



Polio News

Eradication

Issue 13 – November 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



Photo: © WHO/C. McHub

Reaching the unreached

OVER 16 million children were reached with three doses of polio vaccine between July and September 2001 during unprecedented “synchronized” national immunization days (NIDs) in Angola, Congo, the Democratic Republic of the Congo (DRC) and Gabon, in a staunch effort to eliminate polio in the conflict-affected region. In DRC, vaccination

teams reached all 321 health zones for the first time, with over one million “zero-dose” children immunized in the first round alone.

Both Angola and DRC are global polio priority countries, as ongoing conflict, population movement and weakened health infrastructures make implementation of vaccination and surveillance activities particularly challenging.

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GAVI champions polio

WITH only 10 countries reporting virological evidence of indigenous poliovirus transmission in 2001 to date, the Global Alliance for Vaccines and Immunization (GAVI) Board has adopted a polio eradication milestone at its June meeting hosted by Clare Short MP, Secretary of State for International Development in the United Kingdom. This boost from the international coalition of partners comprising GAVI will strengthen international advocacy and fundraising capacity for polio eradication and serve to sustain national commitment to the Global Polio Eradication Initiative (GPEI) through certification and beyond.

New GAVI objective:
to support the national and international accelerated disease control targets for vaccine-preventable diseases.

New GAVI milestone:
by 2005, the world will be certified polio-free.

This improved alignment aims to capitalize on the gains made in polio eradication to strengthen routine immunization systems – the bedrock of all accelerated disease control initiatives. ♦

See page 6 for information on the GAVI advocacy resource kit

News on Afghanistan and Pakistan

FOLLOWING the tragic events of 11 September and subsequent actions, the polio eradication partnership has been flooded with enquiries regarding polio eradication activities in Central Asia.

Epidemiologically great progress has been made: all of Afghanistan's virologically confirmed cases – nine to date in 2001 – have occurred in just one area, around Khandahar. In Pakistan, there are 69 confirmed cases (see page 2).

Afghanistan completed scheduled rounds of polio national immunization days (NIDs), synchronized with Pakistan, between 23 and 27 September, focusing especially on children in border areas. Nearly 1000 Rotary Volunteers helped to set up vaccination posts in refugee camps and administer vaccine. Preliminary results indicate over five million children under five were reached in Afghanistan. Despite the challenges, a second round of NIDs was conducted from 6 to 8 November. The safety of vaccinators and UN staff continues to be a priority. Having completed five NID rounds and two subnational immunization days (SNIDs) in 2001, and with winter approaching, the ongoing issues in Afghanistan may not substantially affect virus transmission. The critical issue will be the quality of the rounds in the spring of 2002. US\$ 7.02 million is needed to implement planned polio eradication activities in Afghanistan in 2002. ♦



Post-eradication polio immunization policy

FOLLOWING the polio outbreak due to circulating vaccine-derived poliovirus (cVDPV) in Hispaniola in 2000–2001, thousands of Sabin viruses have been screened worldwide both retrospectively and prospectively between 1997 and 2001. This enhanced surveillance for cVDPV has detected one other cVDPV episode. A type-1 cVDPV was isolated from three ill children (two with paralysis) in the Philippines. Preparations are being made for a large-scale SNID, including house-to-house activities in high-risk areas.

This surveillance confirms that cVDPV is possible, but rare. An estimated 10 billion doses of oral polio vaccine (OPV) were administered worldwide between 1997 and 2001; two limited outbreaks due to type-1 cVDPV were found in the same period. An outbreak of type-2 cVDPV may have occurred in Egypt between 1988–1993.

While work is ongoing to identify the risk factors that contribute to the emergence of VDPV, low vaccination coverage probably enabled VDPV to acquire wild-type characteristics of transmissibility and neurovirulence. These outbreaks underscore the need for rapidly achieving polio eradication; maintaining high

polio immunization coverage in all countries including those that have been polio free for several years, and ensuring certification-standard surveillance with screening for all polioviruses for evidence of cVDPVs.

As stated in the Report of the sixth meeting of the Global Technical Consultative Group for Poliomyelitis Eradication (TCG), the ultimate goals of the polio eradication effort are to terminate transmission of wild poliovirus and subsequently discontinue immunization against polio. However, before stopping the use of OPV there must be certainty that 1) wild poliovirus has been interrupted, 2) wild virus stocks in laboratories are appropriately contained, 3) vaccine-derived polioviruses do not continue to circulate and cause disease, and 4) a global stockpile of vaccine is available if needed, with a clear strategy for its use. Since it will take time to collect all of the data required, and to establish international consensus on OPV cessation, plans should be made to use OPV for the foreseeable future.

In January 2002, an article from the TCG will be published in *Clinical Infectious Diseases*, outlining WHO's ongoing work on end-game issues. The TCG article endorses WHO's position that the full agenda of programmatic work, scientific research and policy development and communications must be completed before definite policy recommendations can be made. ♦

Further information is published in the Morbidity and Mortality Weekly Report (MMWR) and Weekly Epidemiological Record (WER) of 12 October, as well as in the PAHO/EPI Newsletter, December 2000, and all bimonthly issues of 2001:
http://www.cdc.gov/mmwr/mmwr_wk.html and
http://www.who.int/wer/76_27_52.html and
<http://www.paho.org> (search: EPI Newsletter)

Hispaniola – cVDPV outbreak response

Dominican Republic

Number of cases	14 cases
House-to-house NIDs	December 2000/February 2001 /April 2001
Target population	1.1 million children aged under five
Percentage reached	(official reported data) 100%
Most recent confirmed case	25 January 2001

Haiti

Number of cases	8 cases
NIDs (fixed post; multiple antigens)	February 2001/March 2001
Target population	1.2 million children aged under five
Percentage reached	40% (due to logistic difficulties and heavy rains)
House-to-house NIDs	May to July 2001/September–October 2001
Target population	2.9 million children aged under 10
Percentage reached (first round)	(official reported data) 100%
Most recent confirmed case	12 July 2001

Establishing the infrastructure to finish the job

SUFFICIENT numbers of properly trained, equipped and supervised personnel are vital to support national immunization services and to achieve polio eradication. Close to 1900 national, regional and international immunization staff worldwide are funded through the Polio Eradication Initiative. These staff help governments and ministries of health ensure high quality supplementary immunization activities and acute flaccid paralysis (AFP) surveillance, and are increasingly integrating the control of other vaccine-preventable diseases into their scope of work.

The accelerated eradication activities undertaken in response to the 1999 World Health Assembly resolution WHA52.22 present considerable managerial and administrative challenges. To improve the efficiency of personnel recruitment, supplies procurement and financial transactions, Polio Management Support Units or their equivalents have been established in the WHO African, South-East Asia and Eastern Mediterranean regional offices and headquarters in Geneva. ♦

Case study: Pakistan

By the end of 2001, Pakistan will have conducted five rounds of NIDs and two rounds of SNIDs (targeting 50% of the population under five years of age).

To fulfil this ambitious programme, the polio/EPI team at WHO Pakistan has grown from 10 staff at the federal and provincial levels in 2000 to over 80 staff at the federal, provincial and divisional levels by mid-2001. WHO office space, phone lines, equipment, supplies and transportation have been strengthened at the federal level and in the provinces to keep pace.

These substantial investments at the national and sub-national levels are now helping the Ministry of Health focus on achieving high quality supplementary immunization and surveillance activities at the district level through heightened supervision and international support for microplanning and logistics.

Training healthworkers in NWFP.



Pakistan – people against poliovirus

Year	National and international personnel	Wild virus confirmed cases
1999	3	324
2000	10	199
2001 to date	80	69

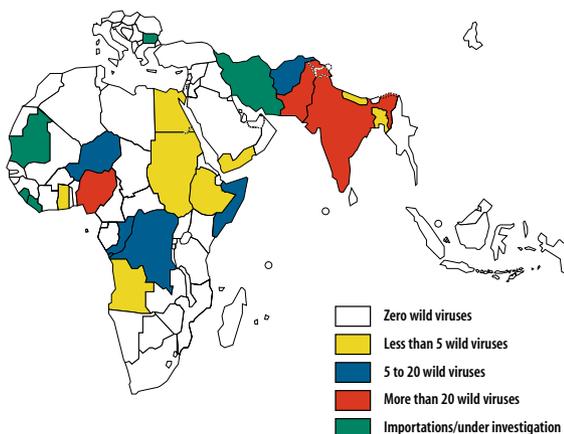
AFP and polio reporting, year-to-date (data received at WHO Geneva as of 30 October 2001)

	2000 (as of 30 Oct 2000)				2001 (as of 30 Oct 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%	786	87	2.80	71%	162	21
Region of the Americas	0.70	70%	0	0	1.18	77%	10 **	0
Eastern Mediterranean Region	1.16	65%	343	181	1.79	83%	123	85
European Region	1.05	80%	0	0	1.19	81%	3 ***	2
South-East Asia Region	1.18	82%	391	190	1.55	84%	142	142
Western Pacific Region	0.37	79%	0	0	1.02	87%	0	0
Global total	1.16	75%	1520	458	1.40	82%	440	250

* Data received at WHO Geneva as of 30 Oct 2001
 ** Vaccine-derived poliovirus
 *** Importations

Wild poliovirus in last 12 months (Rolling total from Aug 2000 to Aug 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 from Aug 2000 to Aug 2001 and number of wild viruses



Source: Data at WHO Geneva as of 9 October 2001
 * Most recent importation case/s



NIDs calendar for polio-infected countries*: November 2001 – January 2002

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

Region	Country	Type of activity	Nov 2001	Dec 2001	Jan 2002
AFRO	Benin	NIDs	26-Nov Round 2		
	Central African Republic	NIDs	13-Nov Round 1	18-Dec Round 2	21-Jan Round 3
	Chad	NIDs	13-Nov Round 1	18-Dec Round 2	
	Côte d'Ivoire	NIDs	26-Nov Round 1		
	Ethiopia	NIDs	9-Nov Round 1	7-Dec Round 2	
	Ghana	NIDs	26-Nov Round 2		
	Niger	NIDs	26-Nov Round 2		
	Nigeria	NIDs	26-Nov Round 1		12-Jan Round 2
EMRO	Afghanistan	NIDs SNIDs	6-Nov Round 2		15-Jan
	Egypt	NIDs	10-Nov Round 1	22-Dec Round 2	
	Iraq	NIDs	11-Nov Round 2		
	Pakistan	NIDs	6-Nov Round 1		
	Northern Somalia	SNIDs	11-Nov Round 3		15-Jan
	Sudan -southern Sudan	SNIDs NIDs	13-Nov Round 1 12-Nov Round 2	18-Dec Round 2	
SEARO	Bangladesh	NIDs			20-Jan Round 1
	India	NIDs		2-Dec Round 1	20-Jan Round 2
	Nepal	NIDs		1-Dec Round 1	19-Jan Round 2

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



Photo: © WHO

The family of the late Mark Odera receiving the recognition certificate and cash honorarium, with Mr Alfred Geri, National Polio Focal Point for the Eastern Equatorial Region (far left) and Mr Charles Ogweta, the Polio County Supervisor for Torit County (far right).

CDC Foundation recognizes polio eradication hero

THE CDC Foundation has recognized the extraordinary contribution and sacrifice for polio eradication in southern Sudan of the late Mark Odera, a polio eradication volunteer. Mark Odera was killed during aerial bombardment on 22 October 2000, while returning from the Payam Headquarters to present SNIDs results. He is survived by two wives and six children. ♦

For additional information about the CDC Polio Eradication Heroes Fund, and how to contribute, contact: Polio Eradication Heroes Fund, CDC Foundation, 50 Hurt Plaza – Suite 765, Atlanta, GA 30303, USA. Tel: +1 404 653 0790.

Brundtland and Bellamy address Rotary's 92nd Convention

"A funding gap of US\$ 400 million poses the greatest threat to polio eradication", said Dr Gro Harlem Brundtland, Director-General of the World Health Organization, in her keynote address to over 25 000 Rotary club members from 132 countries at the 92nd annual convention on 24 June in San Antonio, Texas, USA.

To help bridge that gap, UNICEF Executive Director Carol Bellamy invited US Rotarians to promote the "Trick-or-Treat for UNICEF" fundraising campaign in their local communities.



'The volunteerism exemplified by Rotary International is an engine for renewal and change in every society,' commented Carol Bellamy, Executive Director of UNICEF, at the 92nd annual convention in San Antonio, 'You are all goodwill ambassadors for children.'

The campaign takes place every year at Halloween, a North American tradition where children in costume go door-to-door to collect both sweets for themselves and spare change for UNICEF. The US Fund for UNICEF will direct a portion of these proceeds to polio eradication efforts in Afghanistan. In 2002 and 2003 all funds raised through Trick-or-Treat for UNICEF will go exclusively to polio eradication.

Dr Brundtland later praised Rotary for its role as the catalyst for the Global Polio Eradication Initiative. "You were the first with the vision to deliver polio vaccine to every child – and you took action to make it happen", said Brundtland. ♦

Obituaries

Dr Lewis L. Coriell (1911–2001), a virologist who helped to create the technology used to develop the polio vaccine, died in June. His innovations in human tissue culture made it possible to grow the cells used for polio virus research. Dr Coriell ran the field trials of the resulting Salk vaccine.

Dr Anafa Ag Ikatahit (1960–2001), a physician from Mali, died in August after a battle with cancer. He worked for polio eradication in Niger in 2000 and from April 2001. Between his assignments he continued to work with the National Expanded Programme on Immunization in Mali.

Dr Felix Ahouandogbo (1954–2001), a physician from Benin with specialization in leprology, died in September. He had worked for WHO as a short-term consultant for polio eradication since August 2000 in Guinea-Bissau and subsequently in Niger from April 2001. He was Chief of the Department of Statistics and Operations research in Benin.

"Polio in the press"

- **Death of polio expected by '05** – Nicole Foy, San Antonio Express-News.
- **Polio blitz: 5 days, 15 million children in Central Africa** – Arnaud Zajtman, AP Worldstream.
- **For polio survivors, another hurdle decades later** – Rea Blakey, CNN.com
- **Acute flaccid paralysis associated with circulating vaccine-derived poliovirus, Philippines, 2001** – WER, 12th October 2001, http://www.who.int/wer/76_27_52.html

For copies of these and other recent articles, please contact polioepi@who.int or Tel.: + 41 22 791 2657

Countries in conflict

Reaching children in conflict-affected areas

IN five of the 10 polio priority countries – Afghanistan, Angola, Democratic Republic of the Congo (DRC), Somalia and Sudan – recent or current conflict has resulted in massive population movements, weakened or destroyed infrastructures and continues to threaten staff security.

Yet the success to date of global and national-level authorities in establishing access, sometimes through cease-fires and “Days of Tranquillity”, has demonstrated the feasibility of resolving even the toughest access issues. By putting special emphasis on cross-border coordination of polio eradication activities, neighbouring countries, such as Ethiopia and Somalia, or Liberia and Sierra Leone, can help to ensure that no child is missed. The lessons learned and future challenges in conflict-affected areas will be a major focus of the seventh meeting of the Global Technical Consultative Group on Poliomyelitis Eradication (TCG) in 2002. ♦

“The inability to access children in areas affected by conflict remains a threat to global poliomyelitis eradication and consequent certification, which cannot be achieved until there is confidence that transmission of wild poliovirus in these areas has ceased.”

Report of the sixth meeting of the Global Technical Consultative Group for Poliomyelitis Eradication, Geneva, 7–10 May 2001 (WHO/N&B/01.32)

To reach children like this boy, who lives on a small grassy island in the middle of the Congo river one hour by boat from Kinshasa, planners draw intricate maps detailing every single island. Polio immunization literally puts these children on the map for future health services.



At a landing strip in Kisangani in eastern DRC, the United Nations Organization Mission in the Democratic Republic of the Congo (MONUC), prepares to ship polio vaccine to remote villages. The use of MONUC flights helped bring vaccine to otherwise unreachable areas.

Vaccination teams, volunteers from the Congo Red Cross, wait at the Brazzaville ferry docks for boats from Kinshasa. This cross-border immunization strategy is key in ensuring every child is protected.



Priority country (conflict-affected)	First NIDs	Target population (TP) under five years	TP in difficult to reach areas (estimate)	Non-polio AFP rate, 2001	% Adequate specimens, 2001	Total confirmed cases 2001	Wild virus cases 2001
Afghanistan	1997	5.7 m	1.5 m	1.83	76	9	9
Angola	1996	3.8 m	0.38 m	1.50	61	12	0
DRC	1999	11.8 m	5.3 m	9.20	70	0	0
Somalia	1998	2.1 m	2.1 m	3.35	60	20	2
Sudan	1998	1.3 m	1.3 m	1.56	74	18	1

Contd. from page 1:

Reaching the unreachable

Eighty thousand vaccination teams fanned across Central Africa, going door-to-door. For the most part, calm prevailed, aided by UN Secretary-General Kofi Annan's appeals during all three polio immunization rounds, urging “all leaders in these countries and all warring parties to respect the national immunization days as ‘days of tranquillity’ and to ensure the safe passage of health workers and

volunteers in their efforts to reach all children with polio vaccine”.

A strong international partnership united behind the synchronized NIDs in Central Africa. At a special ceremony launching the activities on 5 July, President Joseph Kabila of the DRC was joined in Kinshasa by the Minister of Health of DRC Mashako Mamba and the Minister of Health of Congo Leon-Alfred Opimbat, Dr Gro Harlem Brundtland, Director-General of WHO, Dr Ebrahim Samba, WHO's Regional Director for Africa, Dr Rima Salah,

UNICEF Regional Director for West and Central Africa, and Mr Carlo Ravizza, past President of Rotary International.

UNICEF Executive Director, Carol Bellamy, visited Angola and the Democratic Republic of Congo from 8 to 13 August to participate in the second round.

“In DRC, Angola, Somalia – and other countries where there's war – not only do you need the vaccine, not only do you need the campaign, but you've got to try to get the parties to agree to stop fighting, at least for that period of time,” said Bellamy. “The clock is ticking and we cannot afford to fail our children.”

Monitoring NID quality

The implementation of TCG recommendations in DRC proves that monitoring can be successfully implemented even under difficult circumstances. Monitoring activities in DRC included:

- ✓ rapid assessments by supervisors of the number of households visited in targeted areas;
- ✓ the proportion of children immunized;
- ✓ the proportion of “zero-dose children” receiving OPV for the first time;
- ✓ the availability of detailed maps and microplans; and
- ✓ the number of sites with vaccine vial monitors that had changed colour.

Major donors to these synchronized NIDs included the governments of Belgium, Canada, Ireland, Japan, the Netherlands, UK and USA, Rotary International, the United Nations Foundation and vaccine manufacturer Aventis Pasteur. ♦



“Estrelinha Cuia,” Angola's mascot for immunization, at the launch of the second round of NIDs in Viana, Angola on 10 August 2001.

Photo: © P. Blanc

Photo: © S. Terfim

Resource mobilization

Financial resource requirements revised

IN September 2001, WHO, ministries of health and UNICEF revised the financial resource requirements for the Global Polio Eradication Initiative. It is estimated that US\$ 1 billion in external resources will be required to implement polio eradication activities from 2002 up to the end of 2005. This amount reflects an increase from the previous budget estimate for this period, due to: an increase in the price and amount of oral polio vaccine (OPV) required; the intensification of supplementary immunization activities with the adoption of a house-to-house strategy; and the costs of establishing and sustaining surveillance capacity in areas with particularly weak health infrastructure, especially those affected by conflict. While new and projected contributions have offset much of the increased costs, a funding gap of US\$ 400 million for 2002–2005 remains. ♦

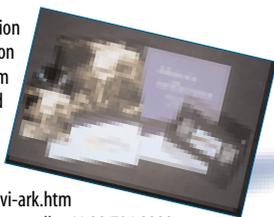
Estimated external financial resource requirements for 2002–2005 (WHO/Polio/01.05) is now available in English and French in electronic (PDF) and printed format. To receive a copy, email polioepi@who.int or call +41 22 791 2657.

Materials available:

The *GAVI Advocacy Resource Kit* is a collection of the latest materials available on immunization and communications from GAVI partners. For a full list of contents and access to all the documents in the kit, please visit the Gates Children's Vaccine Program at PATH web site:

<http://www.childredivaccine.org/html/gavi-ark.htm>

To receive a copy, email agham@who.int or call +41 22 791 2232.



The Report of the sixth meeting of the Global Technical Consultative Group for Polio Eradication (WHO/N&B/01.32) is now available in English in electronic (PDF) and printed format. To receive a copy, email polioepi@who.int or call +41 22 791 2657.

To register to receive Polio News, email: polioepi@who.int or call +41 22 791 2657. Many polio documents are available on the Internet at: www.polioeradication.org

Please fill out this response coupon and return it to Polio News, EPI, Department of Vaccines and other Biologicals, Documentation Center, World Health Organization, CH-1211 Geneva 27, if you would like to continue receiving this publication.

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Recent donations:*

- Rotary International:** US\$ 3 million to support operational costs for the West and Central African synchronized NIDs and Somalia.
- WHO:** US\$ 500 000 from regular budget funds to support operational costs in priority endemic countries.
- Norway:** US\$ 2 million contribution has been announced and discussions are under way as to how the funds will be allocated.
- Italy:** US\$ 1 million to India for NIDs.
- USAID:** US\$ 27 million total contribution in fiscal year 2001 for communications, social mobilization, operational costs, surveillance and laboratory network.

The Global Polio Eradication Initiative expresses its gratitude to all donors.

**Donations announced since Polio News 12 July 2001*

Important survey

Polio staff survey: do you contribute to other health services?

No area of our work is more debated than the question of whether investments in polio eradication also contribute to other health services, particularly routine immunization and surveillance. For this reason we are undertaking a survey of all polio-funded international staff (fixed-term and short-term professionals of 11 months). Five minutes of your time would be appreciated to complete this brief questionnaire – available from Caroline McArthur on +41 22 791 4636 or mcarthurc@who.int. The contents of your response will be confidential.

Thank you!

Forthcoming events (2001-2002)

Date	Event	Venue
21-26 November	West Africa synchronized NIDs, second round	West Africa
28-30 November	EUR Regional Certification meeting	Brussels, Belgium
04-07 December	Task Force on Immunization	Addis Ababa, Ethiopia
11-13 January	Rotary African Regional PolioPlus Committee Meeting	Nigeria



Polio News

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