

NOW, MORE THAN EVER: STOP POLIO FOREVER.



All data as of 05 April 2006

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

Headlines

- **Nigeria:** more than a fifth of children are still not receiving oral polio vaccine during immunization activities in eight key northern states, leading to increasingly uncontrolled transmission of poliovirus in these areas
- **Somalia:** while the polio outbreak seems to be slowing, cases continue to be reported from new areas; response activities include adjoining areas in Kenya and Ethiopia
- **Pakistan:** two wild poliovirus cases have been reported in the first quarter of the year, fewer than for the same period in any previous year.
- **US\$ 150 million funding gap:** must be filled by July in order to fully implement activities planned for 2006. An update to the financial outlook is expected this month, following discussions with donors.

Country Focus

Nigeria

- In 2006, 105 cases have been reported to date, compared to 32 cases for the same period in 2005. The number of infected Local Government Areas (LGA) has decreased from 326 in 2004 to 217 in 2005 and 63 since December 2005; however, transmission is intense in key states where large proportions of children are missed during immunization campaigns.
- Five states in the north (Bauchi, Jigawa, Kaduna, Kano and Katsina) account for 80% of all cases in 2006 in Nigeria and over half of all global cases. These states, where more than 40% of children have not received any doses of oral polio vaccine (OPV), form the only place in the world with uncontrolled transmission of wild poliovirus.
- Nigeria's Expert Review Committee (ERC) on polio eradication met on 15-16 March. In response to the Government of Nigeria's emphasis on improving routine immunization, the ERC report lists actions that include the implementation of pilot 'Immunization-Plus' Days. In high-risk states, these activities will consist of fixed post activities offering OPV, measles, DPT, and other interventions, followed by house-to-house mop-ups.
- The priority in the next few months is to ensure every child is reached during activities in the high-priority states in order to at least halve the number of "zero-dose" children by June.

India

- 17 cases have been reported in 2006 (compared with 12 for the same period in 2005), all in Uttar Pradesh and Bihar. National Immunization Days (NIDs) took place the week of 9 April.
- One district in western UP, Moradabad, accounts for 6 of the 17 cases this year. Additional Health Secretary Ms. S. Jalaj visited Moradabad on 5 April, together with the Principal Secretary of Health and Family Welfare, to discuss the situation. In the upcoming weeks, an assessment team will attempt to identify the reasons for this concentration of cases and recommend a response strategy.
- Moradabad is one among several critical districts where data suggests fewer children are being immunized than in previous rounds. Some 50 Surveillance Medical Officers will be re-deployed to support the activities in these areas in western Uttar Pradesh and Bihar.
- The primary challenge remains ongoing and efficient transmission in key reservoir areas. For 2006, the focus continues to be on reaching every child with mOPV1, particularly newborns.

Pakistan and Afghanistan

- In Pakistan, only two cases have been reported this year, compared with four for the same period last year. This is the lowest number of cases for the first quarter ever recorded. NIDs took place in the first week of April.
- The primary risk to Pakistan's polio eradication effort remains restricted access in some areas of the country, notably the tribal areas bordering Afghanistan in North West Frontier Province (NWFP), Balochistan, and areas in southern Punjab and northern Sindh.
- For 2006, the highest priority is to focus resources and efforts in the joint polio reservoir between Afghanistan and Pakistan, a corridor extending from southern Punjab/northern Sindh into Balochistan and southern Afghanistan. During the April NIDs, experienced consultants will be deployed to this corridor.
- In Afghanistan, four cases have been reported this year, compared with none for the same period last year. NIDs took place in early April.
- The importance of increasing coverage in Kandahar was the focus of a high-level advocacy meeting between the Minister of Health and WHO. Monitoring data indicates that coverage was improved in Hilmand and Uruzgan in SIAs in

the latter part of 2005 and early 2006. The strategies put in place to increase access to populations in these two provinces will now be used in Kandahar.

Indonesia

- Only two cases have been reported this year, and the epidemic appears to be on the wane. However, vigilance must be maintained to detect cases and respond promptly. Independent monitoring of the January and February campaigns indicate good coverage, with 85% of children in the target age range reached in January and 90% in February in the high-risk areas monitored.
- NIDs are scheduled for mid-April. Key to success will be conducting an adequate number of high quality campaigns in 2006, with a focus on Aceh and East Java, where the latest two cases were detected.

Bangladesh

- The response to the importation case reported in early March will follow the guidelines adopted by the WHO Executive Board. The first of three NIDs is scheduled for 16 April.

Horn of Africa and Yemen

- In Somalia, 199 cases have been reported since the outbreak began there in July 2005, including 14 in 2006. While the outbreak appears to be on the decline in Mogadishu, cases have been reported from the newly-infected areas of Lower Juba and Mudug. NIDs took place at the end of March: initial reports suggest fair quality.
- In Ethiopia, one case was reported this year, in the Somali Region, an area of significant exchange with Somalia. Moderate improvements have been made in immunization coverage: in 2005, 56% of non-polio AFP cases had received three or more doses of OPV, up from 47% in 2004. Sub-national immunization days are scheduled for 14-17 April, targeting six million children.
- In Yemen, in response to the one case reported this year, two mop-up campaigns targeting 2.8 million children are planned for early April and May, supported by technical staff from WHO Office for the Eastern Mediterranean Region.
- A critical challenge remains stopping the final chains of transmission within the Horn of Africa with mop-ups before the beginning of high-season transmission. Focus for 2006 will be on increasing access to all populations in Somalia, and ensuring a sufficient number of high-quality campaigns are held in Ethiopia and Yemen.

West and central Africa

- Importations remain the greatest risk across the region, until the intense transmission zones in northern Nigeria are controlled and stopped. The primary challenge remains maintaining high population immunity levels, while further increasing surveillance at sub-national levels throughout west and central Africa.
- Niger continues to have cases due to repeated importation of viruses from Nigeria (three cases in 2006).
- In Chad, analysis of non-polio AFP cases indicates an improving immunity profile; 76% of non-polio AFP cases in 2005 have received three or more doses of OPV. NIDs were held on 31 March, following the most recent case, which had onset of paralysis on 7 December.

The state of polio eradication

In 2005, the world moved several critical milestones closer to polio eradication, including the successful introduction of the monovalent oral polio vaccines, visible progress in the hardest endemic areas and an end to west and central Africa's epidemic (outside Nigeria).

Only 4 countries are still polio-endemic - an all-time low: Nigeria, India, Pakistan and Afghanistan. Egypt reported its last poliovirus in an environmental sample in January 2005, and Niger's cases in 2005 were all importations from Nigeria.

In addition to the endemic countries, five countries have reported polio cases in 2006 due to importations (Somalia, Yemen, Indonesia, Bangladesh, Ethiopia).

The necessary tools to eradicate polio are in place. Stopping polio transmission can be completed rapidly, except in Nigeria, where at least an additional 12 months will be required to finish the job, due to intense transmission in key states.

The remaining challenges to a polio-free world are:

- Curbing the intense transmission in the high-priority states in northern Nigeria
- Sustaining campaigns to break the final polio chains in the other three endemic countries.
- Rapidly stopping polio outbreaks in previously polio-free countries.
- Addressing low routine immunization rates and surveillance gaps in polio-free areas
- Maintaining funding and political commitment

Polio eradication will only succeed if the necessary funds are made available, and with strong political commitment in polio-affected countries. More than 10 million children will be paralysed in the next 40 years if the world fails to capitalize on its US\$4 billion global investment in eradication.