

NOW, MORE THAN EVER: STOP POLIO FOREVER.



Polio Eradication Situation Report – October 2005

All data as at 11 October 2005

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

Headlines

- **Expert group recommends faster, more aggressive response to polio outbreaks:** At its 11-12 October meeting in Geneva, the Advisory Committee for Polio Eradication finalized policy recommendations for outbreak responses. Major recommendations to countries include: conducting a large immunization response within four weeks of confirmation of a case, conducting at least three house-to-house immunization campaigns 4-6 weeks apart, and using monovalent vaccines.
- **There are now more polio cases in re-infected countries than in endemic ones:** for the first time ever, in 2005, the number of cases in the re-infected countries is higher than in the endemic countries (796 cases versus 552 cases respectively, as at 11 October). This reflects both progress in endemic countries and the great vulnerability of polio-free countries where low routine immunization coverage puts children at risk.
- **Indonesia outbreak continues:** the country's largest-ever recorded polio outbreak expanded in central Java, east Java, and Sumatra. The country completed its second NID at end September. Surrounding countries are increasing immunity levels and vigilance.
- **US\$75 million urgently needed by November:** Funds are needed to ensure implementation of immunization activities in the first quarter of 2006. The US\$75 million is part of a US\$200 million funding gap for 2006.
- **Polio in Somalia:** three cases of polio have been confirmed in Mogadishu, the latest case with onset 21 August. The wild poliovirus isolated from the cases is closely related to virus in Yemen.

Priority countries

Nigeria

- Nigeria is the greatest risk to the overall global eradication effort. The country accounts for 36% of global cases, and has 13 times more cases than the endemic country with the next most cases, India (as at 11 October).
- A Technical Advisory Group meeting held in September 2005 noted recent progress made (2005 cases down 21% compared with cases as at 11 October 2004). The expert group recommended that Nigeria conduct four supplementary immunization activities (SIAs) in the northern states during the first six months of 2006 and consider the use of monovalent OPV in early 2006.

India

- In India, strong progress continues to be achieved. The number of cases reported is just over half that for the same period in 2004 (37 compared with 68, respectively), despite intensified surveillance.
- Monovalent OPV type 1 (mOPV1) has been used in at least three rounds in Bihar and key areas of Uttar Pradesh and Mumbai. Initial surveillance data from these areas show promising results.
- Monovalent OPV type 3 (mOPV3) will be used in selected districts from November, to eliminate India's last type 3 virus.

Pakistan

- In 2005, 18 cases have been reported, compared with 31 for the same period in 2004.
- mOPV1 was used for the first time in Pakistan during the 27-29 September campaign. No type 3 polio has been found in Pakistan in 2005.
- The primary risk to Pakistan's polio eradication effort remains hampered access due to insecurity in some areas of the country, most notably the tribal areas bordering Afghanistan in North West Frontier Province, Balochistan, and areas in southern Punjab and northern Sindh. Intensive advocacy with local leaders to increase access to under-immunized communities and improve SIA quality is helping to solve this issue.

Polio eradication will only succeed if the necessary funds are made available, and with strong political commitment in polio-affected countries. Failure to finish polio will result in more than 10 million paralysed children in the next 40 years and a failure to capitalize on the US\$4 billion global investment in a polio-free world.

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Partners in the Global Polio Eradication Initiative

Afghanistan

- The primary risk to Afghanistan's polio eradication effort is difficulty in accessing children due to insecurity in Southern Region. All four type 3 cases this year have occurred in this region.
- President Hamid Karzai officially launched the latest round of NIDs on 5 September.

Egypt

- Egypt's last polio virus was detected from an environmental sample collected in January 2005.
- Egypt conducted its third NID round with mOPV1 on 25 September.

Niger

- Niger has confirmed 4 polio cases in 2005, compared with 20 cases for the same period in 2004. The most recent case was a type 3 virus (the first since September 2004) in Tahoua, with onset of paralysis on 14 July.

Indonesia

- The country launched its 2nd round of NIDs on 27 September using tOPV. The activity was officially inaugurated by Indonesia's President Susilo Bambang Yudhoyono in South Sumatra. The campaign targeted 24.6 million children and used trivalent OPV. To date, 264 cases have been reported in 7 provinces. mOPV has been recommended for use in future rounds.
- Other countries in Asia, including the Philippines and Vietnam, are holding immunization campaigns to prevent importations of polio from Indonesia.

Other countries/regions

West and central Africa

- The epidemic which began in 2003 is being curbed. Only 5 cases have been reported (outside polio-endemic Nigeria and Niger), in Cameroon, Chad and Mali in 2005. This is compared to 57 cases in 8 countries for the same period in 2004.

Ethiopia and Horn of Africa

- Three cases have been confirmed in Mogadishu, Somalia, with the latest onset of paralysis on 21 August. Somalia has conducted six NIDs this year, with the latest in the Mogadishu area 20-22 September and in the rest of the country 28-30 September.
- In Ethiopia, the outbreak continues to geographically expand, with 17 cases now confirmed, two of which are near the border with Somalia.

Angola

- With 7 cases confirmed in Angola, the country held its third round of NIDs on 30 September.

Yemen

- Yemen has the most cases of any country with importations in 2005 (472 cases as at 11 October). The country has conducted three rounds of SIAs using mOPV1, and the outbreak is considered to be under control.
- Yemen will conduct its next NID round in November.

The state of polio eradication in 2005

- **Commitment to polio eradication is at its highest ever** thanks to visible progress in the hardest endemic areas and powerful new tools like monovalent oral polio vaccines.
- **There are 6 countries with endemic polio** (Nigeria, India, Pakistan, Niger, Afghanistan and Egypt) **and 10 countries which have been re-infected** (Somalia, Yemen, Indonesia, Sudan, Ethiopia, Angola, Mali, Cameroon, Chad and Eritrea).
- **The necessary tools to eradicate polio are now in place.** Stopping polio transmission can be completed rapidly, except in Nigeria. Nigeria will need an additional 12 months to finish the job, due to a 12-month suspension of immunizations in 2003-04.

The remaining challenges to a polio-free world are:

1. **Primary challenge:** Breaking the final chains of polio transmission in the endemic countries.
2. **Acute challenge:** Quickly stopping polio outbreaks in previously polio-free countries.
3. **Cross-cutting challenges:**
 - Maintaining funding and political commitment
 - Addressing low routine immunization rates in polio-free countries
 - Ensuring sufficient vaccines are available

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