hospital, Aceh Jaya district with 2 AFP cases found and Puskesmas will do 60 days following up actions.

![Figure 3. HRR in the pediatric clinic, Kota Banda Aceh (left), and in Teuku Umar Hospital, Aceh Jaya district (right). Credit: WHO/Mindo Nainggolan (left) and DHO Aceh Jaya/Hendri (right).](image)

- A field investigation in 3 districts of Aceh (Pidie, Banda Aceh, and Aceh Utara) was conducted for the expansion of environmental surveillance (ES). However, due to prevalent practices of open defecation and pit latrines, no sewage system exists and therefore ES cannot be established in these districts.
- Team consists of MoH, WHO, and other partners such as CDC, FETP, and Port Health Office, Laboratories have been deployed to silents districts in Aceh to support in enhancing surveillance.
- Weekly desk review for Aceh and high-risk provinces was conducted every Thursday as part of the monitoring and evaluation mechanism.
- As of 1 January 2023, the NPAFP rate is 2.68 per 100.000 population <15 years old with 48.9% specimen adequacy. In Pidie, the affected district, the NPAFP rate is 8.36 per 100.000 population <15 years old with 75% specimen adequacy. Currently, there are 4 silent districts in Aceh such as Kota Lhokseumawe, Gayo Lues, Aceh Tenggara, and Kota Subulussalam.
**Immunization Response:**

- The initial rapid vaccination response round is being conducted in three phases:
  a) Phase 1 (28 Nov – 4 Dec 2022): Pidie (affected district)
  b) Phase 2 (5 Dec – 11 Dec 2022): 6 districts
  c) Phase 3 (12 – 18 Dec 2022): 16 districts

- On 27th December 2022, PHO Aceh conducted a virtual meeting on data validation of Polio SIA coverage and nOPV2 usage as well as to deliver the strategy to reach unvaccinated children in the remaining days of the campaign to all (26) district health offices with total 113 participants attended it. MOH, WHO, UNICEF, and partners facilitated validation of data from each of the cities/districts reporting. The same activities also were conducted in several District Health Offices (DHO) to validate the reporting from Puskesmas/primary health care centers.

- On 27th-28th December 2022, DHO Pidie conducted a monitoring and evaluation meeting of polio outbreak response in Pidie District with the head of all (26) Puskesmas, the head of sub-district (Camat), Police, and the Army. Then, it was followed by 2nd-day meeting which was attended by the wife of the mayor, the ministry of religion, the education office, the army, the Indonesian legal aid foundation, Family and Community Welfare, Ulama, DHO, and WHO. It aims to update the current situation and prepare the 2nd round of polio SIA which are mapping prioritized areas, continuity involving stakeholders/partners (eg. army and police), resocialization of 2nd round SIA to all teachers and schools by education office and ministry of religious.
Daily coverage monitoring and feedback is provided to local government, provincial and district health office, stakeholders and implementers.

As of 01 January 2023

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Aceh Province</th>
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<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td>Total (0-12 years)</td>
<td>95,923</td>
<td>88,402</td>
<td>92.5</td>
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<tr>
<td>0-59 months</td>
<td>39,283</td>
<td>34,982</td>
<td>89.1</td>
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<td>5-7 years</td>
<td>16,112</td>
<td>9,928</td>
<td>61.6</td>
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<td>7-12 years</td>
<td>40,240</td>
<td>43,512</td>
<td>100.1</td>
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</tbody>
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As of 02 January 2023

1. Phase 1: 12th, started on 22 November 2022
2. Phase 2: Kota Banda Aceh, Kota Sabang, Bireuen, Banda Aceh Ulu, Aceh Besar, and Sidikalang (12 districts), started on 3 December 2022
3. Phase 3: other 18 district/cities, started on 12 December 2022

As part of intra-campaign monitoring, MOH, UNICEF, and WHO conducted 28 Rapid Convenient Assessments (RCA) in 9 districts (data as of 1st January 2023). A total of 1,095 children aged 0-12 years were assessed and data showed that 931 (85.0%) of the children assessed were vaccinated. The main reasons for children missing vaccination were children being sick, unaware of the campaign, dan traveling (parents).

On 27th December 2022 WHO assisted DHO Bireuen to conduct mass vaccination in all sub-districts, it was attended by the acting regent of Bireuen, the head of DHO, police, and others. In total, more than 3,500 children were vaccinated against nOPV2.
Advocacy, Social Behavior Change, and Risk Communication

Advocacy

- At the community level, advocacy was done to the head of sub-districts and heads of villages to ensure they are aware of the outbreak response. The advocacy was then followed up by socialization with the head of villages and other village stakeholders including Posyandu (village health office) cadres.
- Due to limited time for preparation, advocacy, coordination, and socialization are also done to relevant stakeholders during implementation in schools and villages.

Social Behavior Change (SBC)

- A rapid preparation stage was implemented, which included 1) coordination meetings with various stakeholders (health workers, health promotors, community cadres, teachers, religious and community leaders), 2) IPC (Interpersonal Communication) training or orientation for health workers, community cadres, religious leaders, 3) production and distribution of media (print: leaflet, poster & banner; audio: recording of traditional song and poetry), and 4) preparation of mobile education car. Soon afterward, SBC activities were implemented covering 9 districts, namely 1) Pidie 2) Aceh Jaya, 3) Aceh Barat, 4) Aceh Timur, 5) Aceh Tamiang, 6) Aceh Barat Daya, 7) Aceh Tengah, 8) Bener Meriah, and 9) Aceh Selatan.
- Community mobilization activities started prior to the campaign launch or right after IPC training sessions. Health workers and cadres provided information on the polio vaccine by carrying out home visits, community meetings, including those with local and religious leaders, and mobile education sessions. Local military and police offices have been participating in SBC activities since the early stage. They have been providing support by deploying their personnel to accompany health promotors and village cadres for home visits, mobile education cars, and immunization events.
Trained cadres have prepared their fellow village cadres and educated community members at various points of contact including public places, homes, Posyandu, religious houses, community meetings, etc. Cadres also spread messages with posters, leaflets, and audio materials announced via mobile education cars. In this initiative, we have mobilized more than 100 mobile education cars covering more than 2,000 villages across 9 districts in Aceh.

In addition to grass root activities, a campaign via WhatsApp and other cellphone-based messaging services had also been carried out to debunk hoaxes, particularly on halal haram and Adverse event following immunization (AEFI). Short videos (testimonies of religious leaders, popular medical doctors, and leaders) were utilized to support polio messages.

To strengthen communication capacity in developing messages, a zoom session on Application EPPM (Extended Parallel Process Model) in outbreak response was held participated 140 participants including health promotor in the nine target districts and also, another health promotor in the other part of the country.

Figure 9. Socialization by health workers in the community (left) and briefing for health promoters (right). Credit: UNICEF

Risk Communication:

- MOH conducted a press conference on 19th November 2022 with national media. A fact sheet was also developed to provide media partners with accurate information.
- A joint press release on ORI was released (Dec 15) by MOH, WHO, and UNICEF highlighting the importance of routine immunization to protect children from diseases that could harm and kill our children.
- UNICEF team has developed a link tree to provide the public and media with a credible source of information on the polio outbreak in Aceh. The information includes a daily update on ORI coverage by districts. The link tree can be accessed at s.id/polioaceh.
- IEC materials (posters and flyers) with information on the danger of polio and its prevention were created by the UNICEF team and shared through WhatsApp, and social media, and also printed and put in public places.

Logistics:

- On 3rd January 2023, WHO team visited the provincial health office warehouse to see the remaining nOPV2 vaccines that had been distributed during the SNID implementation, then made cold chain management preparations such as freezer maintenance status, viewed digital temperature monitoring data and manual temperature records along with calculations of available capacity for vaccine arrivals nOPV2 in a next round.
- UNICEF and WHO conducted monitoring of the implementation including vaccine and waste management and recording reporting. Monitoring was done directly in the field during immunization sessions, or zoom call interim evaluation. In some puskesmas vaccines, management was not done correctly, and corrective action has been provided to ensure the standard operating procedure is implemented.
KEY ISSUES

▪ High-quality SIAs are needed to ensure the interruption of the cVDPV2 outbreak.
▪ Vaccine hesitancy needs to be addressed through targeted communication and social mobilization efforts.
▪ Surveillance strengthening to reach the enhanced target non-polio AFP and stool adequacy rates by ensuring AFP cases are not missed.
▪ Outbreak Response Plan and Budget to be validated by MOH and shared with WHO to be endorsed by EOMG and ensure funds for the response.
▪ Campaign coverage data management.

NEXT STEPS

▪ Weekly tracking of preparedness of next mass vaccination response campaign at national, provincial, and district levels – focus special attention on the low-performing districts. Share regular information with GPEI partners.
▪ Continued implementation of advocacy, communication, and social mobilization interventions as per the SIA planning.
▪ Completion of provincial advocacy meetings and finalize micro-planning in preparation for the SIA commencing on 30 January 2023.
▪ Identification of sampling sites in high-risk provinces and preparation for an expansion of environmental surveillance.
▪ Confirm the technical approach for upcoming mass vaccination campaigns with Indonesia NITAG.

Relevant Links

http://polioeradication.org/

Contacts:

For more information about the Situation Report, please contact:

WHO:
Dr Stephen Chacko- WHO Indonesia
chackos@who.int
Dr Sudhir Joshi– WHO SEARO
joshisu@who.int

UNICEF:
Dr Gopinath Durairajan
gdurairajan@unicef.org
Dr Abdul Khalil Noorzad
aknoorzad@unicef.org