

October 2009

Global Polio Eradication Initiative

Central Africa outbreak response

Situation analysis

- Two persistent outbreaks of polio currently affect the southern bloc of central Africa. These outbreaks result from importation of poliovirus from India into Angola and from there into the Democratic Republic of the Congo (DRC), the Central African Republic (CAR), and most recently Burundi.
- The outbreaks are caused by wild poliovirus type 1 (in Angola, Burundi, CAR and DRC) and type 3 (in Angola and DRC).
- Response activities in 2009 have included between two and six Supplemental Immunization Activities (SIAs) covering the affected provinces of each country.

KEY FACTS

- Two outbreaks of polio of Indian origin currently affect the southern bloc of central Africa: in Angola and – via Angola – DRC, CAR and Burundi.
- In 2009, a total of 44 cases have been reported from these countries (as of 6 October).
- Following response activities, both outbreaks are slowly waning.
- However, transmission has persisted in a limited area in Angola and cases have been reported recently in Burundi.
- There remain significant SIA quality concerns in Angola and a need to improve surveillance both there and in eastern DRC.

Background

Type 1 outbreak

- Over the past four years repeated importations from northern India into Angola have caused several outbreaks of type 1 polio, spreading during that period into three countries: Namibia, DRC and CAR. The outbreak in Namibia was stopped within two months.
- In 2009, Angola has reported 26 cases of type 1 polio of an outbreak persisting since early 2007. DRC has not reported type 1 polio since August 2008. However, a recent case of type 1 across the border in Burundi is closely related to the 2008 DRC cases, indicating that there has been undetected circulation of the virus in eastern DRC.

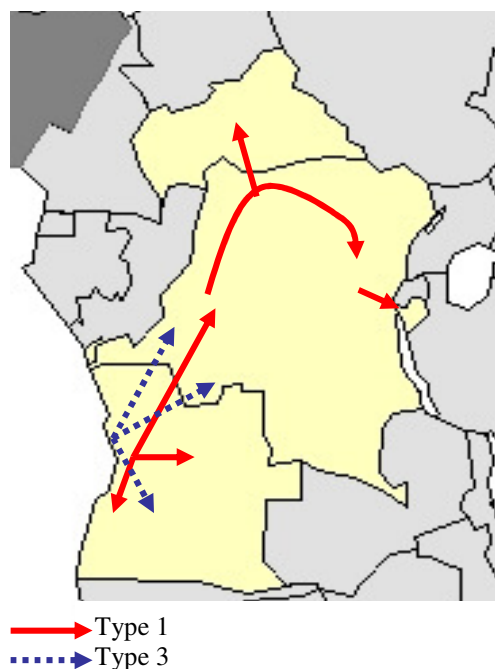
Type 3 outbreak

- Type 3 poliovirus was imported into Angola from northern India in early 2008. This virus has spread into DRC on two occasions, in late 2008 and early 2009.
- DRC is the only country that has reported cases from this outbreak in 2009; however there is a strong likelihood that transmission is continuing undetected in Angola.

Impact of current response

- In Angola, two rounds of National Immunization Days (NIDs) have been conducted in June and August 2009 using trivalent OPV. The outbreak has been largely restricted to Luanda and Benguela. However, the campaigns have been of inadequate quality to stop transmission.
- A NID in October using trivalent OPV will be followed by sub-national immunization days (SNIDs) in Luanda and Benguela, using type-specific vaccine (mOPV1).
- DRC has made significant efforts to conduct response rounds in the face of type 3 in the west of the country and possible continuing transmission of type 1 in the east. SIAs this year have included type-specific as well as trivalent OPV, as geographically appropriate. In Bas-Congo, where the type 3 cases were reported this year, three SIAs have taken place in 2009.
- Evidence is clear that additional and better response activities are essential to stop transmission in Angola – the source of the south-central Africa spread – and eastern DRC. Specific surveillance efforts will be required in both countries before the end of 2009 to identify any remaining areas with polio transmission.
- The survival of type 1 in Angola is a risk to neighbouring countries – as demonstrated in DRC and Burundi. Multi-country response activities are planned for October in DRC, Burundi and neighbouring Rwanda.
- Further east, Tanzania and Uganda are intensifying surveillance activities and undertaking a risk assessment.

Route of poliovirus 2007-09



Country	Most recent polio case	Most recent campaigns
Angola	19 Aug 2009	Sept 30-Oct 4
Burundi	15 Sept 2009	Planned mid-Oct
CAR	9 Aug 2009	11 Sept 2009
DRC	24 June 2009	1 Oct 2009

- At least four doses of OPV are necessary to protect a child from polio paralysis.
- Any missed child is not just at personal risk of contracting the disease, but allows the poliovirus the chance to continue to spread. This unforgiving virus easily finds pockets of susceptible children. That is why every child must be reached during every immunization campaign.
- Outbreak response campaigns will need to continue until the outbreak has been confirmed as successfully stopped.

Tactics to limit the international spread of polio

- In 2009, the Global Polio Eradication Initiative introduced additional activities to minimize the risk and consequences of international spread of polio and to stop outbreaks:
- To improve the proportion of children immunized during future immunization campaigns, a rolling 24-month supplementary immunization activity (SIA) plan has been institutionalized, allowing more lead-time to plan activities.
- Independent, international assessments are being introduced to monitor the quality of outbreak response activities, and assess compliance with the internationally-agreed outbreak response guidelines.
- All countries at high risk of recurrent spread of polio have been requested to update national outbreak response readiness plans.
- To reduce the risk of international spread of polio, new OPV immunization recommendations for residents travelling from polio-infected areas have been published in WHO's *International Travel and Health*.

The Global Polio Eradication Initiative

- The Global Polio Eradication Initiative is spearheaded by national governments, the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF.
- Since 1988 - the year the Global Polio Eradication Initiative was launched - the incidence of polio has been reduced by more than 99%. At the time, more than 350,000 children were paralysed every year in more than 125 countries. To date in 2009, 1,020 cases have been reported worldwide (as of 22 September 2009). Four countries remain endemic: Nigeria, India, Pakistan and Afghanistan. Outbreaks in previously polio-free areas are ongoing in west Africa, central Africa and the Horn of Africa.
- For more information, please visit www.polioeradication.org.