

## Global Polio Eradication Initiative

### Monthly Situation Report - March 2008

All data as of 2 April 2008. For latest news and polio case data by country, updated every week: [www.polioeradication.org](http://www.polioeradication.org)

#### Headlines

- **Somalia passes polio-free landmark:** Somalia is again polio-free. No polio case has been reported in more than a year, since 25 March 2007, in the presence of strong disease surveillance. The use of innovative approaches tailored to immunization in conflict areas and large population movements was pivotal in stopping polio in the country. "This truly historic achievement shows that polio can be eradicated everywhere, even in the most challenging and difficult settings," said Dr Hussein A Gezairy, Regional Director for WHO's Office of the Eastern Mediterranean. For further information, please click [here](#).
- **India—historic opportunity to finish type 1:** Although India is seeing an increase in new polio cases this year compared with 2007 (see 'India' section below), only two type 1 polio cases have been reported in 2008, to date (both linked to endemic areas). Low-level transmission of type 1 in endemic areas is likely to continue only in remote areas of Bihar State. All efforts must be undertaken to finish type 1 before June, the start of the rainy season.
- **New strategy to deliver extra OPV dose in Afghanistan and Pakistan:** To increase immunity of populations living in cross-border areas of insecurity, 'interim' immunization mop-ups (in between National and Subnational Immunization Days) are now being held at district-level, in key high-risk areas of both countries. This strategy, to deliver an extra dose of appropriate oral polio vaccine (OPV) in between rounds, was also used in Somalia. Experience in successfully eradicating polio in Somalia underscores that eradication strategies work, even in the most challenging settings.

#### Country Focus

##### India

- In 2008, 165 cases have been reported (163 type 3 and two type 1).
- The increase in new cases in 2008 compared to the same period in 2007 (163 cases compared with 27 cases) are the tail-end of a type 3 outbreak which started in mid-2007. Although the outbreak is not stopped, it has been significantly curbed following implementation of two rounds with monovalent OPV type 3 (mOPV3).
- The overriding strategic priority remains the rapid interruption of type 1 transmission, which in endemic

areas likely continues only at low levels in access-compromised areas of Bihar, most notably in the Kosi River basin.

- Efforts are also ongoing to maintain high population immunity levels against type 1 in those areas which now appear to be free of this serotype, such as Uttar Pradesh State. No type 1 polio has been reported in Uttar Pradesh since 10 November 2007. In the core highest-risk districts of western part Uttar Pradesh (in/around Moradabad) – one of the most historically-important type 1 reservoirs– no type 1 has been reported in more than 16 months, since October 2006.

##### Nigeria

- In 2008, 84 cases have been reported (75 type 1 and 9 type 3).
- Nigeria is seeing a significant increase in type 1 cases this year compared to the same period in 2007 (75 type 1 this year compared with 8 type 1 last year), though the transmission of the virus is more geographically restricted, as 50% of these cases are in three states: Kano, Jigawa and Sokoto.
- The Expert Review Committee on Polio Eradication (ERC), convening on 12-13 March, recommended further refinement of tailored strategies, in particular to prioritize operational improvements (eg microplanning, vaccinator and supervisor training) in very high-risk Local Government Areas (LGAs) in Kano, Jigawa and Sokoto, as well as Borno and Katsina.
- Type 3 transmission in the country is at its lowest-ever, with 8 type 3 cases reported to date. The February nationwide Immunization Plus Days (IPDs) with mOPV3 should further reduce the already-low transmission of this serotype.
- The next immunization activity in key high-risk areas across northern states will be held from 5-8 April, using mOPV1.

##### Pakistan and Afghanistan

- In 2008, 3 cases have been reported in Pakistan (all type 1, and all in north and central Sindh); and 4 cases have been reported in Afghanistan (three type 1 and one type 3, all in the Southern Region).
- In Afghanistan, interim immunization mop-ups were held on 16-18 March using monovalent OPV type 1 (mOPV1), in high-risk areas of Kandahar and Farah, but critical areas of Hilmand Province were not covered. In Pakistan, an interim mop-up is being

planned in northern Sindh, aiming to reach more than one million children.

- In both countries, polio continues to be increasingly geographically restricted (to the Southern Region in Afghanistan, and north and central Sindh in Pakistan). A particularly encouraging sign is the absence of reported cases in Pakistan's North-West Frontier Province (NWFP), a historic cross-border reservoir where access is particularly difficult. However, due to surveillance gaps in some areas of NWFP, undetected circulation of poliovirus cannot be ruled out.
- Both countries continue to coordinate both campaign and disease surveillance, to maximize the impact of activities.

### **Re-infected countries**

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#### **Angola**

- Following last month's confirmation of polio in Luanda (genetically linked to Angola's most recent previous case, from July 2007), a mop-up has been conducted in Luanda Province, with further mop-ups and nationwide activities planned for April-June.
- Due to sub-national surveillance gaps, undetected circulation of poliovirus cannot be ruled out. The risk of international spread from Angola remains high; previous viruses re-infected both Democratic Republic of Congo (DR Congo) and Namibia.
- Angola and Chad are the only two re-infected countries which have not stopped transmission of originally-imported poliovirus and from where virus has spread internationally.

#### **Chad**

- Recent insecurity has increased the risk of spread of polio to neighbouring countries, especially to Cameroon and the Central African Republic (CAR). A November case from Cameroon (genetically-linked to virus in Chad) was reported last month.
- Given current security conditions, rapid resumption of immunization campaigns remains the critical priority. The most recent immunization campaign was held on 26-28 January, using a mix of mOPV1 and trivalent OPV.
- A meeting between government and partners is planned for early April, to discuss planning for immunization campaigns in coming months.

#### **DR Congo**

- DR Congo reported its first case of 2008, from Oriental Province. A mop-up targeting 400,000 children is planned for 10-12 April, using mOPV1. Larger-scale activities across high-risk areas are scheduled for 8-10 May and again in June (also with mOPV1).

#### **Nepal and Niger**

- Both countries continue to be exposed to repeated importations, due to their proximity to endemic areas of India and northern Nigeria respectively. Both also continue outbreak response activities; in Nepal, the quality of activities has been affected by recent deterioration in security conditions. Nepal's most recent case had onset of paralysis on 16 February (type 3 from Dhansua district in CDR region); Niger's most recent case had onset of paralysis on 23 January (type 1 from Maradi).

### **Polio eradication in 2008**

The intensified polio eradication effort launched in February 2007 has reduced type 1 wild poliovirus by over 80% and restricted transmission to parts of four countries.

Reaching a polio-free world requires:

1. Further intensifying immunization activities in endemic areas with a mix of monovalent and trivalent vaccines.
2. Improving the ability to reach every child, particularly in northern Nigeria, Bihar in India, southern Afghanistan and parts of Pakistan.
3. Rapidly securing multi-year commitments for the financial resources necessary to implement polio eradication strategies.
4. Swiftly and fully implementing outbreak response guidelines in the remaining re-infected countries and taking steps to minimize the risk and consequences of international spread of polio.
5. Strengthening AFP surveillance at sub-national levels in central Africa and parts of Asia.