

Global Polio Eradication Initiative

Monthly Situation Report - June 2008

All data as of 24 June. For latest news and polio case data by country, updated every week: www.polioeradication.org

HEADLINES

- World Health Assembly urges continued intensification of polio eradication effort:** Convening in May in Geneva, the Health Ministers of the 193 countries of the World Health Assembly (WHA) urged the continued intensification of the polio eradication effort. The WHA noted the progress in curbing type 1 polio in Asia and called for the continuation of ongoing work to minimise the long-term poliovirus risks in the post-eradication era. At the same time, the WHA expressed deep concern at this year's resurgence of type 1 polio in northern Nigeria, which has seen an eight-fold increase in cases caused by this serotype compared to the same period in 2007. [More](#).
- Polio eradication becomes WHO's "top operational priority":** WHO Director-General Margaret Chan has made polio eradication the Organization's 'top operational priority', putting the full operational power of WHO into finishing the job. Speaking at the annual Rotary International Convention held in the USA, Dr Chan said: "We will move people and money wherever they are needed. I am calling on my senior staff, at regional, country and headquarters levels, to ensure that all administrative and operational bottlenecks within our own organization are unblocked. The credibility not just of WHO, but of many other health initiatives, is on the line. It's not just about eradicating polio. It's about our ability as a society to reach all children to attain the UN Millennium Development Goals." [More](#).
- Nigeria – increasing risk of international spread of polio:** A new type 1 polio outbreak in 2008 sweeping across northern states is increasing the risk of renewed international spread of polio from Nigeria. Upwards of 20% of children remain un-immunized in key high-risk areas. From 2003 to 2006, polio from northern Nigeria re-infected 20 countries, causing outbreaks as far away as Indonesia and Yemen. The risk of renewed spread is magnified due to the upcoming rainy season and large-scale population movements expected for the Hajj in the second half of the year. In a very unusual step, and as a clear sign of growing international concern at the outbreak, the WHA specifically called on Nigeria to reduce the risk of international spread of polio by quickly stopping the outbreak. [More](#)
- New polio cases in Benin and western Niger:** New polio cases genetically linked to viruses from northern Nigeria have been confirmed in Benin and the western part of Niger (close to the borders with Burkina Faso and Mali). It is from these areas that poliovirus originating in Nigeria spread further across West Africa in 2003-04, re-infecting Côte d'Ivoire, Ghana, Guinea and Togo, among others. In response, a multi-country immunization campaign across West Africa was held in mid-June, with further activities planned for July. More below.

COUNTRY FOCUS

India

- In 2008, 275 cases have been reported (5 type 1 and 270 type 3). India is reporting the lowest incidence ever of type 1 polio for the first five months of any year.
- However, as long as type 1 transmission continues anywhere in the country, all areas are at risk. In western Uttar Pradesh, the first type 1 case was reported (from Badaun, onset of paralysis on 4 May), genetically linked to type 1 in Bihar State. The core highest-risk areas of western Uttar Pradesh had not reported a type 1 polio case in 18 months (since November 2006).
- The India Expert Advisory Group on Polio Eradication (IEAG – convening in Delhi on 28-29 May) recommended clear strategies to finish type 1 polio by the end of this year. Critical 'polio emergency mop-up plans' will now be initiated immediately following notification of any type 1 case.
- At the same time, the IEAG urged the continuation of intensified efforts in Bihar, where there is a likelihood of ongoing, low-level type 1 polio transmission in isolated, key highest-risk areas. Technical support to Bihar continues to be scaled-up, and specially-developed strategies to increase access to populations in access-compromised areas (such as the Kosi River basin) continue to be implemented. As a clear sign of ongoing strong commitment, State Minister for Health and Family Welfare Nand Kishore Yadav recently and publicly confirmed polio eradication is a 'top priority' for the state government.

- The IEAG also recommended strategies to continue to curb the type 3 outbreak. [More](#)

Nigeria

- In 2008, 318 cases have been reported (287 type 1 and 31 type 3).
- Nigeria accounts for >85% of type 1 cases worldwide, and 70% of these are from eight key northern states (Kano, Katsina, Jigawa, Borno, Sokoto, Bauchi, Kaduna and Zamfara). Within these states, the bulk of cases are from identified highest-risk Local Government Areas (LGAs).
- Progress had been achieved in Nigeria since 2006, as the proportion of children missed during IPDs had been significantly reduced from >50% in 2006 throughout the north of the country, to 20% in key areas in 2007.
- Renewed engagement of political, religious, traditional and community leadership, as well as new initiatives such as Quranic school engagement and Community Dialogues have contributed to this progress. These improvements, while encouraging, have not been implemented consistently throughout all areas, and must now be extended to all highest-risk LGAs. Consistent and full ownership, particularly in the highest-risk LGAs, will ensure the necessary improvements in operational quality are implemented.
- The Nigerian delegation at the WHA re-affirmed the national commitment and outlined specific actions to urgently address the operational challenges, to rapidly curb this year's

outbreak and minimise the risk of further international spread of poliovirus.

Pakistan and Afghanistan

- In 2008, 14 cases have been reported in Pakistan (10 type 1 in Sindh Province; one type 1 and two type 3 from North West Frontier Province – NWFP; and, one type 1 in Baluchistan); and 8 cases have been reported in Afghanistan (four type 1 and four type 3).
- In Pakistan, in-charge Federal Minister for Health Sherry Rehman personally directed a review of activities in Sindh to ensure more effective implementation of the polio programme. Following an initial high-level of EPI Programme Managers and the state Minister of Health, an Emergency Technical Advisory Consultation is convening in Karachi on 24-25 June.

- Targeted mop-ups – with appropriate mOPVs - are increasingly being implemented, in between large-scale campaigns, and in response to detected viruses (ie in Sindh and NWFP).
- In Afghanistan, the new strategy of Short Interval Additional Dose (SIAD) has been introduced to deliver an extra dose to communities living in known transmission zones who are difficult to reach due to security conditions.
- While most cases in Afghanistan this year are in the Southern Region – where security continues to be a major concern to polio campaigns – two cases have been reported from the Eastern Region, and one case from the Western Region.

RE - INFECTED COUNTRIES

Angola

- In 2008, 16 cases have been reported, one type 1 and 15 type 3. The most recent case had onset of paralysis on 12 May (type 3 from Luanda).
- NIDs on 20-22 June used mOPV3. As Angola is affected by both type 1 and type 3 polio, the objective is to cover all target children in the country with at least two doses of mOPV1 and two doses of mOPV3 between May and October 2008.

Central African Republic (CAR)

- In 2008, one case has been reported (type 1). The case had onset of paralysis on 6 April (from Bangui).
- An NID was conducted on 16 May, using mOPV1. The next NIDs are scheduled for June.

Chad

- With four cases reported this year, all type 3, Chad remains a high risk country for polio transmission due to weak operations during its two supplementary immunization activities (SIAs) this year, conducted in the midst of insecurity. The most recent case had onset of paralysis on 13 April (type 3 from Ouaddai).
- The start date for the staggered SIAs (which had originally been planned to be end-April) was postponed to the third week of June, but recent developments have further delayed confirmation of campaigns in the country. The aim is to conduct immunizations in/around N'Djamena and the south of the country on 21-23 June, and activities on 27-29 June in the north. The rest of the country (particularly in the East) is due

to start campaigns on 13 July, depending on security conditions.

Democratic Republic of the Congo

- Two cases have been reported this year, both type 1. The most recent case had onset of paralysis on 24 March (type 1). The most recent is from North Kivu, bordering Uganda (where surveillance is being strengthened and a contingency immunization plan has been developed.)
- Large-scale outbreak response activities continue.

West Africa (including Benin and Niger)

- In Benin, one case has been reported this year (type 1 from 17 April from Atacora), and in Niger, nine cases have been reported (all type 1, most recent from 12 April from Maradi). Countries across West Africa continue to be at increased risk of further importations from Nigeria. (See 'headlines' section.)

Horn of Africa

- Five polio cases were reported this year in the Ethiopia/south Sudan cross-border area. The most recent case had onset of paralysis on 19 May (type 1 from Warap, southern Sudan).
- A combined cross-border outbreak response was conducted on 9 May and on 4 June on both sides of the border. Longer-term plans, also to strengthen sub-national surveillance gaps across several countries in Central Africa, are currently being formulated.
- A Polio Eradication Coordination Meeting for Ethiopia, Sudan and Somalia is being held in Nairobi, Kenya, on 24-25 June.

Polio eradication in 2008

The intensified polio eradication effort launched in February 2007 has reduced type 1 wild poliovirus - the more virulent of the two remaining types of wild poliovirus - by over 80% and restricted transmission to parts of four countries.

Reaching a polio-free world requires:

1. Further intensifying immunization activities in endemic areas with a mix of monovalent and trivalent vaccines.
2. Improving the ability to reach every child, particularly in northern Nigeria, Bihar in India, southern Afghanistan and parts of Pakistan.
3. Rapidly securing multi-year commitments for the financial resources necessary to implement polio eradication strategies.
4. Swiftly and fully implementing outbreak response guidelines in the remaining re-infected countries and taking steps to minimize the risk and consequences of international spread of polio.
5. Strengthening AFP surveillance at subnational levels in central Africa and parts of Asia.