

Abstract

Evaluation of Acute Flaccid Paralysis (AFP) Surveillance System in Bajaur Agency, Federally Administered Tribal Areas (FATA), Pakistan During 2015

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Abstract

Background: Federally Administered Tribal Area (FATA) remains a major reservoir and source of transmission of polio to other parts of the country and abroad. Terrorism, war against terror and anti-polio activities from 2008-2014 in many parts of FATA have badly affected Acute Flaccid Paralysis (AFP) surveillance system. FATA contributed 70% (n=65) and 58% (n=179) in 2013 and 2014 respectively. Bajaur Agency shares borders with Afghanistan and Mohmand Agency due to which it remains a major reservoir of polio virus and has contributed 18 cases in 2010.

Objective: The of this evaluation was to identify strengths and weaknesses of the system to formulate recommendation.

Methods: CDCs updated guidelines for evaluating public health surveillance system 2011 were followed. Descriptive study was conducted in May 2015. Major stakeholders were identified and interviewed through Semi-structured questionnaire. Qualitative & quantitative assessment of AFP surveillance system attributes were done. Sensitivity and PPV was calculated using previous years estimates for FATA.

Results: Results System was found simple, stable and flexible. Representativeness was found average as not covering private sector. Sensitivity was 100% while predictive value positive was 48%. Cases with adequate stools were 81% (n=128). Completeness and timeliness of reports were 87% (n=26). Case investigations within 48 hours of report was 99% (n=156). Stool specimens collected within 14 days of paralysis onset were 81% (n=128). AFP cases with 60 days follow-up were 36% (n=58). Lack of ownership and accountability, poor data management and analysis, inadequate logistics and feedback were identified as major weaknesses.

Conclusions: Health care providers' knowledge regarding AFP was found inadequate and needs regular capacity building. There was lack of government ownership and this system needs official ownership at all levels in order to bring improvements. Human resources and logistics provision needs to be ensured. Regular surveillance data analysis and feedback to health workers is recommended.

(*iproc* 2018;4(1):e10616) doi: [10.2196/10616](https://doi.org/10.2196/10616)

Edited by Y Khader; this is a non-peer-reviewed article. Submitted 29.03.18; accepted 29.03.18; published 29.03.18.

Please cite as:

Rehman I, Saleem M

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iproc 2018;4(1):e10616

URL: <http://www.iproc.org/2018/1/e10616/>

doi: [10.2196/10616](https://doi.org/10.2196/10616)

PMID:

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