

Vaccine-Derived Poliovirus Response in Indonesia

Situation report no. 24
27 May–22 June 2024



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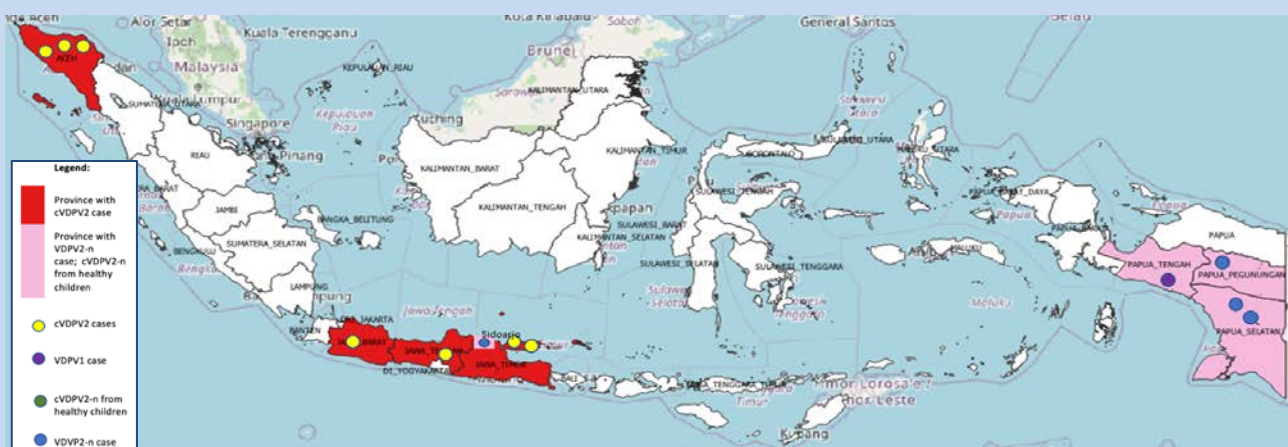


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Confirmed cases in Indonesia (2022–2024)¹



7 cases of cVDPV2

- **Aceh:**
 - 1 case with paralysis in Pidie
 - 1 case with paralysis in North Aceh
 - 1 case with paralysis in Bireuen
- **West Java:**
 - 1 case with paralysis in Purwakarta
- **Central Java:**
 - 1 case with paralysis in Klaten
- **East Java:**
 - 1 case with paralysis in Pamekasan
 - 1 case with paralysis in Sampang

Outbreak grade: **2**

Outbreak Response:

- East Java and Central Java: All children 0–7 years
- Sleman, DI Yogyakarta: All children 0–7 years

Outbreak confirmation:

- Total number of AFP cases with cVDPV2: 3
- Total number of healthy children with cVDPV2: 9

Greater Papua

- 1** case of VDPV1
- 1 case with paralysis in Mimika

- 8** cases of cVDPV2-n
- 8 healthy children positive in Mimika

- 4** cases of cVDPV2-n
- 1 case with paralysis in Nduga
 - 3 healthy children positive

- 2** cases of VDPV2-n
- 1 case with paralysis in Asmat and Mappi

East Java

- 1** case of VDPV2-n
- 1 case with paralysis in Sidoarjo

¹ cVDPV2: Circulating Vaccine-Derived Poliovirus type 2.
cVDPV2-n: Circulating Vaccine-Derived Poliovirus type 2 from nOPV2 vaccine.
VDPV2-n: Vaccine-Derived Poliovirus type 2 from nOPV2 vaccine.
VDPV1: Vaccine-Derived Poliovirus type 1.

POLIO OUTBREAK RESPONSE

Polio NID in Greater Papua

Coordination and planning

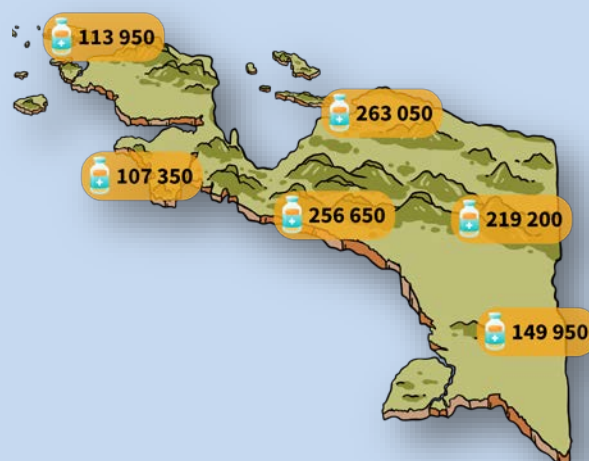
The Ministry of Health (MOH) conducted an evaluation of the first phase of the polio national immunization days (NID) in Greater Papua, involving key stakeholders including Coordinating Ministry for Human Development and Culture, the Ministry of Home Affairs (MOHA), and the heads of provincial and district health offices (PHO and DHOs). MOHA issued a circular letter to sub-national governments to support and allocate funding for the NID, this letter as a basis for DHO and Puskesmas to obtain assistance for the use of regional funds.

Polio NID

MOH and partners directed multiple support activities for polio NID in districts, including opening additional immunization posts, monitoring visits, hands-on technical assistance, capacity building, advocacy and coordination meetings, awareness-raising campaigns, and door-to-door visits. WHO assisted DHOs in addressing issues such as reaching communities in remote and secluded areas. UNICEF also conducted awareness-raising activities and coordination meetings.

Logistic and vaccine management

A total of **1 083 150 vaccine doses** were reportedly received across the Greater Papua. 285 vials of nOPV2 (1 vial = 50 doses) remain available for puskesmas that have not started the campaign due to various challenges such as accreditation schedule, relocation, bad weather and geographical challenges.



Vaccine distribution in the Greater Papua Region
Data as of 17 June 2024 through SMILE

Key issues

- **Low service frequency:** most puskesmas operate only one NID service post per day.
- **Suboptimal supervision:** the supervision of NID immunization services by PHO and DHO remains insufficient.
- **Capacity issues:** some puskesmas postponed implement polio services due to accreditation schedule, security concerns, and data discrepancies.

Next steps

- Optimizing polio NID immunization posts and posyandu
- Enhancing supervision and monitoring of puskesmas
- Engaging local government and cross-sectoral entities
- Identifying and mapping resources needed, i.e., funding and human resources

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Situation Update

- The Ministry of Health (MOH) plans to conduct the polio NID in two phases². The first phase is currently ongoing in the Greater Papua, and the second phase will be carried out in 27 provinces. The two phases target a total of 17.4 million children aged 0–7 years old.
- The first phase of polio NID began on 27 May 2024, targeting 865 690 children, and will be conducted in two rounds. As of 22 June, the campaign had reached 44.9% of its targets in the first round and 5.7% in its second round (see the table below). This indicates low vaccination coverage. However, two districts in West Papua province – Teluk Bintuni and Kaimana – achieved the national target with 97.9% and 96.9% coverage for the first round, respectively (see Figure 1).

Province	Targeted children 0-7 years	Vaccinated in round 1	%	Vaccinated in round 2	%
West Papua	85 718	66 952	78.1	3 612	4.2
Southwest Papua	91 043	64 405	70.7	1 368	1.5
South Papua	119 922	75 393	62.9	15 264	12.7
Papua	188 659	94 162	49.9	17 487	9.3
Central Papua	205 121	74 639	36.4	10 303	5.0
Highland Papua	175 227	13 499	7.7	1 300	0.7
Total	865 690	389 050	44.9	49 334	5.7

*As of 22 June 2024, MOH Data and Information Centre (Pusdatin) data

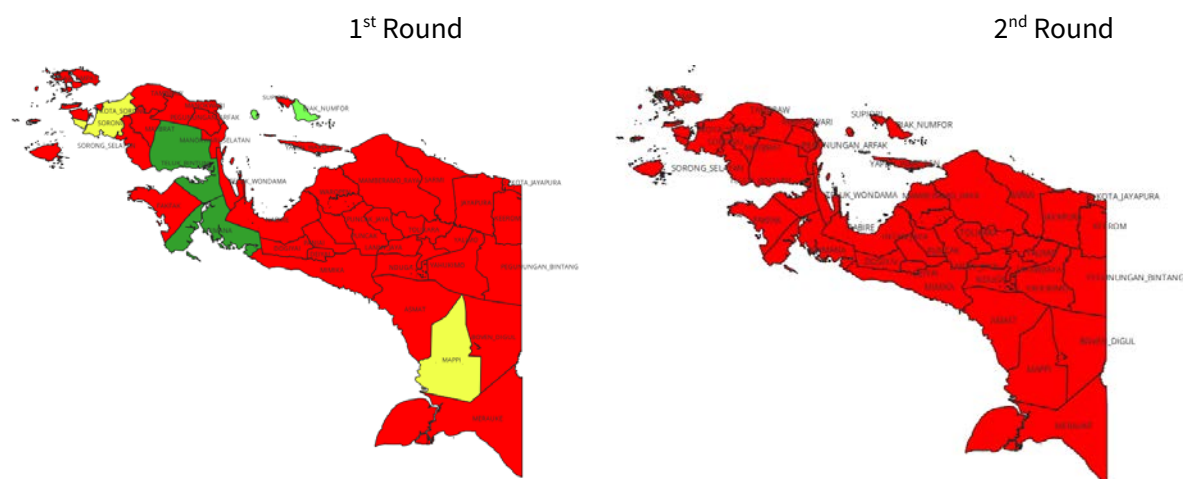


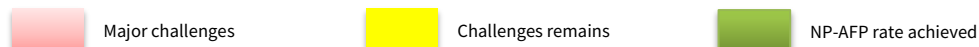
Figure 1. nOPV2 coverage during NID 1st round (left) and 2nd round (right) in Greater Papua

- The non-polio acute flaccid paralysis (NPAFP) rate – an indication for polio occurrence – should be above 3/100 000 population under 15 years of age during an outbreak. The NPAFP rate indicates high surveillance sensitivity and reduced risk of missing polio transmission. Indonesia achieved a NPAFP rate of 6.45/100 000

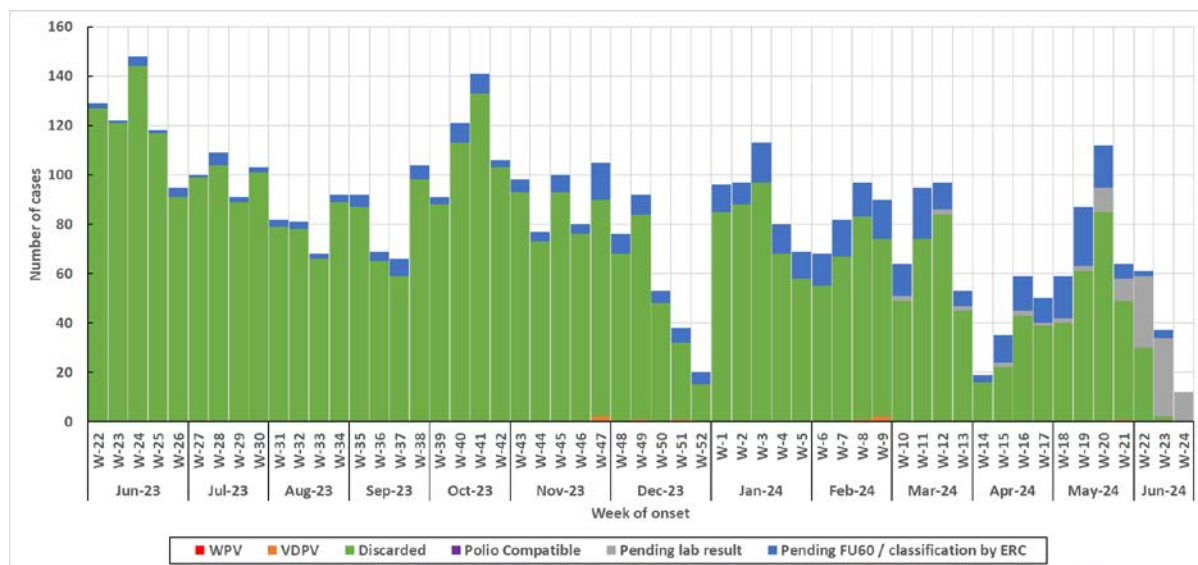
² National immunization day (NID) is a week of polio vaccination (nOPV2) in two rounds of nOPV2 to all children aged 0-7 years old in all provinces, regardless of previous immunization status. NID is an Indonesia term that is the same as Supplementary Immunization Activities (SIA) which is intended for national implementation.

in 2023. The MOH is tracking high-risk provinces to surpass the minimum standards for AFP case reporting in outbreaks. The minimum expected AFP cases to achieve a non-polio AFP rate of ≥ 3 and the progress made by provinces during Q2, 2024 are shown in the following table. The following table shows progress made for targeted provinces experiencing outbreaks and conducting event response in Q2 2024.

Province	Target for AFP Case Finding 2024	Q2 Target for AFP Case Finding (2024)	AFP Case Reported	Annual NPAFP rate per 100 000 population under 15 years old (target ≥ 3)
Central Java	488	244	254	6.00
DIY	54	27	18	4.31
East Java	530	265	251	4.36
Central Papua	22	11	6	1.30
Highland Papua	26	13	1	0.00
South Papua	14	7	8	3.79
Papua	22	11	7	2.39
West Papua	16	8	9	3.26
Southwest Papua	16	8	2	0.82
Indonesia	4 448	2 224	1 703	3.92



- Compared to the previous report, the reporting of AFP cases has increased. Previously, there were 1 229 reports, and now an additional 474 AFP cases have been reported. This is a good improvement, although the target (2 224) has not yet been achieved. The MOH has made efforts to improve AFP reporting through desk reviews, providing feedback, and conducting reviews in silent districts.



WPV: Wild Poliovirus; VDPV: Vaccine-Derived Poliovirus;

Discarded:

- Cases adequately investigated with no laboratory evidence of WPV or VDPV infection, OR
- Cases with inadequate specimens resolved within 60 days of paralysis onset or deemed not compatible with poliomyelitis by the national ERC.

Compatible: A suspected case lacking adequate specimens with no WPV or VDPV isolation in stool, with residual paralysis after 60 days, deemed compatible with poliomyelitis by the national ERC.

Pending Lab Result: A suspected case with collected specimens awaiting lab results.

Pending FU60: A suspected case with inadequate specimens awaiting a follow-up visit 60 days after paralysis onset.

Pending Classification by ERC: A suspected case with inadequate stool samples, residual paralysis, lost to follow-up, or deceased, requiring ERC classification.

Figure 2. Final classification of AFP cases in Indonesia over the last 12 months, data as of 20 June 2024

Outbreak response

Planning and coordination

NATIONAL SUPPORT		
Date	Place	Activity
7 June 2024	Jakarta	MOH conducted an online meeting to evaluate the implementation of NID polio phase 1 in Greater Papua. MOH invited the Assistant Deputy of Disease Control and Management of the Coordinating Ministry for Human Development and Culture, Director of Synchronization of Regional Government Affairs of the Ministry of Home Affairs, heads of PHOs, and heads of DHOs. One of the actions is MOHA will issue a circular letter supporting NID implementation. The other action is additional massive communication dissemination efforts with existing resources, such as chat groups, mobile communication vehicles, IEC materials in strategic locations, showing video testimonials, strengthening advocacy for regional leaders, and engagement of other sectors and programs including sub-district heads, village/sub-district heads, religious leaders, professional organizations, and community workers in mop-up activities.
21 June 2024	Jakarta	MOHA issued a circular letter to sub-national leadership to support and allocate funding for NID, following the coordination meeting with MOH. This letter is used as a basis for the DHO or Puskesmas to obtain assistance for the use of regional funds.
GREATER PAPUA		
27 May, 4 June, 10 June 2024	Sorong City and Kaimana	<p>To ensure the success of the Polio NID campaign, the DHO of Sorong District conducted a coordination meeting on 27 May with various units, including immunization and surveillance, health promotion, health environment, health resources management, and the pharmacy. On the other hand, the DHO of Sorong City conducted coordination meetings with sub-districts that took place on 4 June and 12 June to address challenges in low NID coverage.</p> <p>The heads of Sorong Barat and Malawei Puskesmas which target the largest population in Sorong City, were invited to accelerate the campaign. As a result of these meetings, additional immunization posts were opened in public places such as harbors, mosques, churches, sub-district offices, and malls. Sorong City has received 46 250 doses of nOPV2. As of 17 June, 27,997 (71.5%) doses of nOPV2 have been received by the 0-7-year-old children in Sorong City.</p> <p>Similarly, Kaimana DHO and Kaimana Puskesmas held a coordination meeting. Kaimana Puskesmas is responsible for 64% of the target population in the district. As of 3 June, Kaimana District reached 20.8%, while Kaimana Puskesmas reached 17.5%. To accelerate immunization, Kaimana Puskesmas formed seven teams to disseminate immunization information at primary schools, kindergartens, and posyandu. Kaimana DHO and UNICEF held an advocacy visit to the district education office to shore up support for the implementation of Polio NID in these institutions.</p>

28 May 2024	Papua	MOH assisted by WHO had a coordination meeting with Papua PHO to discuss polio NID strategies. WHO encouraged the province leadership to visit the districts with large targets. The assistant of the Papua Governor decided to visit Keerom and Jayapura District to monitor NID implementation on 6 June 2024.
29 May and 3 June 2024	Mimika and Manokwari	Mimika DHO and WHO conducted advocacy meetings with the heads of sub-districts and villages in Timika, Pasar Sentral Puskesmas, and Mimika Baru sub-district. As a result, the head of sub-districts and villages established for additional 55 immunization posts for Timika and Pasar Sentral Puskesmas. Similarly, Manokwari DHO held an advocacy visit to the district community empowerment office (DPMK). DPMK would make a circular letter to the village authorities to support polio NID. The village authorities would then coordinate with puskesmas to inform and mobilize the community to be immunized.



Figure 3. Audience meeting on polio NID strategies with Assistant I to the Papua Governor, MOH Director of Immunization Management, Papua PHO, and WHO. Credit: WHO/Kornelius Langga Son



Figure 4. WHO assists Malawei Puskesmas, Sorong City to coordinate with the sub-district head to map pocket areas and arrange additional vaccination sessions. Credit: Malawei Puskesmas



Figure 5. Polio NID launch in Kepi Puskesmas. Credit: Gapai

NID implementation

GREATER PAPUA		
Date	Place	Activity
27 May 2024	Teluk Bintuni, Teluk Wondana, Kaimana, Kepulauan Yapen, Biak, Nabire, Dogiyai, and Puncak	Activities such as advocacy and coordination meetings, supervision and monitoring, awareness campaigns, and health worker training were planned to ensure the effectiveness of the Polio NID. These activities will be implemented across districts based on their specific needs. Launch events were organized in Teluk Bentuni, Teluk Wondana, Kaimana, Kepulauan Yapen, Biak, Nabire, Dogiyai, and Puncak to mark the polio NID, where local leaders raised community awareness about polio immunization campaign.
27–3 June 2024	Sorong City, Sorong, Timika, and Nabire	WHO assisted DHOs in supervising NID implementation in various puskesmas in districts: Malawili Puskesmas, Mimika Puskesmas, Mopah Puskesmas, Sorong Barat Puskesmas, Remu Puskesmas, and Kalibobo Puskesmas. During the visits, it was found that microplanning and proper vaccine temperature management were implemented. However, some parents were not aware of the benefits of polio vaccines, and some districts failed to meet daily vaccination targets. DHOs plan to conduct advocacy and coordination efforts with village authorities to better track immunization uptake using the EPPGBM recording tool, establish additional posts, and conduct awareness-raising activities.
27 May–15 June 2024	Yapen, Mappi, Biak Numfor, Boven Digoel, and Asmat	During the polio NID campaign, UNICEF, and the local immunization team (Tim Imunisasi Papua Juara) provided technical assistance and assisted in monitoring and supervision. Supervision visits were made in DHOs, PHOs, district vaccine warehouses, puskesmas, and immunization posts (schools, early childhood development centres, and posyandu). Technical assistance is provided on vaccine arrival reports.
27 May–18 June 2024	Papua Province and Jayapura City	UNICEF conducted awareness-raising activities, including producing information, education, and communication (IEC) materials, participating in interactive dialogues with RRI Jayapura, and engaging with local journalists. The IEC materials were published in the form of radio broadcasts, digital posters, and billboards in two high-traffic areas in Jayapura City. The main messages focused on general information about polio, the polio situation in Papua, the benefits of vaccination, and details about the polio NID.
29 May 2024	Nabire and Yapen	UNICEF, Central Papua PHO, Nabire DHO, and Yapen DHO held advocacy and dissemination meetings regarding polio NID in both districts. The advocacy meetings invited various stakeholders, such as the education office, religion-based organizations, and local leaders. The meetings covered best practices and lessons learned from previous polio NID and encouraged local leaders to disseminate information to the community.
30 May 2024	Highland Papua	WHO, Highland Papua PHO and DHOs held a series of coordination meetings to identify and address challenges in polio NID implementation. Participants found that several areas faced security issues that hindered implementation. Additionally, many puskesmas were not briefed about the polio NID. These could result in low vaccination coverage. In addressing the issues, WHO encouraged the PHO to improve health worker capacity and prioritize assistance to puskesmas with large shares of targets. The

		governor would also circulate an instruction letter to encourage local health offices and puskesmas to reach all children for vaccination.
30–31 May 2024	Mappi, Papua	Papua PHO, Mappi DHO, UNICEF, and WHO conducted several cross-sectoral coordination meetings with Yayasan Pembangunan Pendidikan dan Kesehatan Papua (YP2KP), GAPAI Papua, local government offices, professional organizations, NGOs, media, and the community. These coordination meetings resulted in a commitment letter to support the polio NID, including awareness-raising activities and community mobilization. This commitment letter ensured that all stakeholders would assist in meeting the polio vaccination coverage target.
31 May 2024	Merauke	Merauke DHO established a new post in a high-risk poor area with a high-density target population, including nomadic Asmat people without formal identification. The latest post was launched by the PHO and DHO, local leaders, and the midwives' organization, demonstrating strong community support. As a result, the post vaccinated more than 60 children. Following this success, another post was launched in the Onggatmit area, vaccinating 102 children. These posts improved access to vaccines, particularly in remote and isolated areas. In addition to polio case management among the Asmat, AFP surveillance was conducted during vaccination to identify new suspects and close contacts.
3 June 2024	Jayawijaya	WHO monitored the polio NID at Wesaput Puskesmas, which was integrated into the routine posyandu program. The polio NID immunized 47 children, a rate considered low, due to inadequate information despite no refusal. To address this, WHO recommended engaging with various stakeholders to mobilize the community, establishing new posts in hard-to-reach areas, and combining immunization in nearby villages at a single posyandu. The second session at Tongkonan Posyandu immunized 50 children with the support of the police force. Puskesmas were advised to request nOPV2 vaccines through the SMILE system. Similarly, Wamena Puskesmas continued NID at Pelangi Posyandu, vaccinating 39 out of 42 target children. WHO assisted Ilegma Puskesmas in preparing for the campaign, coordinating with village authorities and community workers to ensure security from nearby conflict areas. Only one immunization post was set up at the village office, targeting around 100 children.
6 June 2024	Jayapura	Jayapura College of Health (<i>sekolah tinggi ilmu kesehatan</i> / STIKES) will deploy their students to support the polio NID, following a meeting with UNICEF and WHO, as part of the student community support programme. The DHO will continue their coordination and plan with STIKES.
8 June 2024	Asmat District	DHOs, UNICEF, and GAPAI organized infection prevention and control (IPC) for polio and health promotion staff training at Kepi Puskesmas in Mappi and attended by 23 participants, to ensure the effectiveness of the polio NID. Following the training, the DHOs and puskesmas would conduct awareness-raising activities in communities to improve vaccination coverage.
4–14 June 2024	Nabire, Deiyai, Paniai, Puncak Jaya, Jayapura, Manokwari, Boven Digoel	DHOs, assisted by WHO and UNICEF, evaluated the polio NID in several districts: Nabire, Deiyai, Jayapura, and Manokwari . Key findings included that in Nabire, nine puskesmas had not started the campaign due to geographical challenges. In Paniai and Puncak Jaya , security issues, and delayed data reporting. In Deiyai , the campaign had not yet started due to internet connectivity issues, impacting data

		<p>input. In Jayapura, the NID was postponed due to the puskesmas accreditation schedule, and data discrepancies. In Manokwari, targets exceeded the actual population size, with some puskesmas claiming completion of the first round. Solution recommendations included enhancing engagement with village authorities, establishing additional immunization posts, starting the campaign in the Deiyai district, adjusting vaccination coverage targets and posts, allocating resources for hard-to-reach areas, and involving community workers. Additionally, it was suggested to continue mop-up services and verify data discrepancies through rapid convenience assessment (RCA), and door-to-door efforts.</p> <p>Following the meeting, DHOs and UNICEF held a coordination meeting with puskesmas in Boven Digoel. The meeting discussed strategies for reaching unimmunized children and effective awareness-raising activities in the community.</p>
14 June 2024	Jayapura City	<p>Abepura Puskesmas proactively conducted home visits to meet targets in several residential areas. In these visits, immunization officers mobilized the community and disseminated the polio NID information through speakers. This method was effective, and puskesmas would apply this to several other areas to reach wider targets.</p>



Figure 6. Community mobilization for vaccination in Abepura Puskesmas, Jayapura City (left) and interactive dialogue on RRI with WHO, the Indonesian Paediatrics Association (IDAI), and Nabire DHO (right). Credit: WHO/Kornelius Langga Son (left) and Nabire DHO (right)



Figure 7. Immunization for nomadic people in Merauke (left) and advocacy visit to the District Education Office of Kaimana (right). Credit: WHO/Endang Sri Utami (left) and DHO Kaimana/Kety (right)

Surveillance

GREATER PAPUA		
28–31 May 2024	Jayapura	WHO and MOH organized a vaccine-preventable disease (VPD) surveillance workshop for surveillance officers and clinicians. The workshop was attended by 125 participants from the PHO, the DHO, hospitals, and port health authorities. It included hands-on hospital record reviews in four hospitals in Jayapura. Following the workshop, participants created action plans, such as plans for cascading capacity building for the PHO and the DHO, establishment of hospital-based surveillance for hospitals, and enhancing border health control for port health authorities.

Logistic and vaccine management

According to the data reported through the SMILE application as of 17 June 2024, the total vaccine doses received by each province are as follows: 236 050 doses received by Papua, 107 350 doses by West Papua, 149 950 by South Papua, 256 650 by Central Papua, 219 200 by Highland Papua, and 113 950 by Southwest Papua, a total of 1 083 150 doses. In South Papua, 285 vials of nOPV2 (1 vial = 50 doses) remain available for puskesmas that have not started the campaign due to puskesmas completing the accreditation first, relocation, bad weather, geographical issues, and others. The solutions are Puskesmas to open immunization services and combine multiple immunization posts in one day, conducting immunization services in priority areas with larger targets and better accessibility.



Figure 8. nOPV2 vaccine management monitoring in PHO South Papua pharmacy warehouse. Credit: WHO/Endang Sri Utami

Key Issues

- **Low service frequency:** most puskesmas operate only one NID service post per day.
- **Suboptimal supervision:** the supervision of NID immunization services by PHO and DHO remains insufficient.
- **Capacity issues:** some puskesmas postponed polio immunization campaign implementation due to accreditation schedule, security concerns, and data discrepancies.

Next Steps

- **Monitoring activities:** MOH, PHOs, and DHOs ensure puskesmas and immunization posts implement polio NID, monitor vaccine stock, and share feedback for improvements.
- **Advocacy meetings:** DHOs and puskesmas engage with local governments (regents, mayors, and heads of sub-districts) to support and monitor the polio NID.
- **Mapping:** Puskesmas will map immunization posts that are open in separate sessions in a day and additional posts (in shopping malls, churches, and marketplaces). This map will complement that of human resources needs.
- **Documentation:** DHO will document polio NID coverage, and those with low coverage areas will be evaluated.

- **Community mobilization:** DHOs request mayors and village leaders to mobilize local communities and disseminate information in print.
- **Community outreach:** DHOs and partners conduct outreach with the involvement of the Ministry of Communication and Information and the media (print, radio, and TV) to disseminate information about the polio NID.

Surge Support MOH

- Monitored and evaluated polio NID implementation in Greater Papua.
- Secured local governments' commitments to support polio NID implementation.

WHO

- Assisted PHOs and DHOs to organize and strategize polio NID implementation.
- Advocacy to subdistrict and village leaders.
- Monitored and assisted in vaccine distribution to districts and villages.
- Disseminated information and training on proper recording and reporting procedures of NID tools.
- Conducted polio NID re-orientation sessions at puskesmas and DHOs.

UNICEF

- Assisted advocacy to multiple programs to support polio NID implementation as well as nOPV2 vaccine management.
- Conducted awareness-raising activities, including producing IEC materials, and participating in interactive dialogues on radio.

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