

Global Polio Eradication Initiative

Monthly Situation Report - September 2008

All data as of 30 September. For latest news and polio case data by country, updated every week: www.polioeradication.org

HEADLINES

Polio workers killed in the line of duty: *Attack in southern Afghanistan a reminder of the dangers faced by public health workers*

On 14 September, two doctors on WHO duty and their driver were assassinated by a vehicle-borne suicide bomber in Kandahar province of southern Afghanistan. Dr Shamsul Haq MH Kakar, Dr Mamoon Taher Taheri, along with their driver Azizullah Almas from the UN Assistance Mission in Afghanistan, were on their way to prepare logistics for a polio vaccination campaign in the region in late September when their convoy was attacked. This tragic incident, along with an armed attack in Somalia this summer which seriously wounded two polio workers, are stark reminders of the risks faced by those working for public health in many parts of the world.

Throughout the 20 years of the Global Polio Eradication Initiative, vaccinators and other polio staff have faced the risk of murder, assault, kidnapping and natural disasters

on all continents, despite UN security measures. The vast majority of these workers are volunteers; nearly all - staff and volunteers - live and work in remote or disadvantaged areas, to ensure that every child has access to vaccination.

The United Nations Secretary-General has condemned this recent attack in the strongest possible terms. In tribute to the victims, the polio vaccination campaigns which they were planning were not cancelled.

The [Polio Eradication Heroes Fund](#) recognizes health workers and volunteers who have incurred serious injury or lost their lives as a direct consequence of their participation in polio eradication activities. The families of the workers receive a certificate recognizing the victim's heroic commitment to polio eradication and a cash tribute. Those wishing to give may do so [online](#) or by contacting the Polio Eradication Heroes Fund at the CDC Foundation, 50 Hurt Plaza – Suite 765, Atlanta, GA 30303, USA.

ENDEMIC COUNTRIES

India

- In 2008, 449 cases have been reported (38 type 1 and 411 type 3).
- Highest priority is given to stopping the type 1 polio outbreak in western Uttar Pradesh. Free of endemic type 1 polio for more than 12 months, the core highest-risk districts of western Uttar Pradesh have recently experienced local spread of type 1 polio originally imported from Bihar.
- An aggressive series of emergency mop-ups with monovalent oral polio vaccine type 1 (mOPV1) continue to be held across Uttar Pradesh, with extensive and scaled-up technical support in the highest-risk districts of western Uttar Pradesh.
- In Bihar, a series of catch-up campaigns continue to be conducted, to urgently raise population immunity levels which may have decreased following the recent and extreme floods which have affected the state. A state-wide campaign which had been scheduled for 14 September was postponed until 28 September, due to further flooding.
- Interrupting type 1 transmission in India this year remains a primary strategic objective of the Global Polio Eradication Initiative. Key to success is sustaining the political momentum which has brought India so close to eradicating type 1 polio.

Nigeria

- In 2008, 692 cases have been reported (638 type 1, 53 type 3 and one type 1/type 3 co-infection).
- WHO Director-General Dr Margaret Chan underscored the risk of the current outbreak to Africa's leaders at the recent Regional Committee for Africa, in Yaoundé, Cameroon.

Addressing the Health Ministers of Africa, Dr Chan said: "African countries are again at risk of polio. The most dangerous strain of the disease is affecting the northern states of Nigeria. And this outbreak has already begun to spread to neighbouring countries."

- The epicentre of the type 1 outbreak remains Kano state. Kano now accounts for one-third of the global type 1 polio burden in 2008.
- Significant vaccination coverage gaps – due to operational challenges - persist during polio campaigns in the highest-risk states of northern Nigeria, as upwards of 60% of children remain under- or un-immunized (three doses or less, in some states, e.g., Kano). More than 75% of all cases this year are in six highest-risk states in the north (Bauchi, Jigawa, Kaduna, Kano, Katsina and Zamfara).
- Key to filling this gap is to urgently translate the recent high-level national commitments into concrete operational improvements on the ground. The most recently-held activities in August continued to be marred by significant operational challenges.
- A supplementary immunization activity (SIA) calendar for the rest of the year is currently being developed.

Pakistan and Afghanistan

- In 2008, 67 cases have been reported in Pakistan (50 type 1 and 17 type 3); and 20 cases have been reported in Afghanistan (15 type 1 and 5 type 3).
- In Afghanistan, on 21 September as part of the International Peace Day, polio vaccinations took place to immunize more than 1.8 million children under the age of five years. WHO and UNICEF had publicly called on all

factions and communities to allow safe passage of vaccinators everywhere. Public statements followed this call, in particular from key anti-government elements, affirming support for polio eradication and vaccination campaigns.

- This latest vaccination campaign proceeded as planned, despite recent tragic events (in headlines above).
- In Pakistan, in response to the recent increase and geographic spread of polio cases, an additional large-scale campaign was conducted on 15-17 September in the highest-risk areas of North West Frontier Province (NWFP), Balochistan, Punjab and Islamabad, to reach more than 28 million children under the age of five years.
- With recent increases in insecurity in some areas of the country and associated population movements, polio-free

areas across the country remain at risk of re-infection. Previously polio-free Punjab is currently experiencing a new outbreak.

- On 10 October, an urgent consultation will be held at EMRO to review the epidemiological situation and discuss further ways to address it.
- To further increase population immunity levels across the country, the number of national immunization days (NIDs) will be increased. The planned subnational immunization days (SNIDs) in October will now be full NIDs.
- These NIDs will be of critical importance, particularly in the recently re-infected areas of Punjab and Islamabad. In Sindh, focus will be on urgently filling operational gaps in campaign quality.

RE - INFECTED COUNTRIES

Angola

- In 2008, 25 cases have been reported, 2 type 1 and 23 type 3. Recent confirmation of a type 3 case in the previously polio-free province of Moxico in the east of the country indicates widespread geographic transmission of this serotype. Efforts must be strengthened to prevent the re-infection of neighbouring countries, including Zambia (which is polio-free).
- Outbreak response is continuing. A mop-up with mOPV3 was held on 26-28 September in high-risk districts, with a nationwide mOPV1 round planned for 24-26 October. Additionally, the country is organizing nationwide 'accelerated routine immunization activities' in November and December. During such activities, a range of vaccines – including trivalent OPV – will be offered to communities using a 'fixed vaccination site' approach.

Central African Republic (CAR)

- In 2008, two cases have been reported (both type 1). Two nationwide campaigns have been held, the latest on 19 September, and further campaigns are being planned.
- The risk of further importations from both Chad (to the north) and the Democratic Republic of the Congo (to the south) remains high.

Chad

- In 2008, 21 cases have been reported (one type 1 and 20 type 3).
- The risk of further spread of polio both within Chad and internationally is high. This year, the outbreak has already spread to neighbouring Sudan. Transmission of polio is widespread across the country, and although all reported cases this year are type 3, due to subnational surveillance gaps, undetected type 1 co-circulation cannot be ruled out.
- Outbreak response activities in Chad are inadequate both in extent and quality. As many as 40% of children were missed in key areas during the most recent campaigns in August.
- High-level and local political ownership and engagement is urgently needed to address the outbreak.

Democratic Republic of the Congo

- Four cases have been reported this year (all type 1).

- Large-scale outbreak response activities are continuing. In September, OPV was added to a measles campaign, and further activities are being planned.

West Africa

- In West Africa, 16 cases have been reported this year (two from Benin, one from Burkina Faso and 13 cases from Niger).
- West Africa remains at risk of importations, due to its proximity to endemic areas of Nigeria.
- Following two synchronized campaigns in the border areas of Benin, Burkina Faso, Mali and Niger in June and July, a third round will be held in October.

Horn of Africa

- Seven cases have been reported in the Horn of Africa this year (six cases from the southern Sudan/western Ethiopia cross-border area, and one case in West Darfur, Sudan).
- In October and November, an aggressive outbreak response strategy will continue with synchronized campaigns in the southern Sudan and western Ethiopia cross-border region. Efforts are focusing on improving operations in high-risk areas, including increasing access to hard-to-reach populations (e.g., due to insecurity, population movements or populations living in remote areas), and enhanced vaccinator team performance. Ethiopia and southern Sudan teams are working together to develop joint microplans.
- Similar activities will take place in the northern part of Sudan, in particular in the Darfur regions.
- All efforts must be made on preventing further spread of the virus, particularly ahead of the upcoming Hajj season.

Nepal

- In 2008, five cases have been reported (all type 3). Genetic sequencing of recently confirmed polio cases indicates new introductions of type 3 polio from India, rather than continuation of transmission within Nepal of previously-introduced viruses. Nepal remains at risk of importations from India.
- Trivalent OPV was added to measles immunization campaigns in September, and a mop-up with mOPV3 will be held in late October.