Summary:
Outbreak confirmation:
Total number of cVDPV2 virus: 4
  1 AFP case
  3 positive contacts
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: Community Contact
Location: 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 three positive stool specimens collected from healthy children in community living in the same village but not close contacts of the first case and outbreak was confirmed on 25 November 2022.
- Three Supplementary immunization activities (SIA) are being planned:
  Rapid Response – Round 0 commenced on 28 November 2022 (covering Aceh province)
  Round 1 – to commence on 30 January 2023 (covering four provinces)
  Round 2 – to commence in March 2023 (covering four provinces)
- Intensified surveillance measures to improve detection of Acute Flaccid Paralysis and poliovirus are being implemented in Aceh Province and neighbouring Provinces North Sumatera, Riau and West Sumatera.
SITUATION UPDATE

- A seven year old male child from Mane village, Mane sub-district, Aceh Province with acute flaccid paralysis (AFP) with date of onset on 09 October 2022. The child did not have travel history and has 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 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.
  - Retrospective review of medical records and active case search were conducted in Pidie district.

OUTBREAK RESPONSE

Coordination and planning:

- On 12 November 2022, 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 & partners meetings are being held to facilitate coordination of the response and planning and implementation of response measures.
- WHO SE Asia Regional Office deployed two staff members for rapid response to provide outbreak coordination support. Two surveillance officers 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, implementation, 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 being finalized and will be submitted for approval from the MOH.

Surveillance:

- Based on risk assessment 10 high risk provinces are being targeted for intensified surveillance activities. An action plan is being developed which will include the following measures: increasing the target non-polio acute flaccid paralysis rate; collecting stool samples from contacts of AFP cases with inadequate stool collection; active surveillance for AFP; sensitization of health workers and assessment for expansion of environmental surveillance (ES) along with optimization of existing sites.
- Technical guidance in line with global guideline on surveillance in the context of nOPV2 use is being developed by WHO and MoH to support the implementation of enhanced surveillance measures in targeted provinces.
- MoH with WHO support conducted a surveillance training for surveillance officers and clinician from the hospital in 23 districts in Aceh from 11-14 December 2022.
- A field investigation in 3 districts of Aceh (Pidie, Banda and Aceh Uttara) was conducted for expansion of 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 consist of MoH, WHO, and other partners such as CDC, FETP, Port Health Office, Laboratories have been deployed to silents districts in Aceh to support in enhancing surveillance.

**Immunization Response:**

- The initial rapid vaccination response round is being conducted in three phases:
  - Phase 1 (28 Nov – 4 Dec 2022): Pidie (affected district)
  - Phase 2 (5 Dec – 11 Dec 2022): 6 districts
  - Phase 3 (12 – 18 Dec 2022): 16 districts
  It is followed by 5 days of mop-up

- Staff from MOH, WHO and UNICEF have been deployed to Aceh Province to assist in provincial advocacy, communication and social mobilization, SIA micro planning and AFP surveillance sensitization for the rapid vaccination response. UNICEF ensured staff support to MOH and WHO during the phase 3 rapid response efforts in 16 districts which ensured better vaccination coverage.

- MOH with WHO support conducted three batches of health worker orientation on polio immunization response in the period of 25 Nov – 3 Dec 2022 in Banda Aceh, Aceh. EPI focal point from 360 Puskesmas (primary health center) were oriented on microplanning, service delivery strategy, AEFI management, cold chain management, waste management, reporting and recording, social mobilization and monitoring evaluation.

- On 5th Dec 2022, virtual meeting was held between EPI and Health Environment of MOH, WHO and UNICEF to monitor nOPV2 waste management implementation.

- Daily coverage monitoring and feedback is provided to local government, provincial and district health office, stakeholders and implementers.

<table>
<thead>
<tr>
<th></th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Aceh Province</th>
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<tr>
<td></td>
<td>Target Population</td>
<td>Number Vaccinated</td>
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<td>Total (0-12 years)</td>
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<td>12-59 years</td>
<td>42,000</td>
<td>41,948</td>
<td>102.5</td>
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</tbody>
</table>

Figure 2: Rapid vaccination response area map, Aceh, Indonesia

As of 19 December 2022

*Note:*
1. Phase 1: Pidie, started on 28 November 2022
2. Phase 2: Kota Banda Aceh, Kota Sabang, Bireun, Aceh Besar, Aceh Barat and Aceh Timur (3 districts), started on 9 December 2022
3. Phase 3: other 16 districts/area, started on 12 December 2022
• 36 supervision to immunization post and Puskesmas in 8 of 23 districts is recorded to monitor quality of the campaign. Overall score is 76% where logistic and cold chain management scores are above 95% that indicate good quality, while AEFI management and social mobilization scores are below 80%.
• As part of intra campaign monitoring, MOH, UNICEF and WHO conducted Rapid Convenient Assessment in 2 districts. Results showed 5-30% coverage discrepancy between administrative report and RCA coverage, 85.7% respondents said health workers are trusted source for immunization and 38.5% of unimmunized children identified during RCA said their reason for missed nOPV2 vaccine was unaware of the campaign.
• On 19 Dec 2022, MOH held a virtual evaluation meeting inviting province and all districts in Aceh, ITAGI, NCPPE, UNDP, UNICEF, WHO, Rotary and other stakeholders. It is highlighted that joint effort to accelerate immunization at low coverage area is required.

**Advocacy, Social Behavior Change, and Risk Communication**

The advocacy, social behavior change and risk communication strategy and action plan was developed by MOH communication bureau in coordination with the Immunization directorate with technical support from UNICEF. The document was submitted to WHO as part of the readiness checklist for the use of nOPV2. The documents was approved by the verification team on Nov 23.

**Advocacy**

1. Advocacy meeting with the Governor of Aceh and the Mayor of Pidie was done (Nov 11) by MOH together with UNICEF and WHO team. The meetings aimed to inform the local government on the outbreak situation, seek for their commitment lead the overall response and to mobilize resources for ORI implementation.
MOH, PHO and UNICEF team met with the Aceh Governor on Nov 11 to discuss plan for ORI.

2. Media brief was done (Nov 30) in Banda Aceh by MOH Communication Bureau team, the provincial health office and UNICEF. The meeting involved more than 30 local and national media. The meeting aimed to generate support from the media and providing media with access to credible source of information about the polio outbreak. This is also to anticipate any false news related to adverse event following immunization which usually circulating during a mass immunization activities.

3. A series of meeting with highly influential religious leader in Aceh was done by UNICEF team in mid to end of November to gain religious leaders support to increase vaccines acceptance among people in Aceh as well as to anticipate the halal/haram issue.

4. Meeting with the provincial and district education and religious affairs office also done to ensure the high participation of schools in ORI.

5. The campaign at Pidie was launched by the mayor and MOH DG and the campaign at province (Dec 5) was launched by the health minister, Budi Gunadi Sadikin and the Governor of Aceh.

Risk Communication

1. 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. The release can be accessed in this link https://www.unicef.org/indonesia/press-releases/polio-immunization-campaign-pidie-aceh-reaches-85-percent-children-date
2. MOH has conducted a press conference (Nov 19) with national media. A fact sheet also developed to provide media partners with accurate information.

3. UNICEF team has developed a link tree to provide public and media with the credible source of information on polio outbreak in Aceh. The information includes daily update on ORI coverage by districts. The link tree can be accessed at s.id/polioaceh

**Social behavior Change**

SBC Team were deployed in 9 districts to prepare and facilitate communication activities to increase parents’ acceptance toward polio vaccine. Districts included 1) Pidie 2) Aceh Jaya, 3) Aceh Barat, 4) Aceh Timur, 5) Aceh Tamiang, 6) Aceh Barat Daya, 7) Aceh Tengah, & 8) Bener Meriah.

1. Capacity Building (IPC - Interpersonal Communication training) has been given to over 2,000 health workers and cadres in Pidie and other regions in Aceh. The training equipped them with techniques for carrying out group education session and one-to-one dialog with parents.

2. Supporting communication assets were developed based on recommendation from rapid assessment in Pidie, namely 1) short videos for distribution via WA and social media, 2) leaflet, posters, and banner, 3) recordings to be air at mosques and mobile education cars.

3. Community mobilization activities started prior to campaign launch or right after IPC training sessions. Health workers and cadres provided information on polio vaccine by carrying out home visits, community meetings, including those with local and religious leaders, and mobile education sessions.

![Polio Vaccine socialization by recitation event (Dec 13)](image1)

![Cadres in Aceh Tamiang promoting Polio Vaccine to parents and caregivers (Dec 13)](image2)

**Logistics:**

1. Indonesia met all readiness requirements for use of nOPV2 and the vaccine was released after approval of Director-General of WHO.

2. UNICEF supported Ministry of Health and facilitated the process for release of 1,522,424 doses of nOPV2 for the rapid vaccination response in Aceh province – the doses were released on 26 November 2022 and were delivered to the Aceh provincial cold store on 27/11/2022. The Vaccine Arrival Report were immediately completed and sent by the provincial pharmacy manager to UNICEF within 24 hours.
3. Training/orientation on nOPV2 vaccine management and reverse logistics

- UNICEF provided technical support on capacity building of the immunization and pharmacy staff on vaccine and cold chain management, reverse logistics, and a total of 407 relevant immunization, and pharmacy staff were trained/oriented at Provincial, District and Health facility levels
- Meanwhile, UNICEF supported provincial health office on distribution of vaccine and non-vaccine supply logistics from the provincial cold store to the district level stores. Follow up was made on further distribution to the Puskesmas level.
KEY ISSUES

- High quality SIAs are needed to ensure interruption of the cVDPV2 outbreak.
- Vaccine hesitancy needs to be addressed though 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

- Ensure final Outbreak Response Plan and Budget is finalized with MOH approval and shared for Regional and HQ review and endorsement by GPEI and EOMG.
- Weekly tracking of SIA1 preparedness at national, provincial and district level – focus special attention to the low performing districts. Share regular information with GPEI partners.
- Continued implementation of advocacy, communication and social mobilization interventions as per the SIA planning.
- Identification of sampling sites in high-risk provinces and preparation for expansion of environmental surveillance.
- Confirm the technical approach for SIA 1 and 2 with Indonesia NITAG.

Relevant Links

http://polioeradication.org/

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