

# NOW, MORE THAN EVER: STOP POLIO FOREVER.



## Polio Eradication Situation Report – February 2005

### Latest Events & Headlines: African and Asian health leaders vow to stop transmission of polio in 2005

- In 2004, 171 supplementary immunization activities (SIAs) were conducted in 45 countries, reaching 372 million children, using 2.4 billion doses of oral polio vaccine (OPV).
- Ministers of health of the key polio-affected countries in Africa re-committed to stop transmission of polio by end-2005, at a meeting at WHO in Geneva on 13 January. This meeting preceded a head of state gathering at the African Union (AU) Summit in Abuja, Nigeria, on 29-31 January, where leaders affirmed their support to polio eradication. President Obasanjo called for a Summit of regional African organizations such as ECOWAS to strengthen political support for polio eradication. Leaders of polio-affected countries acknowledged their commitment and oversight is critical to stop transmission of polio from Africa by end-2005.
- Asian health ministries (India, Pakistan and Afghanistan) also met at WHO on 4 February to present plans to end polio transmission this year. Asia nearly halved its number of polio cases from 336 (in 2003), to 190 (in 2004, as at 8 February). Poliovirus in Asia is at its most geographically-limited ever.
- The Bill and Melinda Gates Foundation is funding the development of monovalent OPV type-1 (mOPV1). This vaccine will give better immunity against type 1 polio than the current trivalent OPV. It will be used in Egypt from May, and in parts of India from June.
- Generous financial support from both long-standing and new contributors has enabled SIAs in the first half of 2005 in Africa and Asia to go ahead and reduced the 2005 funding gap to US\$75 million (must be filled by July for activities in the second half of the year). An additional US\$200 million is needed for 2006 activities. Funding has been received from the EC (Euro 55 million), Sweden (US\$31.5 million), Canada (US\$35 million), as well as Rotary International, Ireland, Luxembourg, Malaysia, Norway, the Russian Federation, Spain, UK, the Bill and Melinda Gates Foundation, ECHO and the OPEC Fund.

### Topline programme messages

- **Six countries remain polio-endemic** (Nigeria, India, Pakistan, Niger, Afghanistan and Egypt), and in five countries, polio transmission has been re-established (Burkina Faso, Central African Republic, Chad, Côte d'Ivoire and the Sudan).
- **Poliovirus transmission can be interrupted in Africa and Asia by end-2005.**
- **In Africa, quality of SIAs need to be improved particularly in Nigeria and Niger**, Chad, Central African Republic, Côte d'Ivoire and the Sudan.
- **Asia has the best opportunity ever to stop poliovirus transmission in 2005.** Reaching zero polio cases will only be possible with the fullest commitment of political and health leaders at all levels. Up to 10% of children are still being missed in highest priority districts in Asia.

### Africa – overview (1,051 cases)

### Next SynchronIDs: 26 February

- Despite recording cases more than 3 times higher this year than last, African leaders have committed to stopping polio by end 2005 through high-quality synchronized immunization campaigns. Campaigns are being expanded to cover at least 25 countries, including countries on the periphery of the outbreak-affected areas (Ethiopia, Eritrea, and parts of the Democratic Republic of the Congo, Congo, Uganda and Kenya).
- Similar campaigns from 2000-2002 stopped polio in all countries across the region, except in Nigeria and Niger.
- Particular efforts are needed to improve the quality of the immunization campaigns in Nigeria and Niger (the only countries which have yet to interrupt indigenous transmission), Côte d'Ivoire (where campaigns have been suspended since the civil unrest of November 2004) and the Sudan (where the ongoing epidemic threatens the polio-free countries of the Horn of Africa).

### Nigeria (782 cases)

### Next SIA: 26 February

- Nigeria accounts for 63% of the total number of poliovirus cases reported globally in 2004.
- Although substantial immunity gaps remain in Nigeria, particularly in the northern band of states, polio campaign quality improved markedly in late 2004. All children must be reached during multiple immunization campaigns to close this gap.
- Initial reports suggest a marked decrease in resistance to OPV and a more positive community response since polio immunization began again in most of northern Nigeria in July.

**Niger (25 cases)****Next SIA: 25 February**

- The quality of the NIDs must improve further if Niger is to halt the spread of polio. The large immunity gaps in Niger are comparable only to those in Nigeria.
- Although local-level planning is strong, district-level planning/supervision needs to be strengthened.

**Egypt (1 case and 17 environmental positives)****Next SIA: 14 February**

- In Egypt, environmental sampling (esp. in greater Cairo/Giza) demonstrates continuing virus transmission, requiring an increase in the quantity and quality of immunization campaigns. Transmission is also considered to be continuing in Upper Egypt (Assiut and Minya).
- In October, the Technical Advisory Group recommended the rapid introduction of mOPV1, with a view to using this vaccine in at least 2 of the 4 planned NIDs in early 2005 (as Egypt has had only type-1 wild poliovirus for the past 3 years, mOPV1 would stop transmission of the remaining virus more rapidly).

**West and central Africa, not including Nigeria and Niger (243 cases)      Next SynchronIDs: 26 February**

- The Sudan now has the third-highest polio caseload, behind Nigeria and India. Cases are widespread, extending from Darfur in the west of the country to the east in Red Sea state, putting the Gulf state countries, the Horn of Africa and all other neighbouring countries at risk of polio re-infection.
- Efforts are ongoing to secure access to all children particularly in the Darfur region, in southern Sudan, and among the internally displaced populations in Khartoum. Recognizing the difficulties posed by conflict, at the AU Summit Nigerian President Obasanjo called for ceasefires during polio SIAs to ensure that all children are reached.
- Vaccination campaigns must resume in all areas of Côte d'Ivoire in the first quarter of 2005, following internal security disturbances. Campaigns are currently planned to re-start on 25 February.
- In Mali, multiple chains of transmission are increasing the risk of further spread of polio internally and to other countries in west Africa.
- Throughout central Africa (Chad, Cameroon, Central African Republic), population immunity must improve. Data suggests only about 40% of children have received 4+ doses of OPV. Focus must be, among other things, on improving SIA quality assessment through independent monitoring activities.

**Asia – overview (190 cases)**

- Strong progress continues in Asia (India, Pakistan and Afghanistan).
- In Asia, cases have been nearly halved in 2004 compared with 2003. Asia has the best opportunity ever to stop wild poliovirus transmission in 2005.
- Reaching zero polio cases will only be possible with the fullest commitment of political and health leaders at all levels to help mobilize the resources needed to reach all children.

**India (133 cases)****Next SIA: 27 February**

- High coverage during the NIDs in 2004 means that India could stop poliovirus transmission by mid-2005.
- Final success will depend on reaching young, Muslim children in key districts in western Uttar Pradesh and all children in Bihar and Mumbai/Thane. Up to 10% of children are still being missed in highest priority districts of these areas.
- The January SIA was very successful in Uttar Pradesh, thanks in part to special 'mobile' vaccination teams at bus- and rail-stations; approximately 1 million additional children were immunized by these special teams.
- In Bihar, the SIA was postponed by one week, due to a health workers strike. The strike hindered preparations for the January SIA.

**Pakistan (53 cases)****Next SIA: 1 March**

- Pakistan could stop polio transmission by mid-2005 if all children can be reached during NIDs, especially in Sindh province and southern Punjab.
- Quality of SIAs need to urgently be improved in Sindh and southern Punjab, as more children in these areas continue to be missed than in other provinces.
- From early 2005, co-ordinating effective mop-up campaigns with Afghanistan will be a priority.

**Afghanistan (4 cases)****Next SIA: 1 March**

- Focus must be on effective mop-up campaigns starting in early 2005, coordinated with Pakistan.
- Quality of SIAs needs to urgently be improved in the southern region, as more children are missed in this area than in other regions. Continued efforts should be made to improve access to all populations in the southern region.