



**Wild Polio Virus Outbreak in the Horn of Africa  
Response Activities: ETHIOPIA  
June 03, 2014**

**Highlights:**

- No new WPV cases reported this week. Ethiopia has 1 WPV confirmed in 2014, with date of onset on 5 January 2014. The total number of WPV cases reported since the onset of the outbreak in August 2013 remains at 10.
- A WPV case with date of onset 11 May 2014 from Jariban Somalia is closely linked to a case from Yasqhid district in Banadir region with date of onset on 11 July 2013. The implication is the existence of gaps in surveillance and SIA. For Ethiopia there is need to strengthen active surveillance and cross border vaccinations and quality of SIAs as Jariban is 70km from the border
- This brings the number of WPV 1 cases since the outbreak in April 2013 in Horn of Africa to 219. (Somalia 195, Kenya 14, Ethiopia 10)
- As of May 28th, 84 cases of WPV were reported worldwide during 2014 (67 from Pakistan, 4 from Afghanistan, 3 each from Cameroon, Equatorial Guinea, and Nigeria ,Iraq (2) and one each from Syria and Ethiopia.
- Preparations in country ongoing for the upcoming 6 months outbreak assessment scheduled for 8-18 June 2014

**Epidemiological Update**

- No new cases reported this week. Ethiopia has 1 WPV confirmed in 2014, with date of onset on 5 January 2014. The total number of WPV cases reported since the onset of the outbreak in August 2013 is 10.
- No cVDPV case in 2013 and 2014.

**Surveillance Update**

- This week, 16 new AFP cases were reported, 6 were from Somali Region. Year to date for 2014, 446 cases with an annualized NPAFP rate of 2.8
- In 2014, 59 AFP cases have been reported with annualized NPAFP rate of 6.1 (compared with a NPAFP rate of 1.4 in 2013). (see p 4-6)
  - The 2 key AFP surveillance indicators were achieved at national level with all regions achieving the minimum case detection rate of at least 2/ 100,000 children < 15 years. Seven regions achieved the minimum % stool adequacy except Addis Ababa Harari, Gambella & Somali.
  - Woreda surveillance focal persons have been instructed to increase frequency of active case search (ACS) from weekly to 3 times weekly.
  - Discussions are ongoing with World Food Programmed (WFP) to link with and strengthen surveillance at food distribution sites.
  - Preparations are ongoing to initiate community based surveillance in Somali Region. Registration of clan and traditional leaders and other linkages at community level is being done.
- All health workers, particularly, in Somali, Afar, Benishangul-Gumuz, Oromia, Gambella, and SNNPR regions, were alerted on the outbreak in Horn of Africa and urged to intensify surveillance.

**Coordination**

- The National Command Post continues to meet regularly, chaired by the Hon. State Minister for Health or the FMOH Director Maternal and child Health (MCH), with participation from WHO and UNICEF and other partners.

- The Somali region coordination meetings (the polio command post) are on-going
- Establishment of a regional command post in Dollo Zone is ongoing by Somali RHB with support from WHO.
- Weekly WHO/UNICEF tele/video-conference is held every Monday between Addis Ababa offices and Somali region field offices in Jijiga, Gode and Dollo Ado.
- Partners supporting the FMOH and RHB in the polio emergency response include ARRA (Government Refugee Agency), Core Group, WHO, UNICEF, UNHCR, MSF, Save the Children.
- The 6 month Polio Outbreak Assessment is scheduled for June 8-18, 2014.

#### **Vaccination Response Update**

- **Data collected from cross-border vaccination sites in the Somali region since September 2013 reveal that 38,864 children (<15 years) have so far received vaccination at these sites.**
- **Gambella**
  - In the reporting period 24,827 South Sudan refugees (<15 years) were vaccinated against polio at the entry points.
  - To have strong early warning, detection, response and recovery, the region is planning RRT teams at all levels, including cascade training.
- Subsequent SNIDs rescheduled to , **14-18 June 2014** and **July 2014**. Additional SNID is proposed for Somali Region (only) in August 2013; NIDs are proposed for November and December 2014.

#### **Technical Assistance (TA)**

- WCO temporarily reassigned 2 officers from one serving as Outbreak Response Coordinator Social Mobilization Officer to Somali Region
- Three WHO International Consultants (technical and operations) still in country with 1 posted to Dollo Zone and 1 in Jijiga for operations support.
- UNICEF deployed 11 communication consultants in Somali (2 Jijiga, 9 Zones) and 47 female woreda messenger advocates and 3 UNICEF Regional Polio/EPI Communication Coordinators are in Somali, Gambella, and Benshangul Gumuz.
- Seven STOP 43 team members are in country supporting Somali Region, Harari, Benshangul Gumuz and Addis Ababa till June 2014.
- WHO total deployment of short-term TAs is 46, 36 in Somali Region and 10 to other high risk zones

#### **Advocacy/Social Mobilization**

- Printed IEC materials at national level under distribution to regions for upcoming June SIA.

##### **Benshangul Gumz**

- Regional EPI task force meeting conducted on June 2 and reactivation of the sub-TWGs done.
- Social mobilization technical working meeting this week to evaluate preparation of next SNID.
- Official letters sent to all zones to do pre-campaign preparation
- Key messages are already prepared, to be sent to mass-media within 2 days.

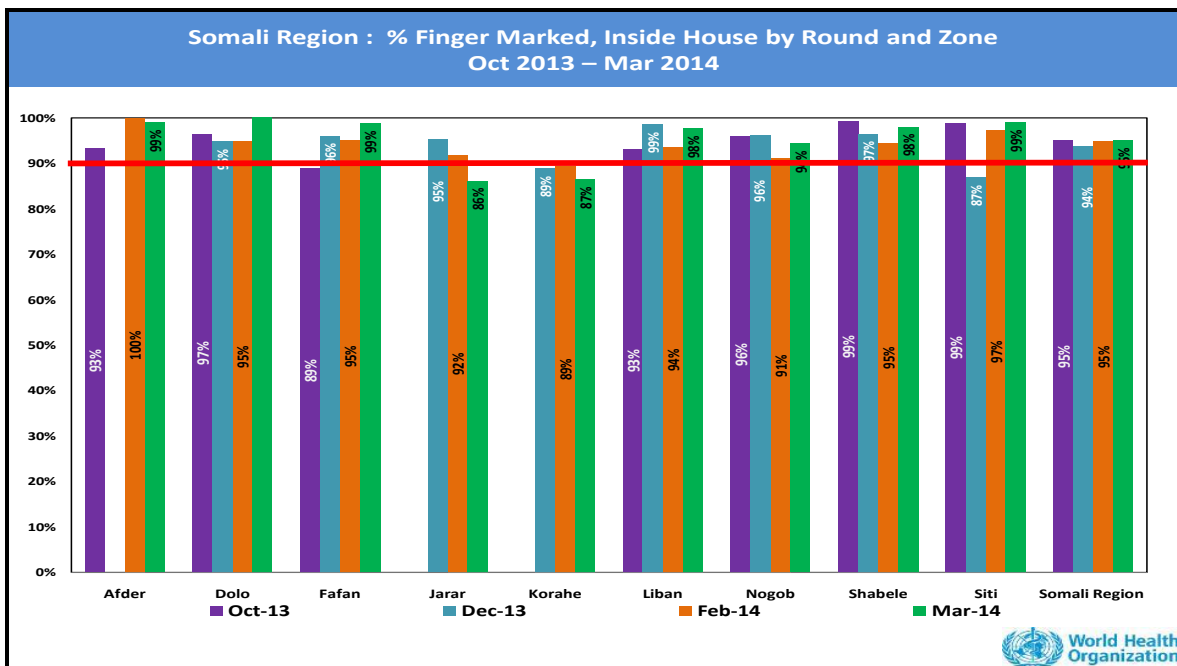
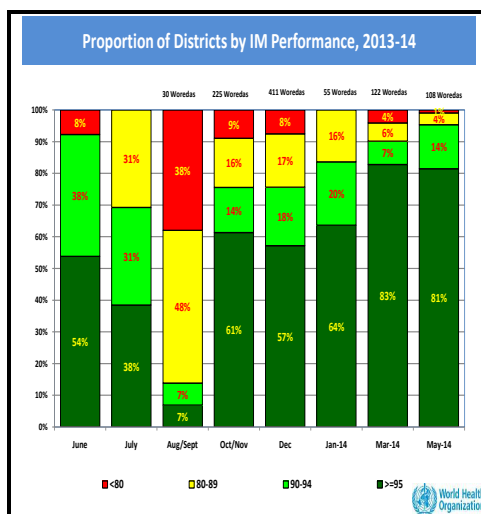
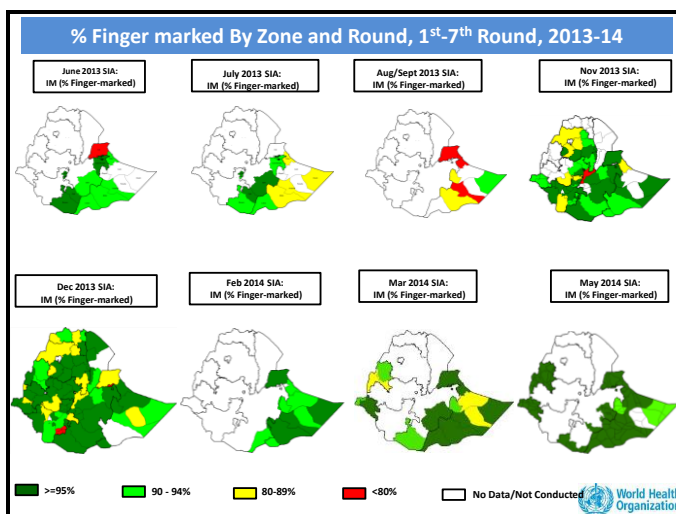
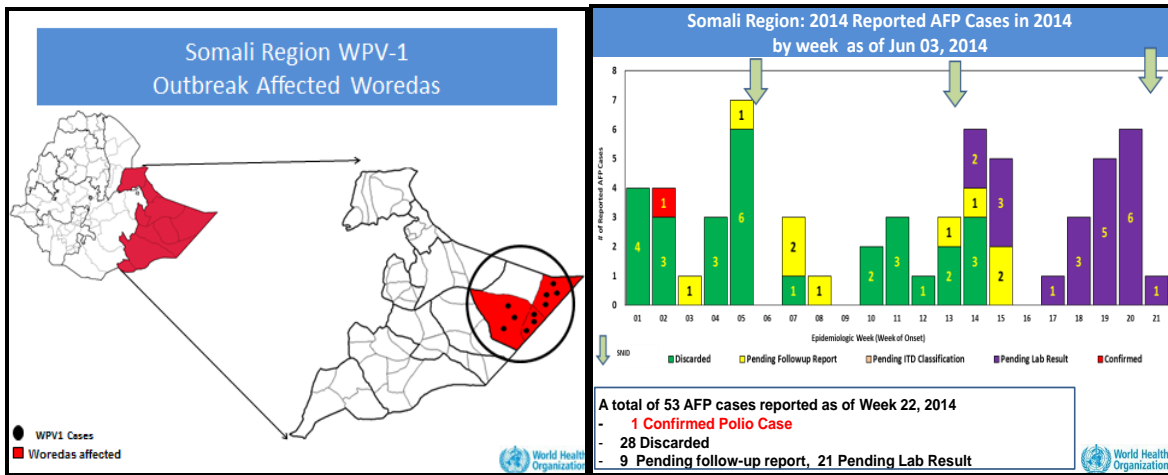
##### **Gambella**

- Microplan preparation underway for 5th round polio vaccination in host community and refugees in the region.

## Polio SIA implementation, Ethiopia, 2013-2014

Round	Regions	Date	Target population	Achievement
Emergency	Refugee camps + Dollo Ado host community	June 5-8	184,611 (<15 years of age)	Admin: 63.1% in Refugee camps (denominator issues)
				96.2% in Host Community.
				IM: 92%
Round 1	Somali (bOPV)	June 21-27	2,664,894 (<5 years of age)	Complete Somali coverage is 95% (840,807 children reached out of a target of 883,365)
	Harar/DireDawa (tOPV)	June 21-24		
	Oromia/SNNPR (tOPV)	June 27- July 1		
Round 2	Somali (bOPV)	July 19-22	2,664,894 (<5 years of age)	Preliminary Somali Coverage is 96% (846,934 children immunised)
	Dire Dawa/Harar (tOPV)	July 26-29		Dire Dawa 102% (51301 immunised) Harar 108% (36727 immunised)
	Oromiya (tOPV)	July 26-29		110% (1452370 immunised)
	SNNPR (tOPV)	Aug 17-20		116% (186404 immunised)
Round 3	Somali except Nogob zone (bOPV)	August 30-Sept 12	846,934 (<5 years of age)	Data collation almost completed except for one woreda 98.6% completeness 805,382 chn > 5 immunized, 95.1%
Mop up activities (Outbreak Response)	Somali, Charati (bOPV)	Aug 18-22	10,000 (< 15)	6,300 immunised
	Somali, Galadi (bOPV)	Aug 20-24	12,500 (<15)	12 347 < 15 immunised (including 781 zero dose).
	Somali Galadi and Bohk( bOPV)	Oct	20000 (<15)	21800 <15 immunized
Border vaccination	28 permanent vaccination posts( PVP) on Somali border	On-going	Under-15	26513 <15 immunised (data collation on-going . updates received only from Moyale)
NID 1 (Round4)	Nationwide (excluding Somali)	3-6 Oct	12,881,750 (<5 years )	National administrative coverage was 99% with regional coverage ranging from 94-110%. IM coverage was 93%.
	Somali Region		Dollo 108,459	Dollo Zone 90% (*provisional data) IM Nogob SIADS 1 <sup>st</sup> Passage- * 89.3% 2 <sup>nd</sup> passage – 95%
			16 Oct-10 Nov	Nogob 65,843 <5 years Other zones 784 975 (<5 years)
NID 2 (Round 5)	Nation wide	Dec. 27 – 30	12,318,310 (<5 years rest of the country for tOPV) and 3,152,961 (<15 years for bOPV)	Preliminary results 98.3% Admin coverage. <b>IM coverage</b> in Somali - 92% Rest of regions 93.5% inside-house, outside-house - 89%
SNIDs (Round 6)	Somali and 6 woredas of Bale zone, Oromia region as well as the refugee camps in Somali, Gambella and Benishangul-Gumuz	Jan 24 – 27, 2014	3,152,961 (<15 years for bOPV)	<b>Somali Region Adm Cov 96.5% and IM Cov 96%</b> <b>Bale Zone 6 woredas IM Cov 98%</b>
SNIDs (Round 7)	Somali, BGumuz, Diredawa,Gambella, Harari, Bale and Borena (Oromia) and all refugees	14-17 March 2014 30March-4 Apr 2014*(Somali)	4,018,509 (under 15 years for bOPV)*	<b>Harari: Admin Cov 116.3% (98,779); IM 100%</b> <b>Bale (Oromiya): Admin Cov 98.9 % ( 171,792; IM 99%), Diredawa 101%, B/Gumuz 93%, Gambella 96.8%</b> <b>Borena: (Oromiya) Admin Cov (96.0%)</b>
SNIDs (Round 8)	Somali, BGumuz, Diredawa,Gambella, Harari, Bale and Borena (Oromia) and all refugees	2-5May , 2014 except Somali 14-20/05/2014, B Gumuz6-9/05/2014 Harari 09-12/05/2014	4,018,509 (under-15 years for bOPV) *	<b>Coverage (IM) nationally is 96% ( H to H) and 97% ( outside of house). Data includes Somali Region</b> <b>Somali Region 89% overall</b>
SNIDs (Round 9)	Somali, Gambella, Benshangul Gumz, Afar, Dire Dawa, Harari and high risk zones in Oromia (5), SNNPR (2), Amhara (1), Tigray (1)	June 14-18	<b>3,949,806 ( &lt; 5 targeted)</b>	<b>Scheduled</b>
SNIDs (Round 10)	Somali, Gambella, Benshangul Gumz, Afar, Dire Dawa, Harari and high risk zones in Oromia (5), SNNPR (2), Amhara (1), Tigray (1)	July TBD	<b>3,949,806 ( &lt; 5 targeted)</b>	<b>Scheduled</b>

<b>Status of Implementation of HOA TAG Recommendations- Ethiopia June 9, 2014</b>	
<b>RECOMMENDATION</b>	<b>STATUS</b>
1. In the view of global cap on funding and vaccine and prioritization to Endemic countries and outbreak areas, TAG endorses and recommends that infected and high risk areas should be prioritized for SIAs. Preventive campaigns should be conducted as per the resources available. TAG encourages local fund raising for the preventive campaigns.	8rounds of Polio SIAs have been conducted in infected and high risk areas. Additional SIAs planned for June, July and August. local resources have been mobilized through the Government and partners such as USAID and CERF
2. Countries should develop and implement specific flexible plans for vaccination, communication and surveillance in mobile population with focus on pastoralists/nomadic community. UNICEF/ WHO ROs to facilitate exchange of good practices, strategies and planning guidelines. The available sources of information (like with RMMS, IOM, UNHCR etc.) should be used to identify, map and reach to this community.	Cross-border vaccination posts have been established in numerous locations in Somali region. Ongoing provision of vaccination has been challenging at some of these locations but over 38,000children < 15 have been vaccinated since September 2013. World Food Programmed (WFP) field monitors were sensitized on AFP surveillance and are now reporting rumors of AFP cases and areas not reached. A proposal was developed to start community-based surveillance in Somali and was funded and implementation has begun. TOT done at regional level.
3. TAG reiterates its earlier recommendation of doing 3 monthly assessment of outbreak response.	Initial 3 month assessment was conducted in February 2014. 6 months post outbreak response assessment is scheduled for June 8-18 <sup>th</sup> .
4. Governments and partners should ensure that necessary funds for conducting quality outbreak response activities reaches to the implementation level at right time.	Ongoing efforts are underway to ensure budget transfers are timely and adequate.
5. Countries should expand use of independent monitoring as per the guideline with focus on using the data for intervention	IM tools have been revised and incorporate variables and indicators that will monitor detailed reasons why children are not reached during SIAs so that these data can be used for interventions
6. All microplans should be done at the lowest operational level and regularly updated.	Bottom-up micro planning has been conducted in all high risk woredas and zones targeted for the SIA. Bottom up micro planning re-conducted in Somali region prior to March SIA to include implementation plans and maps. Micro planning validation conducted prior to start of the March round SIA in selected high risk zones of Somali Region.
7. All refugees and IDPs should be tracked and focused for vaccination and surveillance activities	All refugee camps in Somali, Gambella and Benshangul Gumz regions included in current SIAs. Efforts ongoing to insure synchronization with the host communities.
8. The TAG strongly recommends cross border coordination among countries for Immunization, communication and surveillance activities.	An international cross border meeting with participants from Ethiopia, Kenya, Djibouti and Somalia was held in Jijiga 21-23 May with 155 participants in attendance including WR and WHO HOA Polio Outbreak Response Coordinator.
9. Document various cross-border and nomadic population activities	Importance of these activities has been noted but documentation of all activities is still forthcoming. Effort is underway to initiate tracking of nomadic populations using Kebele Leaders. Tracking of nomadic populations is also supported using social mapping, clan and sub clan leaders and recently engagement with cattle markets and veterinarians.
10. For assessing immunity gap, 'unknown' status of OPV doses in NP AFP cases should be seen along with 'Zero' dose.	Being implemented and monitored accordingly.
11. In addition to NPEV, countries should monitor and report Sabin virus isolation in stool as a proxy indicator for reverse cold chain and lab function	The two indicators are regularly monitored and included in the weekly AFP and polio update
12. Zero dose should be monitored (for trends across area and time) and reported from all Permanent transit vaccination post	Zero dose data has been provided from cross border vaccination posts in Somali region. This information is routinely collected from other vaccination posts.
13. TAG recommendation on sharing of information on activities particularly notification of polio / HOT cases and synchronization of SIAs with the neighboring countries should be continued and further strengthened.	Information sharing ongoing between countries through WHO and HOA Office particularly between Somalia and Kenya.
14. All countries should sharpen strategies to address specific communication issues based on research, including those that contribute to children being missed during SIAs. Efforts should be intensified in and tailored to the high-risk areas.	IM tools routinely capture reasons for missed children and source of information for the SIA. Revised IM tool is collecting more detailed reason for child absent. Implemented in all of Somali Region during 8 <sup>th</sup> SIA.
15. Communication indicators, elucidating reasons for missed children, specifically refusals and reasons for children being absent during SIAs should be collected and systematically analyzed through the independent monitoring process and other tools for action and alternative OPV delivery strategies.	Revised IM data collection instrument is collecting more detailed information on reason for child absence or refusal. Was piloted during Round 7 in parts of Somali region. Review of data from pilot areas suggest that very Few children are reported absent. Analysis of these data will continue to be reviewed in subsequent rounds.
16. Maximize the use of communication "know-how", strategies and platforms for Somali population in the Horn of Africa, including specific interventions to target pastoralist, nomadic and migrant groups.	During March campaign in Somali region, released bulk SMS text messages in English and Somali to 120,000 cell phones.
17. Monitor vaccine utilization at district level, by enhancing district capacity in data management, identification of inconsistencies and adoption of corrective measures. Countries should report on the vaccine wastage as part of SIA report.	Ongoing effort. Data quality varies by region/zones. Hired data manager to support data mgmt. activities in Somali region. Efforts to improve on monitoring vaccine utilization on going. Internationally used format shared with WHO Logistician , awaiting endorsement in Logistics working group
18. Government and partners should hold their staff accountable for responsibilities particularly for polio eradication activities in high risk areas	To ensure accountability, the WHO SOP for Field Staff was reviewed. WCO is implementing the accountability framework for staff.
19. WCO and the government to monitor the progress on customs clearance ( for consumables, reagents and equipment procured by WHO) and make necessary follow-up	Efforts have been made to resolve this issue with a high level meeting with FMHACA, FMOH and WHO. The national lab plan for 2014 also shared to FMHACA and an orientation meeting for FMHACA is planned tentatively in June 2014Higher level FMOH still needed.
20. Country Programmed should review communication and logistics processes and tighten relationships with Intra-country labs to streamline specimen referral and results sharing and avoid back log.	Coordination of lab activities is being strengthened; proposal to engage Somalia and Kenya in transportation of samples from border areas in Somali region under discussion.
21. Prioritize improvement of SIA quality in the infected and highest risk regions/zones and use IM data for improving coverage in subsequent rounds; document reasons for missed children and take appropriate action to reduce missed children.	Several efforts made to improve microplanning training, social mobilization and supervision. Proportion of districts with >90% SIA coverage (by IM) has increased in more recent rounds. In March 83% of woredas had > 95% coverage (IM data). RCS and IM tools revised to incorporate gender and reasons for being absent.-
22. Report on the status of implementation of the 3 months outbreak assessment recommendations	Status of implementation is updated every 2 weeks.
23. Strengthening of AFP surveillance activities should be the priority of the FMOH and all partners in Somali region and all high risk areas	Advocacy efforts are ongoing to make surveillance a priority for the RHBS in Somali and high risk regions. A surveillance improvement plan was also developed for these regions. Efforts to establish community-based surveillance in Somali region have begun. TOT conducted in Somali 29-31 <sup>st</sup> June 2014.
24. Monitor implementation of recently developed routine immunization improvement plan and provide update to TAG	Monitoring framework for RIIP has been developed and endorsed by ICC. Quarterly EPI technical meetings with all regions will be held to assess status of implementation. TAs for to 41poorly performing zones are being recruited.
25. Operationalize communication strategy of engaging cattle market brokers as messengers to communicate with clan elders. Measureable outcomes to be presented at the next TAG	Initial assessment of cattle markers completed. To be integrated with wider efforts on tracking (and reaching) nomadic populations



### 2014 Somali AFP Case Line list- As of June 03, 2014

S.No	EpidNumber	Sex	Age in Months	Zone	Woreda	Date of Onset	Date of 2nd Stool	Date Case investigated	Date Specimen Received by Laboratory	Total # Poliodoses	Stool Condition	Final Culture Result	Final Classification
1	ETH-SOM-FIK-14-0007	M	79	FIK/NOGOB	Fik	04/01/2014	10/01/2014	08/01/2014	12/01/2014	1	Adequate	2-Negative	Discarded
2	ETH-SOM-FIK-14-0011	M	72	FIK/NOGOB	Fik	01/01/2014	12/01/2014	02/01/2014	15/01/2014	0	Inadequate	2-Negative	Discarded
3	ETH-SOM-DOL-14-0012	M	25	WARDER/DOLO	Warder	05/01/2014	12/01/2014	10/01/2014	15/01/2014	0	Adequate	2-Negative	Discarded
4	ETH-SOM-JIJ-14-0022	M	36	JIJIGA/FAFAN	Jijiga Urban	03/01/2014	15/01/2014	14/01/2014	17/01/2014	3	Adequate	2-Negative	Discarded
5	ETH-SOM-WAR-14-0045	F	24	WARDER/DOLO	Warder	09/01/2014	17/01/2014	10/01/2014	24/01/2014	0	Adequate	2-Negative	Discarded
6	ETH-SOM-WAR-14-0046	F	36	WARDER/DOLO	Warder	07/01/2014	17/01/2014	14/01/2014	24/01/2014	0	Adequate	2-Negative	Discarded
7	ETH-SOM-WAR-14-0066	F	108	WARDER/DOLO	Geladin	20/01/2014	28/01/2014	26/01/2014	31/01/2014	0	Inadequate	1-Suspected poliovirus	Discarded
8	ETH-SOM-WAR-14-0067	M	96	WARDER/DOLO	Warder	22/01/2014	30/01/2014	22/01/2014	31/01/2014	99	Inadequate	3-NPENT	Discarded
9	ETH-SOM-WAR-14-0068	F	156	WARDER/DOLO	Warder	12/01/2014	29/01/2014	22/01/2014	31/01/2014	1	Inadequate	2-Negative	Pending Followup Report
10	ETH-SOM-JIJ-14-0071	F	18	JIJIGA/FAFAN	Jijiga Urban	26/01/2014	31/01/2014	30/01/2014	02/02/2014	99	Adequate	2-Negative	Discarded
11	ETH-SOM-FIK-14-0078	M	108	FIK/NOGOB	Fik	26/01/2014	02/02/2014	01/02/2014	04/02/2014	0	Inadequate	2-Negative	Discarded
12	ETH-SOM-GOD-14-0099	M	72	GODE/SHABELE	Gode	27/01/2014	06/02/2014	04/02/2014	10/02/2014	1	Adequate	2-Negative	Discarded
13	ETH-SOM-WAR-14-0100	M	108	WARDER/DOLO	Warder	02/01/2014	06/02/2014	03/02/2014	10/02/2014	2	Adequate	2-Negative	Discarded
14	ETH-SOM-DOL-14-0101	F	10	WARDER/DOLO	Geladin	07/01/2014	06/02/2014	26/01/2014	10/02/2014	1	Adequate	1-Suspected poliovirus	Discarded
15	ETH-SOM-KOR-14-0110	M	24	JIJIGA/FAFAN	Jijiga Urban	09/02/2014	14/02/2014	13/02/2014	16/02/2014	0	Adequate	2-Negative	Discarded
16	ETH-BEN-ASO-14-0111	F	18	JIJIGA/FAFAN	Jijiga Urban	26/01/2014	31/01/2014	30/01/2014	02/02/2014	99	Adequate	1-Suspected poliovirus	Discarded
17	ETH-SOM-KOR-14-0117	F	108	WARDER/DOLO	Warder	22/01/2014	30/01/2014	22/01/2014	31/01/2014	99	Adequate	3-NPENT	Discarded
18	ETH-SOM-FAF-14-0125	F	72	Koraha	K/Dehar	27/01/2014	09/02/2014	08/02/2014	13/02/2014	2	Adequate	2-Negative	Discarded
19	ETH-SOM-WAR-14-0147	M	25	WARDER/DOLO	Warder	05/01/2014	12/01/2014	10/01/2014			Adequate	1-Suspected poliovirus	Confirmed
20	ETH-SOM-DOL-14-0207	M	14	WARDER/DOLO	Boh	18/02/2014	13/03/2014	11/03/2014	18/03/2014	1		2-Negative	Pending Followup Report
21	ETH-SOM-DOL-14-0208	M	24	WARDER/DOLO	Warder	08/03/2014	15/03/2014	14/03/2014	18/03/2014	3		2-Negative	Discarded
22	ETH-SOM-DOL-14-0209	M	48	WARDER/DOLO	Geladin	15/02/2014	12/03/2014	10/03/2014	18/03/2014	2	Adequate	2-Negative	Pending Followup Report
23	ETH-SOM-SHB-14-0213	M	48	GODE/SHABELE	Denan	09/03/2014	17/03/2014	14/03/2014	19/03/2014	3	Adequate	2-Negative	Discarded
24	ETH-SOM-WAR-14-0222			WARDER/DOLO	Warder	30/01/2014	18/03/2014	17/03/2014	24/03/2014	3	Adequate	2-Negative	Pending Followup Report
25	ETH-SOM-NOG-14-0228	M	24	FIK/NOGOB	Fik	15/03/2014	22/03/2014	20/03/2014	26/03/2014	3	Adequate	2-Negative	Discarded
26	ETH-SOM-DOL-14-0242	M	156	WARDER/DOLO	Boh	03/03/2014	27/03/2014	26/03/2014	31/03/2014	0	Adequate	2-Negative	Discarded
27	ETH-SOM-DOL-14-0243	F	24	WARDER/DOLO	Geladin	15/03/2014	25/03/2014	21/03/2014	31/03/2014	2	Adequate	2-Negative	Discarded
28	ETH-SOM-DOL-14-0244	F	60	WARDER/DOLO	Warder	20/03/2014	28/03/2014	25/03/2014	31/03/2014	1	Adequate	2-Negative	Discarded
29	ETH-SOM-FAF-14-0263	F	48	JIJIGA/FAFAN	Jijiga Urban	10/02/2014	03/04/2014	02/04/2014	07/04/2014	5		1-Suspected poliovirus	Pending Followup Report
30	ETH-SOM-KOR-14-0291	M	48	Koraha	Shillabo	01/04/2014	10/04/2014	06/04/2014	13/04/2014	4	Adequate	3-NPENT	Discarded
31	ETH-SOM-LIB-14-0294	F	36	LIBEN/LIBAN	MOYALEE	02/04/2014	11/04/2014	08/04/2014	14/04/2014	99	Inadequate	2-Negative	Pending Followup Report
32	ETH-SOM-FAF-14-0296	M	36	JIJIGA/FAFAN	K/beyah	28/03/2014	08/04/2014	07/04/2014	15/04/2014	4	Adequate	1-Suspected Poliovirus	Discarded
33	ETH-SOM-NOG-14-0301	M	60	FIK/NOGOB	Fik	03/04/2014	12/04/2014	10/04/2014	15/04/2014	1	Adequate	1-Suspected Poliovirus	Discarded
34	ETH-SOM-NOG-14-0302	M	36	FIK/NOGOB	Fik	03/04/2014	12/04/2014	10/04/2014	15/04/2014	99	Adequate	2-Negative	Discarded
35	ETH-SOM-DOL-14-0307	M	12	WARDER/DOLO	Warder	25/03/2014	05/04/2014	03/04/2014	09/04/2014	4		2-Negative	Discarded
36	ETH-SOM-SHB-14-0314	M	84	GODE/SHABELE	Gode	06/04/2014	17/04/2014	15/04/2014	18/04/2014	3	Inadequate	2-Negative	Pending Followup Report
37	ETH-SOM-SHB-14-0317	F	96	GODE/SHABELE	Kelafo	28/03/2014	18/04/2014	16/04/2014	21/04/2014	4	Inadequate	2-Negative	Pending Followup Report
38	ETH-SOM-FAF-14-0330	M	168	JIJIGA/FAFAN	Awbare	08/04/2014	23/04/2014	21/04/2014	26/04/2014	99	Adequate	2-Negative	Pending Followup Report
39	ETH-SOM-DOL-14-0364	M	18	WARDER/DOLO	Geladin	10/04/2014	29/04/2014	24/04/2014	06/05/2014	1	Adequate	Pending	Pending Lab Result
40	ETH-SOM-FAF-14-0380	M	48	JIJIGA/FAFAN	K/beyah	06/04/2014	04/05/2014	03/05/2014	12/05/2014	99		Pending	Pending Lab Result
41	ETH-SOM-NOG-14-0385	F	72	FIK/NOGOB	Salahad	03/05/2014	11/05/2014	09/05/2014	13/05/2014	6	Inadequate	Pending	Pending Lab Result
42	ETH-SOM-DOL-14-0389	M	48	WARDER/DOLO	Danot	03/05/2014	09/05/2014	07/05/2014	14/05/2014	3	Adequate	Pending	Pending Lab Result
43	ETH-SOM-FAF-14-0395	M	32	JIJIGA/FAFAN	Jijiga Urban	04/04/2014	14/05/2014	13/05/2014	16/05/2014	2	Adequate	Pending	Pending Lab Result
44	ETH-SOM-JAR-14-0396	M	12	DEGEHABUR/JARAR	Degehabur	01/04/2014	13/05/2014	12/05/2014	16/05/2014	2	Adequate	Pending	Pending Lab Result
45	ETH-SOM-SHB-14-0413	M	48	GODE/SHABELE	Gode	12/05/2014	17/05/2014	15/05/2014	19/05/2014	8	Inadequate	Pending	Pending Lab Result
46	ETH-SOM-JAR-14-0417	M	132	DEGEHABUR/JARAR	Degehabur	10/05/2014	18/05/2014	16/05/2014	21/05/2014	3	Adequate	Pending	Pending Lab Result
47	ETH-SOM-SIT-14-0418		96	SHINILE/SITI	Dambal	07/05/2014	18/05/2014	24/05/2014	21/05/2014	8	Adequate	Pending	Pending Lab Result
48	ETH-SOM-NOG-14-0422	M	72	FIK/NOGOB	Fik	14/05/2014	21/05/2014	19/05/2014	23/05/2014	4	Adequate	Pending	Pending Lab Result
49	ETH-SOM-NOG-14-0423	F	16	FIK/NOGOB	Fik	10/05/2014	21/05/2014	18/05/2014	23/05/2014	0	Adequate	Pending	Pending Lab Result
50	ETH-SOM-SIT-14-0425	M	31	SHINILE/SITI	Afdam	17/05/2014	22/05/2014	17/05/2014	23/05/2014	99	Adequate	Pending	Pending Lab Result
51	ETH-SOM-SIT-14-0426	F	14	SHINILE/SITI	Afdam	12/05/2014	22/05/2014	12/05/2014	23/05/2014	8	Adequate	Pending	Pending Lab Result
52	ETH-SOM-NOG-14-0432	F	48	FIK/NOGOB	Hamaro +	01/05/2014	23/05/2014	21/05/2014	26/05/2014	0	Adequate	Pending	Pending Lab Result
53	ETH-SOM-JAR-14-0433	M	36	DEGEHABUR/JARAR	Degehabur	15/05/2014	23/05/2014	20/05/2014	26/05/2014	1	Adequate	Pending	Pending Lab Result
<b>Specimen collected in cross border somalia and send to Kenya: Pending Lab Result</b>													
<b>Confirmed Wild Polio Virus 1</b>													