

# NOW, MORE THAN EVER: STOP POLIO FOREVER.



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## Global Polio Eradication Initiative Monthly Situation Report: December 2007

All data as of 18 December 2007

For latest news and polio case data by country, updated every week: [www.polioeradication.org](http://www.polioeradication.org)

### Headlines

- **Advisory Committee on Polio Eradication:** The strategic guidance body for polio eradication met 27-28 November and concluded that type 1 polio is well-positioned for interruption of transmission in 2008. In view of the headway made against type 1 following the use of monovalent oral polio vaccine against that type (mOPV1), the ACPE endorsed strategic interspersing of mOPV1 and mOPV3 to maintain pressure on type 1 while responding to type 3 as swiftly as possible. While expressing general optimism, the group also highlighted, however, of the urgent need to reach a higher proportion of children during supplementary immunization activities, particularly in northern Nigeria. The agenda also focused on planned and current research to both accelerate eradication and secure the post-eradication world. For details of country-specific guidance, see below. See [full report](#) and an overview of polio eradication [research and product development](#).
- **WHO Director-General visits India and applauds progress and dedication:** On her third visit to a polio endemic country this year, Dr Margaret Chan met with India's Prime Minister to reaffirm her full support for the country's polio eradication efforts. Prime Minister Manmohan Singh pledged his country's firm financial and political commitment until polio is stopped. Dr Chan also visited the Chief Ministers of Bihar and Uttar Pradesh, the two remaining endemic states of India, and discussed with them the remarkable progress made against type 1 polio and specific strategies to interrupt these last reservoirs of the virus.

### Country Focus

#### India

- In 2007, 471 cases have been reported (68 type 1 and 402 type 3), a decline of 23% in all cases compared to the same period last year – and a 88% decline in type 1 cases alone. India has the highest number of cases of any single country in 2007.
- As part of ongoing intensified eradication efforts, Supplementary Immunization Activities (SIAs) were held from 25 November to 1 December, using a mix of monovalent and trivalent oral polio vaccines across Uttar Pradesh, Mumbai and Orissa. An additional SIA started on 9 December in Bihar and limited areas of West Bengal and Jharkhand.
- During her meetings with the Chief Ministers of the endemic states of Bihar and Uttar Pradesh, WHO Director-General Dr Margaret Chan discussed special plans to reach children living in the floodplain of Bihar. The Chief Minister of Uttar Pradesh has placed polio eradication as one of the top three priorities of her government.
- The ACPE noted in its final report the current unprecedented opportunity over type 1 and stressed the importance of stopping type 1 in central Bihar as well as reducing the risk of this type moving back into areas where it appears to have been interrupted, especially western Uttar Pradesh. These conclusions were borne out by the recommendations of the interim India Expert Advisory Group, meeting 18-19 December in Delhi: a schedule of SIAs aimed at maintaining type 1 immunity in Uttar Pradesh, enhancing it in Bihar and controlling type 3 poliovirus, with interspersed use of mOPV1 and mOPV3 during 2008.

#### Nigeria

- In 2007, 257 cases have been reported (98 type 1 and 159 type 3), representing a 77% decline in cases compared to the same period in 2006 and a 89% decline in type 1 polio alone.
- Immunization Plus Days were held in endemic states on 24-27 November, and were followed in Kano in the first week of December (delayed due to security). The southern states of Oyo, Ogun and Lagos held mop-ups using mOPV3 on 1-4 December, in response to recent type 3 cases.
- In its final report, the ACPE noted that northern states in Nigeria had conducted vaccination campaigns of increasingly improving quality and with strong local ownership in 2007. In order to stop transmission, the proportion of 'zero dose' children in the key states of Kano, Katsina and Jigawa will have to be lowered to fewer than 10%, from 34%, 23% and 25% respectively, in 2007. Additionally, special effort must be made in Borno state in the north-east, to stop the recurrent re-infection of neighbouring countries.

#### Pakistan and Afghanistan

- In 2007, 24 cases have been reported in Pakistan (12 type 1 and 12 type 3) – a 40% decline over the same period last year – and 13 cases in Afghanistan (4 type 1 and 9 type 3) – a 56% decline over the same time in 2006.
- The spur of recent cases reaffirms the need to reach all children during every immunization campaign.

- Subnational Immunization Days (SNIDs) were coordinated between Afghanistan (9-11 December) and Pakistan (11-13 December). In Afghanistan, military operations in Muzaqala District in Hilmand Province started a day before the immunization campaign, and extra vaccination teams were placed at points where families passed as they fled the conflict. In Pakistan, all areas were adequately covered with the exception of Swat, one of 32 districts in North West Frontier Province, where activities were suspended and the security risk remains considerable.
- The ACPE applauded the close coordination between these two countries, especially in view of the security situation along their common border. Given the low levels of transmission and the 4 rounds earlier this year using trivalent OPV, the ACPE recommended an alternating regime of mOPV1 and mOPV3, adjusted to the evolving epidemiology.

### Re-infected countries

- **Chad:** With 14 cases this year, Chad has conducted 7 SIAs in 2007, the most recent of which was on 23 November, coordinated with neighbouring Niger and Nigeria. The ACPE voiced particular concern over the quality of SIAs in Chad – given the length of its outbreak and its central location and potential to seed further re-infections– urging that it be accorded full technical support to implement outbreak response guidelines. Chad's next SIAs are scheduled for 26 January, synchronized with Nigeria.
- **Niger:** Following a total of 10 cases this year, and a frequent destination for poliovirus of Nigerian origin, Niger has conducted 5 vaccination campaigns this year, the most recent of which was on 23 November. The next SIA is scheduled for late February 2008, synchronized with Nigeria. In addition to repeated importations, genetic sequencing indicates limited spread of imported poliovirus.
- **Democratic Republic of Congo:** DRC has the highest number of cases of any re-infected country (40); its most recent case had onset of paralysis in October. The most recent SIAs took place in mid-December along the Congo River, which serves as the central transport artery and has enabled spread of the virus, putting children along its banks at greater risk.
- **Sudan's** most recent SIAs were scheduled for 29-31 December, in the north of the country. South Sudan completed SIAs on 5-7 December. The only case in Sudan this year had onset of paralysis on 10 September, but the country has been holding regular SIAs this year as it serves as a hub for travel between sub-Saharan Africa and the Middle East, which led to the spread of polio in 2004-05 through Sudan.

### The state of polio eradication

**The world now has its best chance to eradicate polio:** Only four parts of four countries have never interrupted indigenous wild poliovirus transmission: Nigeria, India, Pakistan and Afghanistan. **Global polio eradication depends on the engagement of the leaders of these four countries.**

**The tools to eradicate polio are better than ever.** The programme now has vaccines which are twice as effective and diagnostic tools that detect and track poliovirus twice as fast. New tactics have been formulated to reach all children in endemic areas.

**New policies and tactics are in place to minimize the risks and consequences of international spread of poliovirus:** travellers to and from polio-endemic countries are advised to be fully vaccinated before travel.

### **The remaining steps to a polio-free world include:**

1. Rapidly overcoming the remaining operational challenges to reaching every child in the four endemic areas of Afghanistan, India, Nigeria and Pakistan.
2. Rapidly mobilizing the necessary financial resources to fully implement polio eradication strategies.
3. Continuing outbreak response activities in the remaining re-infected countries, and minimise the risk and consequences of further international spread of polio.
4. Maintaining high quality AFP surveillance in all countries.