

NOW, MORE THAN EVER: STOP POLIO FOREVER.



Partners in the Global Polio Eradication Initiative

Polio Eradication Situation Report – April 2005

All data as of end-March

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

Headlines

- Monovalent oral polio vaccine type 1 (mOPV1) licensed on 25 March.
- Mali becomes 6th country with re-establishment of wild poliovirus transmission.
- 2nd round, mass polio campaign launched on 9 April in 23 countries across Africa.
- WHO Director-General LEE and Regional Director EMRO Gezairy meet the President and Minister of Health of Pakistan. Dr. Lee visits India and meets Prime Minister and Minister of Health.

The state of polio eradication in 2005

- **Polio transmission can be stopped globally by end-2005**, with sufficient financial and political commitment from governments.
- **There are six endemic countries** (Nigeria, India, Pakistan, Niger, Afghanistan and Egypt) **and six countries where transmission has been re-established** (Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Mali and Sudan).
- **Success depends on reaching the specific groups of children that remain under-immunized.** In every country, these children are poor, young and living in communities that get little or no basic healthcare.
- **The greatest threats to a polio-free world are:**
 1. **A failure to reach all children** in the remaining endemic districts (especially in India, Pakistan and Nigeria), combined with ongoing insecurity in some countries with re-established transmission (particularly Côte d'Ivoire and Sudan)
 2. **Gaps in sub-national surveillance of the disease** (particularly in West, Central and Horn of Africa).
 3. **Low routine immunization rates** which help the virus spread.
 4. **A funding gap** of US\$75 million for the latter half of 2005 (to be filled by July); and an additional US\$200 million for 2006 activities.

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.

Africa

- 23 countries across west, central and east Africa on 9 April launched the second phase of a cross-continental polio campaign, to reach more than 100 million children with polio vaccine. The first round was in February, part of an ongoing response to the continuing polio epidemic in the region.
- Independent monitoring from the February campaigns suggests overall strong improvements in immunization coverage were achieved over previous rounds.

Nigeria

- Nigeria has the highest number of cases in 2005, with 29 cases reported in the following 12 states: Bauchi, Borno, Kebbi, Zamfara, Adamwara, Kano, Niger, Jigawa, Kaduna, FCT, Gombe, and Sokoto.
- WHO Regional Director for Africa Dr Luis Sambo travelled to Nigeria on 4-9 April, as part of advocacy efforts to strengthen political support among state leaders.
- Monitoring data from the February NID suggests some improvements in campaign quality, though more than 20% of children continue to be missed in some high-risk areas.
- Immunization status remains low: An analysis of non-polio AFP cases in 2004 indicates more than two-thirds (68%) of children under five years of age were under-immunized (<4 doses), with nearly one-quarter of children (24%) having received zero doses.

Niger

- Epidemiological evidence suggests immunization activities have improved over the past six months.
- Subnational surveillance sensitivity must be strengthened.

Egypt

- On 25 March, French regulatory authorities licensed mOPV1, setting the stage for Egyptian licencing and use in May.
- During the March NID, finger-marking was introduced for the first time as a way of monitoring the activity.

West and central Africa

- Mali is now the 6th country where indigenous wild poliovirus transmission has been re-established, following circulation of genetically-related viruses for longer than six months after an initial importation.
- Genetic evidence of missed transmission of both type 1 and type 3 wild poliovirus indicates major surveillance gaps in west and central Africa (particularly in Chad, southern Sudan and possibly Ethiopia).
- Independent monitoring in all Central Block countries has led to a more rigorous data collection process and subsequent analysis.
- In Côte d'Ivoire, concerns of further civil unrest remain, which may adversely affect polio campaigns. WHO Director-General Dr Jong-Wook Lee convened a meeting with the UN Undersecretary General for Security to discuss these concerns. Contingency plans should be developed to ensure continued campaigns in the northern part of the country, in the event that immunizations are not possible in southern Côte d'Ivoire.

East Africa and the Horn of Africa

- In Nairobi, on 17-18 March, a north/south Sudan coordination meeting on identifying areas where SIA rounds may not be reaching all communities was attended by representatives of the Ministry of Health, WHO, UNICEF and USAID.
- In Sudan, independent monitoring of the February NID confirms strong improvements over previous rounds, particularly in increasing access to all children in the Darfur region. As much as 95% overall coverage was reported in the round. Security concerns still challenge access to children in some parts of the country, most notably in Upper Nile state.
- In Ethiopia, nationwide campaigns will be implemented in April and May. Currently, full financing is confirmed for the April activity only. If sufficient funds are not available for the May activity, some areas of the country may have to conduct 'fixed post' immunizations in the best-performing regions, rather than 'house-to-house'. Given the current low transmission season and subnational surveillance gaps, ongoing polio transmission following recent importations cannot be ruled out. June will be the earliest time to definitively rule out ongoing transmission.

Asia

India

- WHO Director-General Dr Jong-Wook Lee, travelled to India for World Health Day on 5-7 April and met with Prime Minister Manmohan Singh and Minister of Health Anbumani Ramadoss to further strengthen support to the country's polio eradication efforts.
- Progress in 2004 has allowed for mOPV1 to be used for the first time in India. The new vaccine is currently being used in Bihar, Mumbai/Thane and parts of western Uttar Pradesh, to end chains of type-1 poliovirus transmission more quickly.
- The number of AFP cases reported in 2005 to date is significantly higher than the same period in 2004, indicating better surveillance and reporting of AFP cases.
- A Bihar State Steering Committee for polio eradication has been established, to discuss ways to further improve immunization campaigns. Delegations from Rotary and WHO met the Governor of Bihar Sardar Buta Singh and the Chief Secretary, who expressed their commitment to eradicating polio from the state.
- Use of mobile vaccination teams at train and bus stations during the February immunization campaign reached more than 2.2 million additional children in Uttar Pradesh alone.

Pakistan

- WHO Director-General Dr Jong-Wook Lee and WHO Regional Director for the Eastern Mediterranean, Dr Hussein Abdel-Razzak Al Gezairy, visited Pakistan on 2-4 April. Meeting with President Pervez Musharraf and Minister of Health M.N. Khan, Dr Lee and Dr Gezairy stressed the importance of reaching every child during immunization campaigns. President Musharraf offered to meet with nazeems and district coordination officers to further their role in polio eradication in their districts.
- Pakistan has not reported a case since 29 January 2005. Monitoring confirmed major improvements in immunization activities, particularly in the highest-risk districts of southern Punjab. These improvements must be built on, by further strengthening political ownership at provincial and district levels and increasing access to all households, with particular focus on reaching newborns.

Afghanistan

- Afghanistan has not reported a case since November 2004. Overall improvements to campaign quality continue to be made, but security concerns in the southern region continue to hamper access to all children.