

# NOW, MORE THAN EVER: STOP POLIO FOREVER.



## Polio Eradication Situation Report – December 2005

Data as at 6 December 2005; for latest polio case data by country, updated every week: [www.polioeradication.org](http://www.polioeradication.org)

### Headlines

- **Saudi Arabia announces contribution:** At the Extraordinary Summit of the Organization of Islamic Conference on 6-7 December, Saudi Arabia announced a contribution of Saudi Riyals 10 million (US\$ 2.66 million) to WHO for polio eradication. Previous Saudi support to polio eradication included mediation to help resumption of immunization in northern Nigeria in 2004 as well as actions to verify that visitors to the Kingdom are vaccinated against polio.
- **Cases drop by 63% in India:** During the peak transmission period August to October, only 25 cases have been detected in 2005 (compared to 68 in 2004 and 79 in 2003). The introduction of monovalent OPV type 1 (mOPV1) appears to have had a significant impact.
- **Somalia epidemic ongoing but contained:** The ongoing epidemic is still largely contained in the Mogadishu area. The seven rounds of National Immunization Days (NIDs) conducted earlier in the year are expected to limit the risk of geographic spread beyond this area.
- **Polio eradication in the near future is feasible, with strong political commitment and availability of timely, sufficient funding:** negotiations are at an advanced stage for half of the US\$ 75 million required by year's end. An urgent appeal is made to all long-time donors who have contributed to the success of the eradication programme and to new donors to provide US\$ 75 million to ensure that immunization activities in the first quarter of 2006 can proceed. Multi-year pledges are still required for 2006-2008.

### Endemic countries

#### Nigeria

- Nigeria still has the highest caseload in the world, with 604 cases (38% of global total).
- Government commitment is at high levels and must be sustained over 2006 to ensure that immunization activities reach all children. The Expert Review Committee on Polio Eradication in Nigeria meets 15-16 December.

#### India

- The introduction of monovalent OPV type 1 appears to have had a significant impact, particularly on transmission in Mumbai and in western UP. The Greater Mumbai area has not detected local transmission of wild poliovirus since April 2005. Transmission is down significantly in western UP, with only 10 cases in the peak transmission period compared to 43 in 2004.
- At its meeting this week, the IEAG considered that the greatest risk to polio eradication in India is the ongoing transmission in Bihar. From Bihar, in 2005 virus has been exported to Mumbai, Punjab, Jharkhand, and UP within India, and most seriously, internationally to Nepal. Recognizing these risks, the the Union Government and the State Government of Bihar plan to ensure that Supplementary Immunization Activities (SIA) in early 2006 are of excellent quality and that WPV transmission is finally interrupted in that state.

#### Pakistan

- The number of cases in Pakistan (22) is about 50% of the same period last year; surveillance is heightened and quality of immunization activities appears to have improved. Sustained effort is imperative at the federal, provincial and district levels, particularly as reported cases indicate continued circulation in several districts..

#### Afghanistan

- Polio transmission continues in areas with security and access problems, notably in the southern region, with a total of 6 cases this year. Government commitment is high, with a presidential launch of NIDs in Sept and a personal visit to the south by the Minister of Health.

#### Egypt

- Egypt's last polio case was May 2004 and the last detected wild poliovirus was from an environmental sample collected in January 2005. Six NIDs were conducted in 2005, three of them with mOPV. Independent monitoring reports indicate coverage rates exceeding 97%.

#### Niger

- The two most recent cases in Niger are under investigation to determine whether they represent importations or indigenous transmission.
- A pilot study in Dosso region of the distribution of bed nets for malaria protection demonstrated the success of an integrated campaign, leading to a joint polio-malaria intervention nationwide in December.

## Other countries

### Indonesia

- The November NIDs were preceded by strong social mobilization and media coverage. Monovalent OPV was used in Sumatra and Java, with trivalent vaccine in the rest of the country. There have been seven breakthrough cases since the September NIDs, all in Sumatra and Banten.

### Somalia

- The ongoing epidemic is still largely contained in the Mogadishu area (total 73). A review of management and operations in the country was conducted in order to guide action and limit the outbreak. The seven NIDs conducted so far this year, three of them using mOPV, are expected to limit the risk of geographic spread beyond Mogadishu.

### Ethiopia

- No cases have been reported since the September NIDs. The quality of the activities of the most recent round using mOPV was high, according to independent data monitoring.

### Yemen

- The epidemic was contained in a record period for an outbreak of such large scale, with no cases reported since 17 October 2005. The Technical Advisory Group recommended ensuring two rounds of SIAs after the last case. The second of these rounds is scheduled for last week of December.

### Nepal

- Virus has been imported into Nepal from Bihar state in India by two separate transmission chains. The most recent SIAs were on 20 November.

### Sudan

- The seventh SIAs in 2005 were completed in November. No cases have been recorded since June. The movement of people, especially in view of the upcoming Hajj, poses a potential threat.

## The state of polio eradication in 2005

- **Commitment to polio eradication is high** thanks to visible progress in the hardest endemic areas and powerful new tools like monovalent oral polio vaccines.
- Of the six countries considered endemic at the start of 2005, five are reporting polio cases in 2005 (Nigeria, India, Pakistan, Niger and Afghanistan). The sixth (Egypt) reported its last poliovirus in an environmental sample in January 2005. Additionally, 11 previously polio-free countries are reporting polio cases in 2005 (Somalia, Yemen, Indonesia, Sudan, Ethiopia, Angola, Mali, Cameroon, Chad, Eritrea and Nepal).
- **The necessary tools to eradicate polio are now in place.** Stopping polio transmission can be completed rapidly, except in Nigeria. Nigeria will need at least 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 vaccine is available.

**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.