



Tajikistan Polio Update

MONTHLY NEWSLETTER #1, APRIL 2011



UNICEF/2010/Sodiqov

Dear Reader,

We are pleased to introduce to you the first issue of the Tajikistan Polio Update. The Update is a newsletter produced by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in Tajikistan in consultation with other partners. The newsletter seeks to provide stakeholders with up-to-date information about the polio eradication activities in Tajikistan.

With this first issue, we intend to give our readers a general picture about polio eradication efforts in Tajikistan, both in 2010 and this year. At the same time, we would like to test the format and content that the Update should take, in order for it to be informative and interesting.

We would like to encourage you to actively participate in producing the update by sending your comments, news stories and articles about your organisation's activities on polio eradication in Tajikistan. Please send us your contributions through our addresses provided on page 4.

We look forward to hearing from you.

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Nationwide immunisation against polio continues in Tajikistan

After a 13-year absence, Tajikistan witnessed a reappearance of poliomyelitis (polio) early in 2010. Last year the country reported 711 acute flaccid paralysis (AFP) cases, of which 458 were laboratory confirmed for wild poliovirus (WPV).

In response, the Ministry of Health, with support from UNICEF, WHO and other partners, has implemented six countrywide vaccination rounds and one sub-national exercise in 2010 as part of a national immunisation campaign against polio. About 1.1 million children under 6 received the life-saving oral polio vaccine during the first two rounds, with almost 2.7 million children under 15 vaccinated in four subsequent rounds.

The quick and repeated immunisation rounds have helped to halt the polio outbreak in Tajikistan. There have been no new laboratory confirmed polio cases in the country since 4 July 2010.

However, the full eradication of the disease in Tajikistan requires further measures. In order to reclaim the country's polio free status and protect the health and wellbeing of children in Tajikistan, the Ministry of Health will implement another two rounds of the National Immunisation Days (NIDs) against polio across the country on 18-22 April and 23-27 May 2011. Over 1.1 million children under 5 will receive the life-saving polio vaccine during the both rounds at immunisation points located in hospitals, local health centres and other facilities throughout the country.

UNICEF continues to support the Government of Tajikistan by supplying the oral polio vaccine, helping to maintain cold chain



UNICEF Representative in Tajikistan Hongwei Gao checks marks on a child's finger in a rural health facility in Tursunzade to make sure that the child has been immunised against polio (UNICEF/2010/Sodiqov)

equipment and informing the population about the immunisation exercise. WHO is conducting a comprehensive outbreak investigation to support authorities in strengthening AFP surveillance and active case finding, ensure appropriate clinical management of patients and coordinate the nationwide vaccination programme. In the medium term, WHO supports the Government in strengthening its health system, including AFP surveillance structures, immunisation programmes and capacities for outbreak response.



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Tajikistan: Polio facts and figures

- The push to eliminate polio worldwide has succeeded in reducing the incidence of the disease by 99% in less than 20 years. In less than 20 years, more than 2 billion people have been immunised against polio.
- There are four polio endemic countries in the world – Afghanistan, India, Nigeria and Pakistan. Three of these countries are Tajikistan’s neighbours. In 2010, polio was imported to Tajikistan from outside.
- In 2010, Tajikistan reported 711 cases of acute flaccid paralysis (AFP), a sudden paralysis of the limbs, often caused by polio. Out of these, 458 cases were laboratory confirmed for wild poliovirus type I (WPV-I).
- That number was higher than the number of confirmed polio cases in the rest of the world combined in 2010.
- The majority of affected people were children under 6 years of age. The most affected areas were the districts bordering Afghanistan and Uzbekistan as well as Dushanbe and surrounding districts.
- A total of six additional doses of the life-saving oral polio vaccine were administered to children across Tajikistan during six nationwide immunisation rounds and one mopping-up campaign in 34 most affected districts.
- The quick and repeated vaccination rounds have helped to halt the polio outbreak in Tajikistan. The onset date of the last reported polio case was 4 July 2010.
- In 2011, over 1.1 million children under 5 will be immunised against polio during each of the two nationwide immunisation rounds. UNICEF has provided 2.5 million doses of oral polio vaccine for two polio immunisation campaigns in 2011.
- Similar immunisation campaigns will be implemented at the same time in all five Central Asian countries, Azerbaijan, and southern regions of the Russian Federation.

Information is critical in mobilising communities for polio vaccination



UNICEF/2010/Sodiqov

When polio struck Tajikistan in early 2010, a major issue confronting the Ministry of Health and its key partners, UNICEF and WHO, which were preparing to launch a nationwide immunisation campaign, was how to make sure that all parents and caregivers of children that had to be vaccinated were informed of the exercise.

To meet this challenge, agencies involved in polio response in Tajikistan designed and implemented a nationwide communication and social mobilisation campaign. The campaign had several components. First, it

included a strong media component, with public service announcements developed and aired on major national and oblast-level TV and radio stations, spreading the message about polio immunisation. Journalists across the country were briefed about the vaccination process and given an opportunity to observe the exercise and interview experts during specially organised media trips.

Second, leaflets, posters and banners were produced in tens of thousands of copies and disseminated across the country to inform parents and caregivers in various languages – Tajik, Uzbek, Russian and Dari – about the need to immunise their children against polio.

Third, health workers and vaccinators throughout the country were trained in social mobilisation and interpersonal communication skills to effectively mobilise communities for polio and routine immunisation. They were also provided with loudspeakers and spare

battery packs to be able to implement communication activities in isolated and hard-to-reach areas with minimal media penetration.

Independent monitoring implemented during the National Immunisation Days (NIDs) against polio indicated that health workers served as the main source of information on immunisation for the majority of population. They were followed at a distance by television, posters and banners. Religious authorities in some districts also played a role in spreading the message about NIDs.

Based on lessons learnt last year, the communication campaign for the NIDs against polio in 2011 focuses on building up the capacity of health workers in social mobilisation, and spreading the message through electronic media and printed materials. Following WHO standards, WHO and UNICEF organised a series of micro-planning workshops in March for more than 260 immunisation officials across the country. The workshops were requested by the Ministry of Health to help with effective micro planning for the campaign. The workshops included sessions on effective communication and social mobilisation skills, with a particular focus on working with marginalised and underserved population groups. TV and radio spots were developed for airing before and during each immunisation round, inviting parents and caregivers to bring their children to vaccination points. Over 30,000 posters and 5,000 banners have been disseminated across the country to spread the message. UNICEF has also agreed with the Committee for Religious Affairs, that imams (mosque leaders) across the country will help spread the message about immunisation at Friday prayers in the weeks preceding the both campaigns.

To a large extent, the success of the national immunisation campaigns against polio depends on whether people will be provided with correct, timely and sufficient information about the exercise. Therefore, effective communication through a variety of channels is a major component of the success of the upcoming campaigns.

Vaccine saves millions of children in Tajikistan from polio

Since the first documented case of polio was carved into an Egyptian stele roughly 3,500 years ago, the humanity has not come up with an effective treatment for polio. The reality is that polio can only be prevented, and the only way to do so is through vaccination.

Each year vaccine against polio saves millions of children's lives across the world. As the polio outbreak unfolded in Tajikistan in early 2010, the key task confronting the Ministry of Health and its partners, UNICEF and WHO, was to ensure the availability of polio vaccine to immunise the country's children.

Responding to the urgent need, UNICEF as the world's largest provider of vaccines for developing countries procured and delivered the life-saving oral polio vaccine (OPV) to the country. With support from partners in the Global Polio Eradication Initiative, governments of Japan and the Republic of India, and the Japan Committee "Vaccines for the World's Children," UNICEF provided a total of 18.8 million doses of OPV for six nationwide immunisation rounds and one mopping-up campaign in Tajikistan. The total cost of the vaccine was about 3.2 million US dollars.

Oral polio vaccine (OPV) is safe, effective and the WHO-recommended vaccine for polio eradication. OPV is made with a live but weakened virus and is administered through the mouth, usually by a dropper, thus it is called an "oral" vaccine. The weakened virus provokes immunity in the human body, thus protecting people from future contract with wild (disease causing) poliovirus. OPV protects vaccinated persons directly and also protects other susceptible persons who are indirectly "vaccinated" as the vaccine virus spreads in the community.

The vaccine used in the first four immunisation rounds in Tajikistan in 2010 was only effective against wild poliovirus type I (WPV-I), the type of the virus that caused the outbreak in Tajikistan. The vaccine used in the last two rounds also protected children from other types of the virus (WPV II and III) that exist in neighbouring countries, such as Afghanistan.

Vaccines are biological products that must be kept within a narrow temperature range, usually 2-9 degrees Centigrade, through the use of cold chain equipment. The cold chain refers to the storage and transport equipment that enables vaccine to be kept at this temperature from the point of manufacture to the point of use in an immunisation session or a clinic.

Since the mid-1990s, UNICEF, WHO and other partners have been supporting the Ministry of Health in procurement and proper maintenance of cold chain equipment to make sure that the vaccines that save the lives of children in Tajikistan are stored and transported safely.

UNICEF has also delivered 2.5 million doses of OPV for two nationwide immunisation rounds in 2011.



UNICEF staff members help unload the life-saving oral polio vaccine delivered to Tajikistan following a large polio outbreak in early 2010 (UNICEF/2010/Sodiqov)

Surveillance key to polio eradication

Surveillance is a critical component of the polio eradication initiative. It directs eradication efforts and provides evidence when the transmission of the wild polio virus ends.

After the polio outbreak in Tajikistan in early 2010, a WHO team responsible for investigation and follow-up of cases carried out active surveillance throughout the country until the end of the year. As part of the effort, stool samples were collected by the Republican Centre for Immuno-Prophylaxis (RCIP) and shipped to a Reference Laboratory in Moscow, and daily calls to all regions regarding AFP cases availability and investigation were implemented.

Following the recommendations of the rapid assessment of Tajikistan's surveillance system by experts from the WHO Regional Office for Europe, training materials were developed and 19 senior officers, including epidemiologists, neuropathologists, infectionists, immunisation and laboratory experts, and epidemiology lecturers from the national medical university were trained in Acute Flaccid Paralysis (AFP) surveillance. This training was then cascaded to the regional and district levels. WHO assisted in developing and printing surveillance technical guidelines and AFP brochures.

With the support of the WHO Regional Office for Europe and CDC, a nationwide serosurvey was also part of the surveillance effort. Over 2,600 blood samples have been collected from persons under the age of



WHO Representative in Tajikistan, Dr Pavel Ursu, talks to a doctor outside of hospital in a rural area of Tajikistan (WHO/2011/Alimamedova)

24 for the purpose. These will be used to test immunity levels for polio, diphtheria, tetanus, and measles. The outcome of the survey will direct future plans and actions in the Expanded Programme on Immunisation.

Battling polio outbreak in Tajikistan

PANJAKENT DISTRICT, Tajikistan, 11 November 2010 – Savrinisso Yusupova, 34, smiles happily as she leaves hospital after her six-month-old son, Parviz, received two drops of the oral polio vaccine.

“I do not know much about polio,” she says. “However, I have recently learnt from a TV programme that the disease is dangerous and it can cripple my child for life. I am glad that my child is now protected from polio by the vaccine.”

A massive effort

This is already the sixth time this year that Savrinisso brought her child for vaccination in this remote Farob village in northern Tajikistan. Savrinisso’s son is one of almost three million Tajik children under 15 years of age who have been vaccinated in this last round of the nationwide polio immunisation campaign in 2010.

The campaign was launched this spring after Tajikistan witnessed its first reappearance of polio cases since the country was certified as polio-free in 2002. The campaign is coordinated by Tajikistan’s Ministry of Health, with support from UNICEF, WHO and other international partners. It is designed to protect Tajikistan’s children from the deadly disease and make the country polio-free again.

With the support of partners from the Global Polio Eradication Initiative (GPEI), UNICEF procured and delivered almost 17.3 million doses of oral polio vaccine. UNICEF has also led a national communication and social mobilisation effort here to inform the general public about polio immunisation and mobilise communities to support the campaign.

Informing parents

“I was reminded many times about the vaccination dates,” says Savrinisso. “I first learnt about the need to vaccinate my child against polio from TV. The village doctor then came and told me more about vaccination. Finally, my husband also brought the information about vaccination from the local mosque.”



Six-month-old Parviz receives two drops of the life-saving polio vaccine in a rural hospital in Farob village, northern Tajikistan (UNICEF/2010/Sodiqov)

The effort to immunise children against polio was matched by a nationwide campaign aiming at informing parents and caregivers about the need to vaccinate their children. In the run-up to all rounds of vaccination, national and regional TV and radio stations across the country aired repeatedly the announcements about the campaign. Millions of leaflets and hundreds of thousands of posters and banners in Tajik, Uzbek, Russian and Dari were produced and distributed through health centres, schools, kindergartens, markets and mosques across the country.

The social mobilisation campaign focused specifically on remote, isolated and under-served populations, including Central Asian Roma communities and Afghan refugee enclaves.

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