



Mop-up Campaign in Chittagong Division, 2007

Myanmar was polio free for more than 7 years. Recently they have reported one polio case having onset of paralysis on 9 March 2007. The case was from Maungdow district, very close to Teknaf upazila of Cox's Bazar, on the other side of the river Naf. Bangladesh was notified about this outbreak on 20 April.

One month ago, Sohel (2½ years), an AFP case from Maungdow district was admitted into Chittagong Medical College Hospital (CMCH) on 20 March with onset of paralysis on 16 March 2007. Two stool samples were collected from the case and sent to National Polio Laboratory (NPL) on 23 March 2007. The NPL isolated P1 virus from both the samples and then the samples were sent to Center for Disease Control & Prevention (CDC), Atlanta for intertypic differentiation (ITD). The ITD result confirmed that the child was a case of type 1 wild polio virus.

In the case investigation form (CIF), Sohel was reported as a case of Ramu upazila of Cox's Bazar. So, when he absconded from CMCH, SMO- Cox's Bazar was notified to investigate the case. But the SMO could not locate the case as per address given in the CIF. Meanwhile, an AFP case was reported from Cox's Bazar District Hospital on 28 March 2007. SMO investigated the case and found that this was the same case who had absconded from CMCH on 26 March 2007. With further investigation, it was revealed that the father of Sohel, a resident of Maungdow, Myanmar, brought his son for better treatment to Bangladesh as per suggestion of his Bangladeshi fish trader friend. The father stated that there were some other children in their locality with paralysis of limbs. The child was released from the District Hospital on 31 March and he left Bangladesh for Myanmar on the same day via Teknaf upazila of Cox's Bazar after staying Bangladesh during the period of virus shedding.

Bangladesh responded very quickly to this outbreak. The National Certification Committee for Polio Eradication (NCC-PE) convened an emergency meeting on 24 April to discuss Myanmar outbreak. The committee decided that a high level team comprising representatives from WHO-HQ, Geneva and WHO-IVD, Bangladesh along with Deputy Program Manager-EPI would visit the areas bordering with Myanmar and assess the risk of polio circulation in those areas. The committee also suggested for active case search for AFP and heightening routine EPI in the bordering upazilas of Cox's Bazar and Bandarban districts.

Accordingly, the risk assessment team visited Ukhia and Teknaf upazilas of Cox's Bazar and Banskhali upazila of Chittagong district from 26-28 April 2007. The team shared their findings in the NCC-PE meeting held on 30 April 2007 that: 1. Surveillance quality is adequate but needs to be intensified due to the recent outbreak. 2. Pockets of under-immunized populations exist in the country. 3. Vaccination coverage in Bangladesh populations bordering Myanmar is lower

than average. 4. Cross border movement of individuals exists. 5. Myanmar refugees in Bangladesh are having continuing ties to Myanmar.

Finally Government of Bangladesh decided that two rounds of Mop-up campaigns would be conducted in Chittagong City Corporation, Chittagong (except Sandweep upazila), Cox's Bazar and Bandarban district targeting about 2 million under 5 children. The first round starts on 20 May 2007 followed by child to child search activities from 21-24 May. The second round will be on 1 July followed by child to child search activities from 2-5 July 2007.



This map shows the movement of the Myanmar polio case to Bangladesh. As of 15 May, Myanmar has reported two wild polio cases and the case reported from Bangladesh is yet to be included in their reporting system. The genetic analysis of the first case of Myanmar shows that their outbreak has been originated from Bangladesh.

All preparations for this campaign are underway. Vaccines and printing materials have been already sent to the field. The cost of this campaign will be borne by WHO.

The response of Bangladesh to this outbreak has been very prompt. We should take all possible measures to vaccinate all target children during this mop-up campaign.

Surveillance Summary for 2000-2007 (through Epidemiologic Week 19, May 06 – 12, 2007)

	2000	2001	2002	2003	2004	2005	2006 ¹	2007 ¹
Number of AFP cases	1138	1287	1365	1128	1301	1458	1619	606
No. of clinically confirmed polio cases	197	NA	NA	NA	NA	NA	NA	NA
No. of compatible cases according to virologic classification system	NA	36	0	0	2	0	1	0
No. of cases with isolation of wild poliovirus	1	0	0	0	0	0	18	0
No. of discarded polio cases (i.e., non-polio AFP)	941	1251	1365	1128	1299	1458	1598	481
No. of cases pending classification	0	0	0	0	0	0	2	125
Expected annual number of non-polio AFP cases (1/100,000 children <15 yr)*	515	533	549	556	563	1094	1114	1135

AFP Surveillance Performance Indicators:

Indicator	Target	2000	2001	2002	2003	2004	2005	2006	2007
1. Annual Non-Polio AFP rate in children < 15 years old	≥ 2.0	1.82	2.34	2.49	2.03	2.31	2.66	2.87	2.32
2. Completeness of passive reporting from facilities	≥ 90%	83%	65%	62%	67%	82%	92%	89%	90%
3. Timeliness of passive reporting from facilities	≥ 80%	58%	38%	36%	62%	75%	84%	83%	83%
4. Suspected AFP cases investigated within 48 hours of notification	≥ 80%	93%	96%	96%	98%	98%	99%	100%	99%
5. Confirmed AFP cases with 2 stool specimens collected ≤ 14 days after paralysis onset	≥ 80%	68%	80%	89%	90%	90%	92%	93%	91%
6. Stool specimens arriving at laboratory ≤ 3 days after collection	≥ 80%	92%	97%	98%	99%	99%	99%	98%	97%
7. Stool specimens arriving at laboratory in "good" condition "good" = 1. Presence of unmelted ice or temperature <8°C 2. Adequate volume (≥ 8 grams or size of ½ thumb) 3. No evidence of leakage 4. No evidence of desiccation (drying)	≥ 90%	100%	100%	99%	100%	100%	100%	100%	100%
8. Confirmed AFP cases receiving a follow-up exam at least 60 days after paralysis onset	≥ 80%	95%	93%	99%	100%	98%	99%	99%	82% ²
9. Stool specimens with laboratory results ≤ 28 days after specimen receipt	≥ 80%	94%	99%	100%	100%	100%	100%	98%	99% ³
10. Stool specimens from which non-polio enterovirus (NPEV) was isolated	≥ 10%	21%	29%	28%	23%	20%	20%	15%	10%

¹ Data as of May 12, 2007; ² among cases occurring up to February 25, 2007; ³ as of April 14, 2007, * Prior to 2005 NPAPF rate calculated as 1/100,000 children.

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