



Polio News

Eradication

Issue 12 – July 2001



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A Newsletter for the Global Polio Eradication Initiative
Department of Vaccines & Biologicals
World Health Organization
in association with Rotary International,
United Nations Children's Fund and the
Centers for Disease Control and Prevention

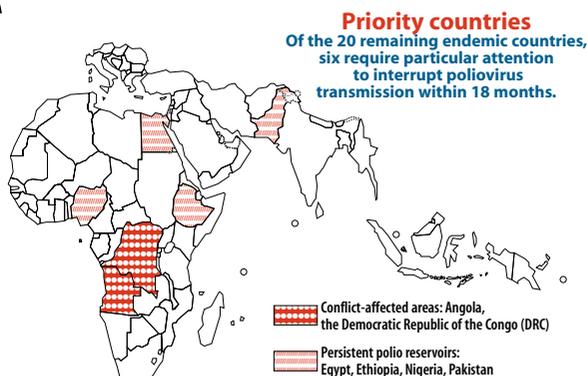
Global TCG: funding gap now the greatest obstacle

THE highest priority of the polio eradication initiative at all levels must be to rapidly close the estimated funding gap of US\$ 400 million for activities from 2001 to 2005, concluded the sixth meeting of the Global Technical Consultative Group (TCG) for Poliomyelitis Eradication on 10 May at the World Health Organization (WHO) in Geneva.

With over 250 participants, including technical advisers, WHO, Rotary, CDC, UNICEF and partner organization representatives, the TCG reported unprecedented progress since the World Health Assembly's 1999 resolution on Acceleration (WHA52.22). "The success thus far proves that WHO-recommended strategies are extremely effective, and when fully implemented, can result in polio's rapid eradication," said TCG Chairman Dr Walt Orenstein of CDC.

"The overriding lesson is the need for urgency – urgency to finish the job..."

*Dr Gro Harlem Brundtland,
WHO Director-General,
Ministerial meeting at the World
Health Assembly, 15 May 2001.*



Tremendous progress has been made in markedly reducing poliovirus circulation in the other global priorities, including Bangladesh, India, Somalia and Sudan.

The expert body discussed several priority countries at high risk of failing to stop transmission within 18 months (see map). The TCG noted that the rapid progress in 2000, combined with the Hispaniola outbreak due to a vaccine-derived poliovirus, gives new urgency to the polio "end-game". The TCG endorsed WHO's detailed programme of research to determine when and how the use of oral polio vaccine (OPV) can be stopped. ♦

See page 6 on resource mobilization efforts to meet the US\$ 400 million funding gap.

Importations threaten polio-free status of Europe, Arab Gulf

EUROPE's first case of poliomyelitis in over two years has been confirmed in an unvaccinated 13-month-old Roma girl in the Burgas region of Bulgaria. On 27 April, genetic sequencing and analysis identified a type 1 wild poliovirus that had originated in northern India. Investigation of direct contacts has confirmed two additional viruses. The last indigenous polio case in Bulgaria was in 1982.

A second outbreak occurred in Yemen, where a child was paralysed on 1 February. Type 1 wild poliovirus was confirmed, with more than 97% genetic similarity to wild viruses isolated from Minya and Asyut in Egypt in November 2000. No wild polioviruses had been reported from Yemen since the Initiative began in 1988. Massive mop-up activities are ongoing in both Bulgaria and Yemen in response. ♦



Bulgaria's index case was a 13-month-old girl paralysed on 24 March 2001. She had never been vaccinated against polio.

Photo: © WHO/Zuber



See page 2 for technical tips on polio outbreaks and response.

Identifying and responding to polio outbreaks

AN increasing number of countries appear to have interrupted transmission of wild poliovirus, yet remain at risk from the re-introduction of poliovirus by importation. It is critical to rapidly detect and respond to suspected polio importation cases to minimize spread.

The Global TCG recommended that, for the purposes of polio eradication, a suspected polio outbreak should be defined as:

- clustering of polio compatible cases (two or more compatible cases, as classified by an Expert Group, with onset in the same or adjacent districts within a two month period), or
- clustering of AFP cases (multiple AFP cases without final classification, but which are clinically strongly suggestive of polio, with onset in the same or adjacent districts within a two month period).

The case study on the right shows the response to the suspected polio outbreak in Bulgaria (see page 1).

The WHO Secretariat has prepared guidelines on response to a suspected outbreak of polio, which were endorsed by the 2001 TCG meeting. These guidelines will soon be available on Technical CD-Rom edition 4. ♦

Case study: Bulgaria outbreak and response	
24 Mar	onset of acute flaccid paralysis (AFP) in Burgas; first specimen taken
17 Apr	type 1 poliovirus identified by national laboratory; close contacts sampled and vaccinated
19 Apr	Ministry of Health initiated mass vaccination campaign in Burgas and neighbouring Oblasts
23 Apr	official notification given from Ministry of Health to WHO EURO; vaccination expanded to other Roma children
27 Apr	wild poliovirus confirmed by regional laboratory
11 May	national immunization planning meeting held in Sofia
14 May	countrywide campaign targeted 130 000 Roma children using mobile teams
28 May	first round of national immunization days (NIDs) – target 470 000 children
25-29 Jun	second round of NIDs – target 470 000 children
27-28 Sep	European Certification Committee will meet in Ankara to assess the current situation in Bulgaria, Tajikistan, Turkey, Turkmenistan and Uzbekistan

Timeline for an outbreak response:					
0 hr	24 hrs	48 hrs	1 month	2 months	6 months
Suspect outbreak	Notify reporting units (heighten surveillance)	<ul style="list-style-type: none"> • Complete clinical and prioritize virologic investigation • Initiate active search and retrospective surveillance review • Communicate to WHO 	<ul style="list-style-type: none"> • Confirm or discard outbreak • If confirmed, plan outbreak response 	Initiate extensive mop-up response	Complete documentation of interruption of transmission

Classifying AFP cases

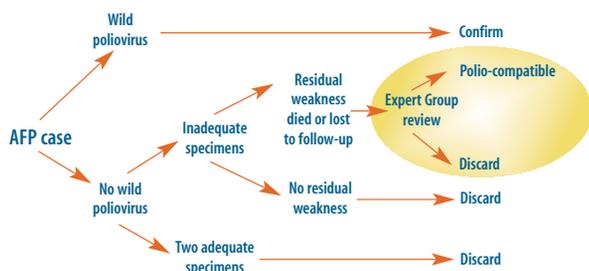
IN 1996, the Global TCG recommended that countries that have reached certain criteria for AFP surveillance quality should switch from using clinical case classification to “virological case classification”.

The criteria for switching to “virological” case classification are:

- non-polio AFP rate > 1 case per 100 000
- adequate specimens in > 60% of cases
- specimens processed at a WHO-accredited laboratory
- an Expert Group for case classification to review all AFP cases where final diagnosis is not clear-cut.

TCG recommendation 1996

Virological AFP case classification scheme:



Under the virological case classification scheme, only AFP cases with isolation of wild poliovirus are confirmed as polio. Those that cannot be discarded even after review by the Expert Group are classified as “polio-compatible”.

Polio-compatible cases have important programmatic value because they point to areas of weak surveillance, and can indicate areas of undetected virus transmission. Both in China and India, polio-compatible cases were scrutinized and mapped to identify areas of weak surveillance and target corrective action (mop-ups).

The 2001 TCG meeting showed that not all countries currently make proper use of virological case classification and the polio-compatible case concept. In some countries, Expert Groups for case classification are either not yet formed, or tend to over-discard cases. WHO has therefore drafted guidelines on classification of cases and management of polio-compatible cases. These guidelines will soon be available on Technical CD-Rom edition 4. ♦

TCG recommendation 2001:

- ✓ By the end of 2001 Expert Groups for case classification must be established in all countries (by September 2001 if the country is already using the virological scheme).

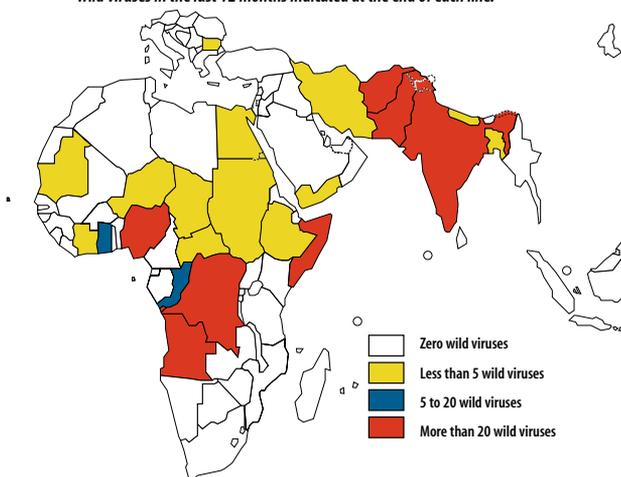
AFP and polio reporting, year-to-date (data received at WHO Geneva as of 5 June 2001)

	2000 (as of 5 June 2000)				2001 (as of 5 June 2001)			
	Non-polio AFP rate	Adequate stool specimens	Polio confirmed cases	Wild polio virus cases	Non-polio AFP rate	Adequate stool specimens	Polio confirmed cases	Wild polio virus cases
African Region	0.70	56%	203	8	1.70	72%	395	2
Region of the Americas	0.70	70%	0	0	0.86	82%	6*	0
Eastern Mediterranean Region	1.16	65%	93	39	1.51	80%	37	25
European Region	1.05	80%	0	0	1.10	82%	3**	3**
South-East Asia Region	1.18	82%	160	79	0.95	84%	13	13
Western Pacific Region	0.37	79%	0	0	1.04	90%	0	0
Global total	0.40	76%	456	126	1.02	82%	454	43

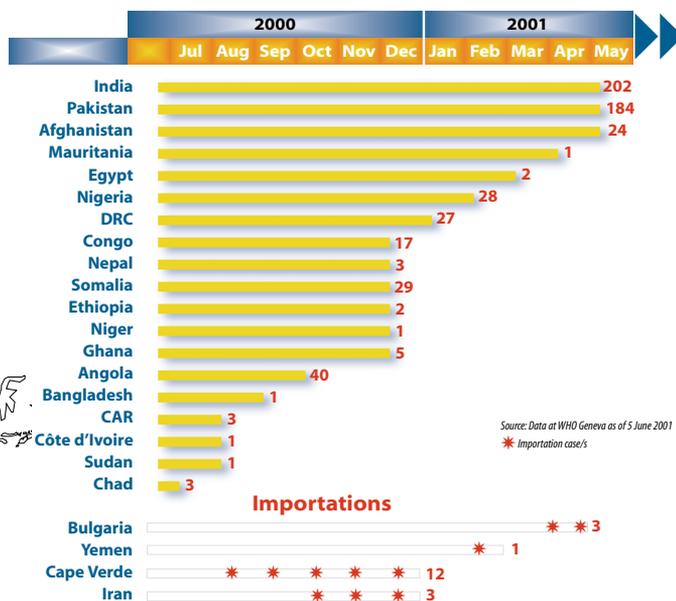
*Vaccine-derived poliovirus (Haiti/Dominican Republic)
**Importations (Bulgaria)

Wild poliovirus in last 12 months (Rolling total from May 2000 to May 2001)

As we enter the final stages of stopping poliovirus transmission, we are beginning a rolling summary of the last 12 months of wild poliovirus reporting. The timelines for each country (right) indicate the most recent dates of onset, with the number of wild viruses in the last 12 months indicated at the end of each line.



Timeline: most recent wild poliovirus in last 12 months and number of wild viruses



NIDs calendar for polio-infected countries*: June – August 2001

* Those countries with confirmed or possible wild poliovirus circulation at the beginning of 2000

Region	Country	Type of activity	June 2001	July 2001	August 2001
AFRO	Angola	NIDs		5-Jul	9-Aug
	Benin	NIDs	2-Jun Round 2		
	Burundi	SNIDs			6-Aug Round 1
	Congo	NIDs		5-Jul	9-Aug
	DRC	NIDs		5-Jul	9-Aug
	Gabon	NIDs		5-Jul	9-Aug
	Kenya	SNIDs			19-Aug Round 1
	Namibia	NIDs	19-Jun	17-Jul	
	Niger	NIDs	25-Jun Round 2		
	Nigeria	NIDs	2-Jun Round 2		
	Rwanda	NIDs			7-Aug Round 1
	Tanzania	SNIDs			4-Aug Round 1 M
	Uganda	SNIDs			11-Aug Round 1 M
	Zambia	SNIDs			10-Aug
Zanzibar	Mop-up			4-Aug Round 1 M	
EMRO	Afghanistan	SNIDs			28-Aug
	Djibouti	NIDs			20-Aug Round 1
	Pakistan	Mop-up			21-Aug
	Somalia	NIDs			26-Aug Round 1
	Yemen	Mop-up	Jun		
SEARO	India	Mop-up		16-Jul	

This calendar reflects information known to WHO/HQ at the time of print. Some NIDs dates are preliminary and may change; please contact WHO/HQ for up-to-date information.

◆ Includes vitamin A supplementation M Includes measles vaccination



Sebastião Salgado: photographing polio eradication

THROUGHOUT 2001, world-renowned photographer Mr Sebastião Salgado is documenting the global eradication of polio. Initially engaged through Aventis Pasteur, Mr Salgado travelled to India, Somalia and the Sudan in March and April, photographing all aspects of NIDs and mop-up campaigns.

Mr Salgado will continue his work in Afghanistan, DRC and Pakistan in cooperation with WHO and UNICEF. His photographs will be published globally over the coming year.

Sebastião Salgado's highly-acclaimed work includes the books "Workers", "Terra" and most recently "Migrations". His work has been recognized by numerous photographic prizes and awards worldwide. ♦



Photo: ©WHO/C. McRobb

"I hope these pictures can help to provoke debate, to provoke discussion. We will build a big wave, to make people conscious that polio still exists, and that we, together, can finish with it," said photographer Sebastião Salgado following his visit to Somalia in April.

Rotary recognizes polio champions

ON 13 May, the Rotary Foundation of Rotary International presented the Polio Eradication Champion Award to key members of the United States Congress in recognition of their ongoing support. First time recipients included Rep. Jesse Jackson, Jr. (D-IL), Rep. Jim Kolbe (R-AZ), Rep. Nita Lowey (D-NY) and Rep. Ralph Regula (R-OH). Congress has appropriated US\$ 118.9 million to the global polio eradication effort in the fiscal year 2001.

On 15 May, Heidemarie Wiczorek-Zeul, Germany's Minister of Economic Development and Cooperation, received the award in recognition of the German government's contribution of close to US\$ 34 million for polio eradication efforts in India between 1997 and 2000.



Rotary International past President James Lacy presenting Congressman Jesse Jackson, Jr with the Polio Eradication Champion Award.

Security issues in Nigeria and Somalia

THE importance of security in the field, even in areas that do not have active conflict, has been underscored by two incidents this year. In Nigeria this February there was a fatal shooting of a United Nations (UN) driver and the severe injury of a WHO doctor. On 27 March, seven UN employees and three aid workers from Medecins Sans Frontières (MSF) were kidnapped at the MSF compound in north Mogadishu, Somalia. All were subsequently released unharmed. The WHO polio group is currently developing guidelines for polio staff in the field.

For copies of the UN publication "Security in the field", please contact drakec@who.int or Tel: +41 22 791 3832. ♦

"Polio in the press"

- "The River without a paddle"; Nature, Volume 410, 26 April 2001. Four new studies have found no evidence for the theory expounded in the 1999 book *The River: A Journey to the Source of HIV and AIDS* by Edward Hooper. Hooper claimed that by using chimpanzee kidney tissues infected with HIV when developing an oral polio vaccine, researchers at the Wistar Institute in Pennsylvania inadvertently contaminated vaccine stocks with HIV. These new studies support preliminary investigations presented at the Royal Society in London in September 2000.



- "Battle zones present last redoubt in war on polio"; David Pilling, Financial Times, 4 April 2001.

- "The public-private war to eradicate polio"; Georgie Anne Geyer, The Washington Times, 29 March 2001.



For copies of these and other recent articles, please contact drakec@who.int or Tel: + 41 22 791 3832

Optimizing the impact – polio eradication and other health services

ULTIMATELY, the success of polio eradication will be measured not only by global certification of a polio-free world, but in the increased capacity of national health systems. Polio eradication activities can contribute to the broader development of health infrastructures through the application of their human resources, physical infrastructure, institutional arrangements and successful strategies and processes to other health services.

For example, the Global Polio Eradication Initiative has deployed more than 1600 international, regional and country staff trained to implement not only polio eradication activities but also routine immunization activities, many in the most difficult countries. The WHO Regional Office for Africa estimates that cold chain equipment procured with polio eradication funds has refurbished more than 30% of the cold chain in sub-Saharan Africa alone. Over the last 12 months, the WHO/HQ alone has purchased 473 vehicles for country and regional use – hardware which has dramatically improved service delivery. The polio interagency coordinating committees (ICCs), the TCGs, the global laboratory network (which includes 147 laboratories) and the surveillance network are functioning institutional arrangements already providing a base for the control of other infectious diseases (ID), especially vaccine-preventable

Global Polio Eradication Initiative infrastructure

Category	Examples
Human resources	Long- /short-term staff Training
Physical infrastructure	Cold chain equipment Communications equipment
Institutional arrangements	Technical consultative groups (TCGs) Interagency coordinating committees (ICCs) Surveillance and laboratory network (Labnet)
Strategies	Active surveillance Pulse immunization
Processes	Advocacy and fundraising Social mobilization Strategic planning and microplanning

diseases (example 3). A few concrete, quantifiable examples of the contribution polio eradication has made are illustrated in examples 1-3 below.

Key polio eradication strategies such as NIDs have demonstrated that it is possible to reach children who have never been reached by any other health intervention. The strategies and lessons learned in communications, social mobilization and strategic planning for polio eradication can equally add value to control of other communicable diseases.

Increasingly, these opportunities to strengthen routine immunization services via polio eradication activities are being grasped. A checklist has now been developed for managers to optimize the impact on routine immunization services while improving the quality of polio eradication activities. It is available on the Internet at www.polioeradication.org ♦

Example 1:

Integrating vitamin A delivery

Deaths averted by integrating vitamin A with polio NIDs*

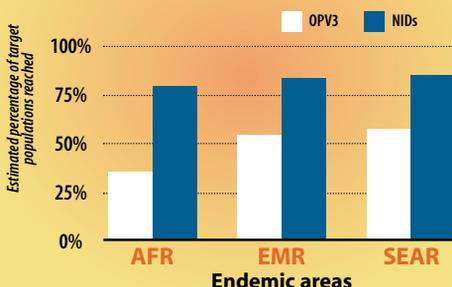
Year	Countries adding vitamin A	Estimated deaths averted
1998	41	169 000
1999	50	242 000
Total:		411 000

*Ching et al., *American Journal of Public Health*, 2000; 90: 1526-1529.

Example 2:

Accessing unreachable children

Target populations reached through NIDs compared to routine OPV coverage



Example 3:

Integrating disease surveillance

An integrated disease surveillance (IDS) strategy was adopted in the WHO African Region in 1998, aiming to integrate disease surveillance programmes, share resources and improve efficiency.*

Percentage of 30 countries surveyed in 1999	
<i>AFP surveillance integrated with surveillance for:</i>	
Measles	88%
Neonatal tetanus	84%
Cholera	60%
Meningitis	60%
AFP staff detecting and responding to other infectious disease outbreaks (e.g. measles, diarrhoea, meningitis, malaria)	86%
Combining AFP surveillance with other disease surveillance	83%
Use of the AFP laboratory transportation system for confirmation of other infectious diseases	48%

*Nsubuga et al., 49th Annual Epidemic Intelligence Service Conference, 10-14 April 2000, CDC, Atlanta, USA.

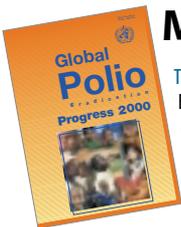
Resource mobilization

Calculating the funding gap

THE Global TCG agreed at its May meeting that the highest priority at all levels must be to urgently raise the US\$ 400 million still needed for activities between 2001 and 2005. Every six months this funding shortfall is recalculated based on the total external resource requirements minus pledges to the Initiative. Contributions to WHO, UNICEF and bilateral contributions to countries are taken into account, as are significant changes in global requirements. The revised financial resource requirements will be published this September. Recent pledges may be offset by increased costs. ♦

Resource mobilization news

- In May, the Government of Australia pledged to match Australian corporate and philanthropic contributions dollar for dollar up to a total commitment of US\$ 5 million (Aus\$ 10 million) for 2001-05, in response to Rotary International's private sector campaign.
- US\$ 25.5 million of the US\$ 30 million funding requested has now been mobilized for the Central Africa synchronized NIDs appeal, launched in March. The remaining US\$ 4.5 million is urgently needed by DRC for the third round.
- The Ministry of Health in DRC hosted an ambassadors' dinner, sponsored by UNICEF and facilitated by WHO on 10 May, bringing together ambassadors and representatives of donor countries to discuss resource mobilization needs for polio activities.



Materials available:

The Progress Report 2000 for the Global Polio Eradication Initiative is available in electronic (PDF) and printed format in English and French.

A CD-Rom of presentations given at the sixth meeting of the TCG and at workshops for immunization field staff is available.



An electronic version (PDF) of the latest Polio News editions can be sent direct to your email address – please state whether you wish to receive the English or French edition.

To request the above materials or register to receive Polio News, email: drakec@who.int or Tel.: +41 22 791 3832. Many polio documents are available on the Internet at: www.polioeradication.org

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Norwegian Prime Minister promotes polio eradication



Photo: © WHO

Norwegian Prime Minister Mr Jens Stoltenberg administered polio drops to children at the Sarojini Nagar Maternity Centre in New Delhi, India in April. The Government of Norway is a contributor to the polio eradication programme in the South East Asia Region, specifically providing support to Nepal's programme.

Recent donations:*

- UNICEF:** US\$ 10.75 million for operational and staff costs in Afghanistan, Angola, Bangladesh, DRC, Ethiopia, India, Myanmar, Nepal, Nigeria, Pakistan, Somalia and Sudan.
- Ireland:** US\$ 2.2 million over the next three years; for use for the Central Africa synchronized NIDs in the first year.
- Japan:** US\$ 30 million to UNICEF for OPV, cold chain, logistics, training and social mobilization activities in Bangladesh, DRC, Ethiopia, Ghana, India, Nigeria, Pakistan and Sudan.
- Millennium Fund:** US\$ 20 000 for operational costs in West Africa synchronized NIDs.

The Global Polio Eradication Initiative expresses its gratitude to all donors.
*Donations announced since Polio News 11, April 2001

Forthcoming events

Date	Event	Venue
21-27 June	Meeting of Interested Parties, Health Technology and Pharmaceuticals	WHO, Geneva, Switzerland
5 July	Launch of Angola, Congo, DRC and Gabon synchronized NIDs	Kinshasa, DRC
20 September	UN General Assembly Special Session (UN GASS) on Children and Children's Issues	New York, USA



Polio News

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