

Global Polio Eradication Initiative

MONTHLY SITUATION REPORT –SEPTEMBER 2009

All data as of 07 October. For latest news and polio case data by country, updated every week: www.polioeradication.org

HEADLINES

Nigeria case count falls dramatically: The number of polio cases in Nigeria continues to fall, with nine cases reported in September (in comparison, September 2008 had 95 cases reported). In the high-risk northern states of Kano, Kaduna, Katsina and Jigawa, no type 1 cases have been reported in the past six months, indicating significant operational improvements in immunization delivery. This can be largely attributed to the increased engagement of the Federal and State Governments and traditional leaders. To maintain this momentum, the Executive Director of the National Primary Healthcare Development Agency, Dr Mohamed Pate, has written to all State Governors requesting them to report on their State's progress to the President. Eradicating polio in Nigeria remains the key to eradicating polio in Africa.

Type 1 polio figures turn upside down: In 2009, there are fewer cases of type 1 polio this year in the four endemic countries (179 cases) of Nigeria, India, Pakistan and Afghanistan than in non-endemic countries (208 cases). These figures are countered by the outbreak in type 3 polio in endemic countries (678 cases) compared to non-endemic countries (57 cases). These figures highlight the crucial role that bivalent oral polio vaccine (bOPV) will play in being able to tackle both serotypes of wild poliovirus concurrently.

Access in Afghanistan improves: The most recent Sub National Immunization Days (SNIDs) from 13-15 September, reaching up to 880,000 children across 19 high-risk districts of Kandahar, Helmand and Uruzgan, have proven to be one of the most successful campaigns on record, with less than 4% of children termed "inaccessible". The campaigns were part of a nationwide campaign to promote International Peace Day (20 September) and took place while many families were gathered together at home for Ramadan.

President's daughter to be face of Pakistan's fight against polio: Aseefa Bhutto Zardari, the youngest daughter of Pakistan President Asif Ali Zardari and the late former Prime Minister Benazir Bhutto, will be named the country's Ambassador for Polio Eradication at the National Immunization Day launch on 10 October. Aseefa was the first Pakistani child to be immunized in the polio eradication effort when, on 27 April 1994 as a one-year-old, she was given two polio drops by her mother, the late Prime Minister Benazir Bhutto. In her new role, Aseefa will be tasked with advocating for the polio eradication effort and mobilizing communities to ensure all parents get their children vaccinated against polio. [More](#).

Obama highlights polio: In his official Ramadan greeting last

month, US President Barack Obama reaffirmed his support for working with the Organization of the Islamic Conference (OIC) in its efforts to tackle polio. In his address to the UN General Assembly a few days later, President Obama once again highlighted the US' intention to support polio eradication.

Religious encouragement to vaccinate against polio: The International Islamic Fiqh Academy has issued a strong statement encouraging parents and guardians to immunize their children against polio, requesting Ministries of Health in Muslim countries to intensify their efforts against polio, and calling on religious scholars and mosque leaders to support polio eradication campaigns. The edict reflects the Organization of Islamic Conference's (OIC) concern that polio is still endemic in many of its member states, with the OIC Secretary-General highlighting polio as a key priority for the OIC during its 40th Anniversary Reception in New York last month. In Uttar Pradesh, India, respected Islamic leader Maulana Khalid Rasheed used the Eid prayers on September 21st, 2009, to read out the fatwa. "The resistance among Muslims towards polio drops has come down as a result of concerted efforts," he said. "But still a small section of people doubt the vaccine. The message is for them."

Polio spreads to Burundi: Burundi has reported one case of wild poliovirus. Genetically linked to DR Congo, the Burundi case suggests that wild poliovirus of Indian origin, which was imported into Angola and subsequently spread to DRC, has been circulating undetected in DR Congo's North or South Kivu Province for more than a year. The region has prepared a response, with Burundi and Rwanda to hold National Immunization Days (NIDs) and DR Congo Sub-National Immunization Days (SNIDs) on 20 October.

Evaluation teams update: The independent evaluation of the major barriers to interrupting polio transmission submitted its consolidated report to the Oversight Committee on 30 September. This report will be finalized in October and shared with Ministers of Health of polio-affected countries, donors, and discussed at the relevant advisory groups at global and national levels. [More](#)

Financial Resource Requirements (FRR) updated: Based on the evolving epidemiological situation and to reflect new costs and new contributions, the FRR has been updated. Against a budget of US\$1.5 billion, there is a 2009-10 funding gap of US\$220 million, of which US\$15 million is needed in 2009. [More](#)

ENDEMIC COUNTRIES

NIGERIA

- The number of cases for 2009 is 382: 73 type 1 cases, 307 type 3 cases, and two type 1/3 co-infections. Last year at the same time, Nigeria had 692 cases in total, 638 of which were type 1.
- Nigeria's type-2 circulating vaccine-derived poliovirus (cVDPV) outbreak has slowed considerably, with three cases reported in September (the last case had onset of paralysis on

26 August) for a total of 124 in 2009. The recent drop in case numbers indicates that the May and August immunization campaigns, conducted with trivalent OPV, were of significantly improved quality.

- Nigeria's Expert Review Committee (ERC) on Polio Eradication met on 10-11 September in Kaduna and issued

recommendations for a SIA schedule and vaccine use for the remainder of the year. It concluded that if the improvements in immunization activities were consolidated and accelerated through 2010, "the interruption of all three serotypes by mid 2010 is an achievable goal and one the programme should aim for". [More](#)

- In its major recommendations, the ERC challenged the Federal and State Government authorities to continue their efforts, identified the need for increased engagement of LGA Chairmen and traditional leaders, and suggested that as a standard response to immunization activities, any ward where monitors found more than 10% missed children should repeat the activity. While the nationwide average of zero-dose children has fallen from 22% to 13%, Kano, Katsina, Borno and Zamfara states continue to exceed that average. The ERC also recommended that mop-up immunization campaigns with type-specific monovalent OPVs be implemented in response to newly detected polio cases - a significant development that can

INDIA

- The number of cases for 2009 is 395: 51 cases are type 1, 343 are type 3 and one is a type 1/type 3 co-infection. Last year at the same time, India had 449 cases: 38 type 1 and 411 type 3.
- Two of the newly-reported type 1 cases are from central Bihar and two are from Uttar Pradesh (one of which had onset in Badaun District, the first of its type this year). Genetic sequencing has indicated that the Badaun isolate does not represent continued transmission in the district from last year but is related to spread from adjoining districts Shahjahanpur and Farrukhabad. The bulk of the newly-reported type 3s are from western Uttar Pradesh.
- The Government of India convened a special Operations Group meeting in September, attended by India's Secretary of Health, Mr Naresh Dayal, the Principal Secretary, representatives of the Ministries of Health from both Bihar and Uttar Pradesh and polio partners. At the meeting, a Supplementary Immunization Activity (SIA) schedule was agreed upon through end-2009, while the Government of Bihar pledged to prioritize Medical Officer staffing in the key Kosi River area.
- Data from a five-arm clinical study to examine the impact of various vaccine formulations is currently being collated and analysed following completion of field work and laboratory testing.
- Sewage sampling, which currently takes place in Mumbai, will

PAKISTAN

- Pakistan has reported 62 cases in 2009 – 40 type 1 cases, 21 type 3 cases, and one type 1/type 3 co-infection - compared with 67 cases at the same time last year, 50 type 1 cases and 17 type 3.
- The country continues to report a number of cases from North West Frontier Province (NWFP) / Federally Administered Tribal Areas (FATA) districts of Swat, Charsada and Bajour, reflecting increased access to previously inaccessible areas. Some of these cases had not received any doses of OPV before being infected.
- An extensive case response mop-up took place from 7-9 September and 11-13 September, targeting 8.5 million children in 28 districts of Sindh, NWFP/FATA and Punjab, with no

AFGHANISTAN

- Afghanistan has reported 22 cases in 2009, 15 type 1 and seven type 3, compared with 20 cases at the same time last year - 15 type 1 cases and five type 3.

only be adopted when case levels are low enough to adopt such a strategy, which has been successfully employed in other countries.

- Finally, the ERC called for bivalent oral polio vaccine (bOPV) to be used as soon as it was licensed in Nigeria. Nigeria may be the first country to use this groundbreaking vaccine - likely before the end of 2009.
- The most recent Subnational IPDs were held in August, using tOPV and mOPV1.
- The next IPDs are planned for 10-13 October, using mOPV3 across the northern and middle-belt states, with mOPV1 to be used in selected southern states. To assure that recent operational improvements are sustained and further improved upon, key preparatory activities include systematic supervisor training and engagement of key traditional leaders.

soon be launched in Delhi as an additional tool to determine where and when poliovirus is circulating. Currently, teams are procuring equipment, selecting sample sites and conducting training, with the sampling program expected to begin in December.

- Festival Season is in full swing, with Eid, Navratari, and Dasherah being celebrated in September - all of which result in mass movements of people - followed by Gandhi's birthday and Diwali in October.
- SNIDs were held in Uttar Pradesh and Bihar in mid-from 10-13 September.
- A large-scale mop-up on 4 October will target 24 million children in high-risk districts of western Uttar Pradesh (mOPV3) and central Bihar (mOPV1). Following that, SNIDs will be held from 8 November, using mOPV1 and on 6 December, using bivalent OPV (bOPV) if available.
- Four VDPVs have been confirmed in 2009, three type 2 and one type 1. The date of onset of the last case was 29 June 2009. There is no evidence of circulation with any of these VDPVs.
- Enhanced surveillance in Bihar and Uttar Pradesh to look at the contribution of older age groups to the transmission of wild poliovirus is on-going with results expected in November.

access issues reported and some communities reached for the first time in more than a year. However, campaign quality issues continued in Karachi, where independent monitoring indicated that less than 80% of the target population was vaccinated.

- In both Karachi and Lahore, sewage sampling has now been institutionalized, and positive isolates continue to be collected. This has been identified as a key strategy in 2009, to provide a clearer epidemiological picture of both programme performance and vaccine efficacy in the country.
- Further NIDs using tOPV are planned for 12-14 October and 16-18 November, in coordination with Afghanistan.

- The systematic and standardized engagement of locally based health NGOs to assist with the preparation and promotion of

immunization activities may have contributed to the increase in accessible children during the last SIA, held from 13-15 September and reaching up to 880,000 children across 19 high-risk districts of the Southern and Western Regions.

• National Immunization Days (NIDs) are planned for 11-13 October and 15-17 November in coordination with Pakistan, using trivalent oral polio vaccine (tOPV).

RE - INFECTED COUNTRIES

WEST AFRICA

- West Africa has reported 124 cases in 2009 (Benin 20; Burkina Faso 13; Côte d'Ivoire 27; Guinea 23; Liberia 10; Mali 8; Niger 15; Sierra Leone 2; and, Togo 6). All are type 1 except Niger, which has one type 1 case and 14 type 3 cases.
- The outbreak in West Africa continues, with 10 cases reported in September across nine re-infected countries. Togo, Benin and Niger have not recorded cases since March, April and May, respectively, while the genetic lineage of the first case reported in Burkina Faso since May is currently being investigated to determine whether it is a new importation or an ongoing outbreak. Burkina Faso had originally been part of the

countries affected by the first wave of the current outbreak, along with Benin, Ghana, Mali and Togo, in mid-2008 and the first half of 2009. While this first wave has largely been controlled, the second wave of the outbreak continues to affect Côte d'Ivoire, Guinea, Liberia and Sierra Leone.

- Aggressive, multi-country outbreak responses continue: immunization activities were held in parts of Mali (mOPV1) and Niger (tOPV) from 4-7 September and in Benin, Burkina Faso, Cote d'Ivoire, Liberia, Sierra Leone and parts of Mali from 2-5 October, using mOPV1. Guinea's activity has been postponed to 9 October due to insecurity.

HORN OF AFRICA

- The outbreak across the Horn of Africa continues to slow, with the last case recorded in July. The region has now reported 71 cases in 2009 (Kenya: 18; Sudan: 45; and, Uganda: 8). Uganda has not recorded a case since 10 May, Sudan's last case had onset of paralysis on 27 June and Kenya 30 July.
- Kenya held SIAs with mOPV1 in the infected district of Turkana along the Rift Valley from 19 September, in

conjunction with a measles campaign. It is planning to conduct two Short-Interval Additional Dose immunization activities in October.

- Sudan held SNIDs from 23 September, to be followed by NIDs in October and an SIA in all southern states in December.
- Uganda has planned SIAs in 12 high-risk northern districts in late October, targeting 711,000 children with mOPV1.

ANGOLA, DR CONGO, BURUNDI

- Angola has recorded 26 type 1 cases in 2009, while DR Congo has recorded three type 3 cases - the last of which reported onset of paralysis on 24 June.
- Burundi reported a case this week, its first since 1999. The case (WPV1 from Cibitoke District, Cibitoke Province, with onset of paralysis on 12 September) is associated to ongoing virus circulation in 2008 in eastern DR Congo, i.e. undetected transmission in the Kivu provinces, where access is compromised due to ongoing conflict.
- An emergency outbreak immunization campaign is being planned, synchronised between Burundi, Rwanda and north and south Kivu in neighbouring DR Congo on 20 October, using mOPV1 (tOPV in Rwanda). A further campaign is planned for 10 November.
- In Angola, NIDs were held from 30 September-4 October using tOPV.

• SIAs in Angola, in particular in Luanda (from where the bulk of this year's cases have been reported), continue to be marred by significant operational problems and can only be solved through increased political ownership and engagement. In the coming months, advocacy efforts will be turned towards engaging the national and provincial governments in key provinces to ensure accountability during delivery of SIAs.

- In Angola, a SNID is planned for Luanda, Benguela, Cuanza Sul, Cuanza Norte and Bengo from 6-8 November, using mOPV1.
- In DR Congo, two SIAs (mOPV3) have taken place since the most recent case was reported on 24 June.
- An immunization campaign using mOPV3 was held in Bas Congo on 1 October. OPV will also be given in conjunction with Child Health Days in Bas Congo, Kinshasa, Bandundu and North Kivu in November.

CHAD, CAR, CAMEROON

- Chad has reported 24 cases in 2009 - all type 3. Central African Republic (CAR) has reported 14 cases, while the newly infected Cameroon has reported two type 3 cases, its first cases since 2006.
- The key to the Chad program is to improve operations in the greater N'Djamena area, where most cases have occurred in 2009, and yet where up to 50% of children are missed during immunization activities. Access is not a problem in this area, so operational improvement can be rapidly achieved if the political leadership becomes actively involved in community mobilization and ensuring accountability during SIAs.
- The outbreak in Chad is of particular international concern, as between 2004 and 2006, an outbreak originating from northern Nigeria spread through Chad to re-infect Sudan, Ethiopia,

- Somalia, Eritrea, Kenya, Saudi Arabia, Yemen and Indonesia.
- The most recent SIAs, in the south and west of the country, including the greater N'Djamena area, were held on 11-13 September, using mOPV3. NIDs are planned for October and November, using tOPV.
- In CAR, up to a dozen national technical experts will be assigned to two districts of RS3 - where all cases of polio in CAR this year have been recorded - ahead of SIAs on 16 October using mOPV3, to ensure the campaigns are of the highest possible quality.
- In Cameroon, SNIDs using mOPV3 will be held in the highest-risk provinces bordering Chad, CAR and northern Nigeria on 9 October, followed by a national round in November or December.