

NOW, MORE THAN EVER: STOP POLIO FOREVER.



Partners in the Global Polio Eradication Initiative

All data as of 14 March 2006

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

Headlines

- **Polio in Bangladesh:** a 9-year old girl was paralysed by polio on 23 January. An international team has been dispatched to Bangladesh to facilitate the investigation of an importation, as well as the response plan. It is the first case in Bangladesh since August 2000. The case is genetically related to virus circulating in Uttar Pradesh, India, in 2005.
- **Egypt:** On 8 March, HE Mrs Suzanne Mubarak, the First Lady of Egypt, held a ceremony announcing Egypt free of endemic wild poliovirus. "This event marks the fulfilment of a dream we have always sought to make real," she told a gathering.
- **The Commonwealth and polio eradication:** Her Majesty Queen Elizabeth II, Head of the Commonwealth, raised polio and other public health issues in her address to Commonwealth countries on Commonwealth Day. A transcript and audio recording of her speech can be accessed via www.polioeradication.org.
- Again in the context of Commonwealth Day, at a reception for Commonwealth High Commissioners in London, HRH Prince Charles met with Dr David Heymann, WHO Representative for Polio Eradication, to receive an update on the global polio eradication effort. HRH Prince Charles expressed support for polio eradication, and committed to advocate for polio eradication during his travels to key polio-affected countries.
- **Nigeria:** the polio infrastructure is supporting activities in response to the recent confirmation of H5N1 strain of avian influenza in birds.
- **Somalia:** a polio case was confirmed close to the border with Kenya and Ethiopia, prompting a need for an urgent immunization response in both countries.
- **US\$ 150 million funding gap for 2006:** to fully implement polio activities planned for 2006, US\$ 75 million is needed by end-March and an additional US\$ 75 million is needed by July. Discussions with donors are ongoing, and an update to the financial outlook is expected in April.

Country Focus

Nigeria

- The number of cases in 2005 exceeded the total number of cases reported in 2004 (792 compared with 782). However, the majority of Nigeria is now polio-free; the number of states reporting confirmed polio has declined from 30 in 2004, to 21 in 2005 and 10 since 1 December 2005.
- The primary challenge remains ongoing coverage gaps during immunization campaigns, in six key states in the north of the country (Bauchi, Borno, Jigawa, Kaduna, Kano and Katsina). The number of children in these states who have not received any doses of oral polio vaccine (OPV) remains very high (between 40% and 52%), well above the national average.
- The polio infrastructure is supporting the response to avian influenza, by facilitating surveillance for potential human cases; assisting in laboratory activities; raising community awareness during NIDs; and providing logistical support to technical staff, including transportation, communications, office space and data transfer capacities.
- For 2006, the eradication focus is on replicating the improvements achieved at state, district and ward levels in the polio-free areas to help ensure every child is reached during activities in the remaining 6-8 high priority states, and reduce the number of zero-dose children by 50% over the next six months.

India

- 12 cases have been reported in 2006, compared with 8 for the same period in 2005. 9 of these cases are in Uttar Pradesh, and 3 in Bihar state. Despite the slight increase in cases over previous year, the intensification of immunizations, also with monovalent OPVs, continues.
- During a high level advocacy meeting, senior WHO and UNICEF staff met with the Chief Ministers of Bihar and Uttar Pradesh, along with the Union Health Secretary Prasanna Kumar Hota. The Chief Ministers of both states provided strong assurances of commitment towards polio eradication, while WHO and UNICEF pledged their ongoing support to both states.
- In India, thanks to renewed and strengthened ownership at the state-level, dramatic improvements in the quality of the SIA round in Bihar were noted during the January and February SNIDs. However, recent data from western Uttar Pradesh suggests that in certain critical districts, fewer children are being immunized than in previous rounds.

Surveillance medical officers (SMOs) from the southern states were re-deployed to Bihar and Uttar Pradesh, to enhance support for SIA planning and implementation and for AFP surveillance.

- The primary challenge remains ongoing and efficient transmission in key reservoir areas. For 2006, the focus continues to be on reaching every child with mOPV, particularly newborns.

Pakistan

- In 2006, only one case has been reported so far (also see section under Afghanistan below).
- The primary risk to Pakistan's polio eradication effort remains restricted access due to insecurity in some areas of the country, most notably the tribal areas bordering Afghanistan in North West Frontier Province (NWFP), Balochistan, and areas in southern Punjab and northern Sindh.
- For 2006, key to success will be to implement specific strategies to identify and reach missed populations in these areas, particularly among populations straddling the Pakistan-Afghanistan border.

Afghanistan

- In 2006, three cases have been reported so far, in Kandahar. While one case has been confirmed in neighbouring Pakistan, these cases are genetically linked to virus circulating in Pakistan and Afghanistan in 2005, and reflect ongoing transmission in a shared reservoir in both countries.
- For 2006, key to success will be to implement specific strategies to identify and reach missed populations, particularly populations travelling between Afghanistan and Pakistan.

Indonesia

- The 27 February NIDs were officially launched by the President of Indonesia. Initial anecdotal feedback suggests overall good quality.
- With strong improvements in curbing the outbreak in the second half of 2005, conducting an adequate number of high quality campaigns in 2006 will be key to success.

Horn of Africa and Yemen

- In Somalia, 194 cases have been reported since the outbreak began there in July 2005, including 10 in 2006. The major challenge is conducting high-quality campaigns, including in those areas where security is compromised.
- In Ethiopia, while overall good quality campaigns are implemented, immunity gaps remain in key affected areas, including Oromia and Somali regions. Populations in these areas are at particular risk of polio, due to potential ongoing indigenous virus transmission, and increased risk of importations from Somalia.
- In Yemen, only one case has been reported since November (the most recent case had onset of paralysis on 2 February), and the country continues to implement high-quality immunization campaigns in response to the outbreak. Key to ongoing success will be to maintain high population immunity levels, to minimise the risk of re-importations from Somalia and Ethiopia.
- A primary challenge remains in limiting further spread of polio within the Horn of Africa. 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 Nigeria finishes the job.
- In Niger, although no indigenous poliovirus circulates, it continues to be re-infected due to imported virus from Nigeria. In 2006, 3 cases have been reported.
- In Chad, genetic sequencing of the 7 December case indicates continuing transmission of the imported polioviruses which originated in northern Nigeria (this most recent case is genetically related to the previous case in May 2005).
- The primary challenge remains maintaining high population immunity levels, while further increasing surveillance at subnational levels throughout west and central Africa.

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.

The state of polio eradication

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

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 were all importations from Nigeria.

Eleven previously polio-free countries reported 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, where at least an additional 12 months will be required 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.

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