

NOW, MORE THAN EVER: STOP POLIO FOREVER.



Partners in the Global Polio Eradication Initiative

Polio Eradication Situation Report – March 2005

For latest polio case data by country, updated on a weekly basis, please visit www.polioeradication.org/casecount.asp

Latest headlines :

- Imported poliovirus confirmed in Ethiopia.
- Despite the low transmission season, polio continues to spread across west, central and eastern Africa.
- Sudan convenes cross-border meeting with neighbouring countries to ensure high-quality polio activities.
- 23-country, mass polio campaign launched in Africa, to reach 100 million children.
- Polio transmission in all regions in Pakistan (primarily in Sindh and Punjab, with recent cases in Balochistan and North West Frontier Province).
- India and Egypt on track for mOPV1 introduction in April and May, respectively.
- Global Polio Eradication Initiative Financial Resource Requirements 2005-2008 has been published, available on www.polioeradication.org.

Programme messages

- **Polio transmission can be stopped globally by end-2005**, if there is sufficient financial and political commitment from governments.
- **There are six endemic countries** (Nigeria, India, Pakistan, Niger, Afghanistan and Egypt) **and five countries where transmission has been re-established** (Sudan, Central African Republic, Côte d'Ivoire, Chad and Burkina Faso).
- 14 countries have now have polio cases due to imported wild polioviruses that originated in Nigeria.
- **Asia is on target to end polio in 2005 but Africa faces a bigger challenge.** Synchronized NIDs have slowed Africa's 2004 epidemic, but polio continues to spread. The full impact of these activities, and feasibility of the end-2005 target in Africa, can only be assessed in mid-2005.
- **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. Ongoing failure to reach all children, a sufficient number of times, with the oral polio vaccine (OPV) during polio immunization campaigns.
 2. **Gaps in surveillance quality**, particularly in conflict zones.
 3. **Low routine immunization rates** which help the virus to 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 required 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 common development goals.

Africa

- Two polio cases have been confirmed in Ethiopia, genetically linked to virus circulating in Sudan. The cases occurred in the Tigray province, close to the border of the Sudan and Eritrea. Ethiopia had been polio-free since January 2001. An emergency Inter-agency Coordination Committee (ICC) was convened in Addis Ababa on 3 March to discuss appropriate response. Tigray was covered during a sub-national immunization day on 1-3 March. Nationwide activities are planned for April and May, though financing is only confirmed for the April NID at this time.
- With the re-infection of Ethiopia, and the confirmation of recent cases in Saudi Arabia, Guinea and Mali, epidemiological evidence demonstrates the wide geographical extent of the ongoing epidemic in Africa. The danger is that complacency may set in, as cases begin to decline in the 'low transmission' season. In late 2004 and early 2005, polio cases were occurring in the eastern part of Africa (Ethiopia and Sudan), the central part (Chad, Cameroon and CAR), and the western part (Nigeria, Guinea and Mali).

- On 26 February, a mass, cross-border immunization campaign was conducted in 23 countries across Africa, with the aim of reaching more than 100 million children. The second-round campaign will commence on 9 April.
- Reaching every child during these campaigns is critical to the success of polio eradication in Africa, in the face of the ongoing spread of poliovirus.

Nigeria

- The 23-country synchronized polio campaign was officially launched by President Obasanjo and President Matthieu Kerekou of Benin on 20 February, followed by high level zonal launches in Nigeria.
- While the southern part of Nigeria appears to again be polio-free, polio continues to circulate in the northern part of the country, with 8 states already reporting cases in 2005 (Kebbi, Kano, Kaduna, Sokoto, Gombe, Adamawa, Bauchi and FCT).

Niger

- Although no cases have been reported in Niger since October 2004, sub-national surveillance gaps suggest that transmission could be missed. Surveillance quality must urgently improve to ensure a full epidemiological picture.

Egypt

- In Egypt, an analysis of the NID conducted on 14-16 February 2005 revealed that while overall quality was high, in several low-performing districts further improvements are needed.
- The introduction of mOPV1 is on track for the May NID.

West and central Africa

- Epidemiological evidence suggests ongoing missed transmission in Chad. Surveillance must urgently be improved, to ensure a full epidemiological picture.
- Despite a reported coverage of 94% during the last NID in Chad, this data is generally based on monitoring of parents' 'self-reporting', rather than the verification of finger-marking.
- In Chad, 32% of the country's cases in 2004 occurred among nomadic populations. Particular efforts must be made to reach these specific groups of populations (by clearly identifying migrant routes).

Sudan and Horn of Africa

- With ongoing spread of polio into Ethiopia and Saudi Arabia, the risk remains high of re-infection of the rest of the Horn of Africa, and possibly even DR Congo.
- In Khartoum, a cross-border coordination meeting was convened on 7-8 February by the Sudanese Ministry of Health, to discuss better cross-border collaboration with neighbouring countries during the polio campaigns. The meeting was attended by senior health ministry delegates from Chad, DR Congo, Egypt, Ethiopia, Eritrea, Libya and Uganda.

Asia

India

- The February SNID achieved high coverage in key priority districts of western Uttar Pradesh. The Bihar activity was delayed by one week, due to state elections.
- Although more cases have been reported year-to-date in 2005 compared to 2004 (8 cases versus 3), this reflects the major increase in the reporting of AFP cases (more than 2.5 times greater in 2005 for the comparative period in 2004).
- Use of mOPV1 during the April NID is planned. Current plans are to utilise 35-40 million doses in Bihar, Mumbai/Thane, and 13 priority districts in western Uttar Pradesh.

Pakistan

- Although epidemiological evidence continues to suggest polio transmission primarily in Sindh and Punjab, recent cases reported from Balochistan (first case since October 2003) and North West Frontier Province are alarming.
- Security issues in southern Punjab and northern Sindh continue to hamper access to all children during polio immunization campaigns.
- Genetic sequencing analysis revealed poliovirus type 1 and type 3 'orphan' virus isolates, primarily in Punjab, indicate ongoing gaps in surveillance quality.
- Focus must be on increasing political ownership at provincial and district levels, especially in Sindh and Punjab to urgently improve the quality of NIDs and reach every child.

Afghanistan

- While no polio cases have occurred in Afghanistan since November, 2 'hot' cases, with dates of onset of paralysis on 4 February and 10 February, are currently being investigated.
- Quality of SIAs must continue to improve 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.