

NOW, MORE THAN EVER: STOP POLIO FOREVER.



Polio Eradication Situation Report – May 2005

All data refers to end-April

For latest polio case data by country, updated every week: www.polioeradication.org

Headlines

- **Polio reported in Yemen and Indonesia in April, bringing the total number of previously polio-free countries to suffer importations following the 2003/04 outbreak in west Africa to 16.** Such outbreaks are a reminder of our global vulnerability to polio as long as the virus still exists. It is imperative that all polio-free countries maintain high population immunity levels and strong disease surveillance. Such importations are not uncommon in eradication efforts: while they drain programme resources, they do not affect the feasibility of final success. The real epidemiological challenge is stopping ongoing circulation of polio in the remaining endemic and re-established transmission countries.
- **Monovalent vaccine (mOPV1) used for first time** in parts of India for April NIDs. The vaccine will also be used in the Yemen response as recommended by the Initiative's chief advisory body, the Ad Hoc Advisory Committee on Polio Eradication.

The state of polio eradication in 2005

- **It is technically feasible to stop polio transmission by end-2005.** This target will be reviewed in September.
- **There are 6 endemic countries** (Nigeria, India, Pakistan, Niger, Afghanistan and Egypt) **and 6 countries where transmission has been re-established** (Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Mali and Sudan).
- **Success depends on reaching the specific groups of children that remain under-immunized.** In every country, these children are poor, young and living in communities that get little or no basic healthcare.
- **The greatest threats to a polio-free world are:**
 1. **A failure to reach all children** in the remaining endemic districts (especially in India, Pakistan and Nigeria), combined with ongoing insecurity in some countries with re-established transmission (particularly Côte d'Ivoire and Sudan)
 2. **Gaps in sub-national surveillance of the disease** (particularly in West, Central and Horn of Africa).
 3. **Low routine immunization rates** which help the virus spread.
 4. **A funding gap** of US\$50 million for the latter half of 2005 (needed by July); and an additional US\$200 million for 2006.

More than the end of a disease is at stake. Polio eradication would validate a US\$4 billion, 17-year global investment and prove the world can work together to reach a shared public health goal.

Africa

- There has been an improvement in vaccination activities and an increase in the number of children reached during the synchronized SIAs conducted in the first quarter. However, the further spread of polio is a continuing risk, particularly to Eritrea, Djibouti and Somalia.
- Despite the immense efforts to interrupt the transmission of wild poliovirus in Africa, there is a real risk that transmission may continue into 2006, if susceptible children continue to be missed by immunization activities.

Nigeria

- The rate of new polio infections was half of the same period last year.
- Nationwide, 11% of children continue to be missed during SIAs, varying from 4% in the southwest to 15% in the northwest. While this is an improvement, it is still too high to stop transmission.
- The Expert Review Committee on Polio Eradication met on 28-29 April and noted this progress as well as advising that special attention be paid to the high risk wards and LGAs where the quality of SIAs, surveillance or both, continues to lag.
- Wild poliovirus transmission continues predominantly among the very young and the un-vaccinated i.e. 72% of the children with confirmed wild poliovirus were aged under 3 years and 69% of these children had less than 3 doses of OPV.

- The southern part of the country has only sporadic cases. On 27 April, the south reported its first case since September 2004, in Akwa Ibom state.

Niger

- Niger confirmed in late April its the first case (onset of 15 February) since October 2004, in Maradi state bordering Nigeria. Last year, at the same time, the country had 8 cases. A need for strengthened surveillance remains.

Egypt

- Egypt uses mOPV1 for the first time during the 8-10 May NIDs.

West and central Africa

- Concern remains high about access to children in Côte d'Ivoire and Togo.
- No breakthrough cases have been reported since the February NIDs, but data is insufficient to address transmission status.

East Africa and the Horn of Africa

- The President of Sudan launched the campaign in Bahr El Gazal state. Effective social mobilization activities have increased population awareness of polio immunization campaigns. Intersectoral collaboration is evident.
- Ethiopia expanded planned sub-national rounds to NIDs in April and May, and boosted surveillance capacity.
- Djibouti is planning NIDs for 26 May.
- The February and March rounds in Somalia reported modest coverage.

Middle East

Yemen

- The Yemeni authorities have implemented an outbreak response to an importation. This included stepping up active surveillance of AFP cases and a planned campaign using mOPV1. Yemen's previous NIDs were on 11-14 April, held precisely because of the threat of importation from the African continent.
- Four cases of polio were confirmed in Yemen on 20 April, rising to 22 cases by 28 April, with dates of onset in February and March. Suspected cases are increasing rapidly. The cases were spread across the country, in the governorates of Hodeidah, Sana'a, Taiz, Hajjah and Hadramaut. Genetic sequencing confirmed that the virus (poliovirus type 1) is genetically linked to poliovirus circulating in Sudan, originating in Nigeria in 2003-04, with possible entry via Port Sudan into Yemen. The relatively low routine immunization in Yemen (estimated 70% OPV3 coverage) is behind the rapid spread of the virus.

Asia

Indonesia

- Indonesia initiated a surveillance response in West Java and surrounding areas, as well as an outbreak response immunization campaign, in response to 4 children contracting polio in two neighbouring villages. Indonesia has been polio-free for 10 years. The first, an 18 month-old child from Sukabumi district in West Java, became paralysed on 13 March 2005 and had not received OPV. The virus is found to be of type 1, with origin in Nigeria. Analysis suggests it travelled to Indonesia through Sudan, and is related to recently-identified viruses in Saudi Arabia and Yemen. A larger campaign is planned for late May in West Java and two neighbouring provinces. Additional AFP cases are under investigation, all from the same village as the index polio case. Indonesia has routine coverage about 70%, lower in pockets such as West Java (45% of children under 5 years old had received ≤ 3 doses of OPV). Surveillance meets global standards.

India

- Monovalent OPV1 was used for the first time in India, with supply and vaccine administration reported to have gone smoothly. The new vaccine was used in Bihar, Mumbai/Thane and parts of western Uttar Pradesh, to end chains of type-1 poliovirus transmission more quickly.

Pakistan

- Pakistan has reported 6 cases this year, compared to 11 at the same time last year. Monitoring confirmed major improvements in immunization activities. This must be complemented by stronger political ownership at provincial and district levels and increased access to all households, with particular focus on reaching newborns.
- The President is planning a meeting with Nazims of high-risk districts ahead of the high-season SIAs.

Afghanistan

- 5 months have passed without a case reported in Afghanistan, since November 2004. Overall improvements to campaign quality continue to be made, but security concerns in the southern region continue to hamper access to all children.