

NOW, MORE THAN EVER: STOP POLIO FOREVER.



Pursues in the Global Polio Eradication Initiative

Polio Eradication Situation Report – August 2005

All data as of week of 8 August 2005

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

Headlines

- **CDC Foundation's Polio Eradication Heroes Fund:** Established in 2000 by the CDC Foundation, the Polio Eradication Heroes Fund provides recognition and stipends to families of health workers and volunteers who have lost their lives, and to those who have incurred serious injury as a direct consequence of their work in polio eradication. The Heroes Fund has been financed from contributions from the Rotary Foundation, partner agency staff working in polio eradication, other donors and individuals. Anyone wishing to contribute to the Heroes Fund is invited to contact Oliver Rosenbauer at WHO Geneva on email rosenbauero@who.int or write to: Melody Travis, Polio Heroes Fund, CDC Foundation, 50 Hurt Plaza (suite 765), Atlanta GA 30303, USA.
- **India continues to achieve progress.** Despite recent identification of polio type 1 cases, for the first time this year India has fewer cases compared to same period 2004. Data from areas using monovalent oral polio vaccine type 1 (mOPV1) continue to demonstrate particularly strong progress.
- **Indonesia: case confirmed in central Jakarta and additional cases in Sumatra.** Planning for nationwide immunization response in late August intensifies as the outbreak spreads (161 cases reported). Given significant and ongoing spread of virus, and the 10-15% drop in coverage during the last mop-up campaign, the epidemic is of serious concern.
- **Yemen: despite highest number of cases in the world, epidemiological evidence suggests outbreak is being brought under control.** Although 400 cases are confirmed, the number of reported cases per week continues to significantly decline.
- **Madagascar: circulating vaccine-derived poliovirus (cVDPV) identified in southern part of the country.**
- **Monovalent OPV type 3 (mOPV3):** With only three countries reporting polio type 3 cases (Afghanistan, India and Nigeria), and apparent significant impact of mOPV1, rapid development of a mOPV3 is currently being pursued.

Asia

India

- In India, two type 1 polio cases were reported, in Etah and Ferozabad, Uttar Pradesh. While these were the first type 1 cases since early May in India, both occurred in districts which had only been covered with one round of mOPV1 at that time. There is still no area in India where a type 1 virus has been identified following two mOPV1 rounds.
- The absence of type 1 polio in Bihar since early May and very low-level type 1 transmission in Uttar Pradesh suggests that mOPV1 is having a substantial impact.
- Despite stronger surveillance, for the first time in 2005, the number of cases reported is lower than for the same period in 2004.

Pakistan

- Preparations for the next National Immunization Days (NIDs) on 9-12 August are well underway. With government elections to be held on 18 August, planning for the NIDs must intensify, and national and provincial leaders should ensure resources of the polio campaigns are protected in the lead-up to the NIDs.
- Given the absence of type 3 polio in 2005, Pakistan is considering mOPV1 for large areas in the September and November Supplementary Immunization Activities (SIAs).

Afghanistan

- In Afghanistan, all four cases in 2005 were type 3 virus and occurred in Uruzgan and Hilmand provinces, two areas where access is hampered due to security concerns. SIAs targeting these provinces will be conducted on 9-11 August.

Indonesia

- A total of five provinces are now affected by the outbreak (Banten, West Java, Jakarta, Central Java, as well as Lampung province on Sumatra island). A substantial decline in coverage occurred in the second round mop-up (29 June) compared with the first round, over 1 million less children were reached (5.8 million children, compared to 6.5 million children in the 30 May mop-up).
- NIDs will be held on 30 August and on 24 September. Efforts for increased social mobilization activities are being scaled-up.
- The outbreak in Indonesia could re-infect other Asian countries, including China, Malaysia and the Philippines. The WHO Regional Office for the Western Pacific (WPRO) is working with countries to update emergency response plans.
- Rotary International awarded a US\$ 250,000 emergency response grant to WHO to fund polio immunization activities in Indonesia. Indonesian Rotarians have been fully engaged in addressing this situation and plan to be active in the upcoming NIDs.

Africa and Middle East

Nigeria

- With 271 cases reported in 2005, planning for the next Subnational Immunization Days (SNIDs) on 6-9 August is being intensified.

- Focus is on increasing coverage in the northern states of the country. Staff from other parts of Nigeria are being re-deployed to the northern states for the August SNID.

Niger

- The recent case reported from Dosso state on 8 June appears to be genetically linked to virus circulating in Borno state, Nigeria.

Egypt

- No positive environmental samples have been reported up to the end of May. Laboratory results for June and July samples are under process.

West and central Africa

- Chad reported its first case of the year from Abeche, near the Sudan border. The case had onset of paralysis on 6 May. A mop-up campaign is planned for 19-21 August to reach 980,000 children, with a second campaign planned for 16-18 September.
- In Mali, confirmation of a third case has accelerated planning for a large-scale mop-up response synchronized with Burkina Faso.

Horn of Africa and East Africa

- Sudan reported a case from River Nile state, in the north-eastern part of the country (onset of paralysis on 17 June). It is the first case in Sudan since 10 April. Discussions are ongoing to conduct an August mop-up in response to this most recent case in August.
- Ethiopia has reported 13 cases since the beginning of the year - 3 cases are pending intra-typic differentiation.

Angola and DR Congo

- Angola reported two more polio cases, bringing the total number of cases associated with this outbreak to four. The first new case was reported from Luanda and the second from Lunda Sul, close to the Democratic Republic of the Congo (DR Congo). Due to the risk of spread, a mop-up campaign in DR Congo in the border region is being considered for September, to synchronize with Angola.
- The first round NID was held on 29 July (mOPV1 was used in Luanda, Lobito and the adjacent area of Benguela), and preparations for the second campaign to be held on 26 August are being intensified.

Madagascar

- A cVDPV case (type 3) has been identified in Toliary, southern Madagascar (onset of paralysis on 9 April), along with 8 positive community contacts. A further VDPV case (type 2) has been identified in Tsihombe, southern Madagascar (onset of paralysis on 13 June). Investigations are ongoing to determine if any circulation has occurred as a result of this type 2 VDPV case.
- An immunization campaign is being planned for end-August. Urgently boosting population immunity levels is critical, as Toliary province has an estimated routine immunization rate of 45%.

Yemen

- Yemen accounts for 47% of all cases worldwide at end-July (400 of 857 global cases).
- Early epidemiological evidence suggests the epidemic is being brought under control.
- The impact of the second round of immunization campaigns in response to the outbreak held on 12 July (the third round this year in total) is expected to be seen in the coming weeks.

The state of polio eradication in 2005

- **Members states at the World Health Assembly in May expressed overwhelming confidence in the programme.** The target-date of stopping transmission by end-2005 will be reviewed in October.
- **There are 6 countries with endemic polio** (Nigeria, India, Pakistan, Niger, Afghanistan and Egypt) **and 6 countries where transmission has been re-established** (Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Mali and Sudan).
- **Success depends on reaching the groups of children that remain under-immunized.** In every country, these children are poor, young and living in communities that receive little or no basic healthcare.

- **The greatest challenges to a polio-free world are:**
 1. **Rapidly stopping polio transmission** in the remaining endemic areas which continue to export virus into polio-free areas such as Angola and Indonesia.
 2. **Preventing the further spread of polio** in Africa, particularly into Somalia.
 3. **Ensuring multi-year pledges are in place for 2006-2008 activities.** Most notably, US\$ 75 million must be made available by November 2005, for activities in the first quarter of 2006.

More than the end of a disease is at stake. Polio eradication would validate a US\$4 billion, 17-year global investment and prove the world can work together to reach a shared public health goal.