IPROCEEDINGS Dahar & Memon

## **Abstract**

## Evaluation of Acute Flaccid Paralysis (AFP) Surveillance System in Sukkur Division - Sindh Province, Pakistan, 2016

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## **Abstract**

**Background:** Pakistan is among three countries in the world with ongoing wild poliovirus transmission. Pakistan established an AFP Surveillance system in 1995 and in 2000 further technical strengthening was provided to system at all levels by WHO. Sindh reported 8 confirmed cases of poliomyelitis in 2016 and 3 cases were from Larkana Division. An adjacent division, Sukkur, is a big reservoir for poliovirus and an intersection between three provinces.

**Objective:** The evaluation was conducted to identify the gaps in the surveillance system and suggest recommendations for improvement.

**Methods:** A descriptive study was conducted during November-December 2016. The study setting was Sukkur Division. Quantitative and qualitative attributes of the system were assessed using Updated CDC Guidelines for Evaluating Public Health Surveillance Systems, 2001. A desk review of literature, departmental reports and records was undertaken. Major stakeholders were identified and interviewed using a semi-structured questionnaire. Sensitivity and PPV were calculated by using WHO estimates of Sindh Province for previous year.

**Results:** Case definition used was simple and gathered all essential information. System demonstrated its flexibility by incorporating information on other diseases like measles and neonatal-tetanus (NNT). The System captured all cases from 3 districts of the Sukkur Division. Data quality is good with 90% of the reports being completely and correctly filled and timeliness of data sharing was excellent with 85% reports reaching the provincial level weekly. Representativeness is average as system has limited coverage of private sector. System sensitivity is 100%, whereas PVP is 0.087%. System functions showing good stability without any disruption.

**Conclusions:** Polio is marked for eradication hence the system is fulfilling its objectives. We recommend coverage of the system to be extended to private sector and report sharing at directorate level. Regular capacity building of the staff is recommended for maintaining the quality and timeliness.

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