



Polio News

Eradication

Issue 14 – February 2002



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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

European Region – three years polio-free

Containment and surveillance key challenges

THE 873 million people in the 51 countries of the WHO European Region have now been free of indigenous polio cases for three years, confirmed the Regional Poliomyelitis Eradication Certification Commission (RCC) meeting in Brussels, Belgium on 30 November 2001. This is largely due to Operation MECACAR's success: between 1995 and 2000, this coordinated programme of national immunization days (NIDs) in 18 high-risk countries in the WHO European and Eastern Mediterranean regions reached up to 65 million children under five years of age with polio vaccine each year.

Sir Joseph Smith, chair of the RCC, identified the remaining tasks to secure regional certification, "All coun-

tries must demonstrate that they have no cases of indigenous poliomyelitis, have high-quality surveillance, can ensure the safe storage of poliovirus in laboratories and provide complete national documentation."

The importance of maintaining certification-standard surveillance was underlined in 2001, when poliovirus imported from south Asia caused the paralysis of three children in Bulgaria. Importations do not affect certification status if they are dealt with promptly and appropriately and do not re-establish prolonged or extensive circulation of the virus. The RCC will meet in March and June 2002 to consider all data and decide whether to certify the WHO European Region polio-free. ♦



Photo: © WHO

Melik Minas, the last indigenous polio case in Europe, was 33 months old when paralysed on 26 November 1998 in south-eastern Turkey. He had never been vaccinated against polio.

West African leaders pledge polio's eradication



Photo: © WHO

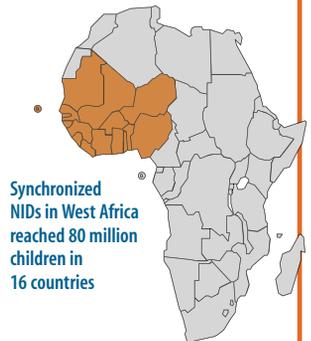
Unparalleled political commitment: President Obasanjo of Nigeria immunizes a child in Lungi for the launch of synchronized polio NIDs across West Africa, while President Konare of Mali (smiling, holding second child) oversees.

22 to 26 November 2001. In West Africa, only Nigeria, Niger and Mauritania have reported polio cases in 2001 to date.

At the launch in Sierra Leone, on behalf of members of the Economic Community of West African States

RENEWED stability in the West African region allowed immunization teams to access children in previously unreachable areas in Guinea (Conakry), Liberia and Sierra Leone, during synchronized polio NIDs across 16 countries from 19 to 26 October and from

(ECOWAS), President Olusegun Obasanjo of Nigeria, President Ahmad Tejan Kabbah of Sierra Leone and President Alpha Oumar Konare, President of Mali and also Chairman of ECOWAS, signed the "Lungi Declaration", committing the countries to eliminating polio from their region. High level representatives from the Revolutionary United Front Party (RUF); Dr Ebrahim Samba, Regional Director of the WHO Office for Africa; Dr Rimah Salah, Regional Director for UNICEF West and Central Africa, plus delegates from Rotary International and other polio partners underscored the partnership and commitment at all levels to achieve eradication. ♦



Synchronized NIDs in West Africa reached 80 million children in 16 countries



The Netherlands donates \$US 60.6 million to eradicate polio — see page 6 for more information.

The role of Expert Groups

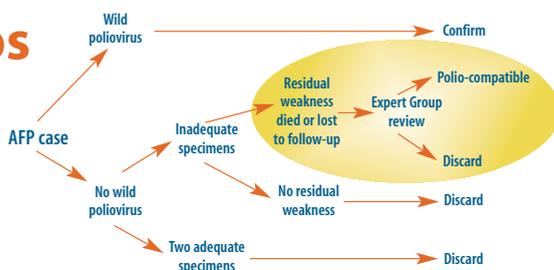
IN 1996, the Global TCG recommended that countries that have reached certain criteria for AFP surveillance quality should switch to virological case classification (see page 2, Polio News 12, July 2001). Under this scheme, cases with inadequate stool specimens (usually due to late specimen collection) and either no follow-up or residual paralysis at 60-day follow-up are reviewed by an Expert Group for case classification. After review of available data, the Expert Group then discards the case as non-polio or, if polio cannot reliably be ruled out, classifies it 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.

Supporting Expert Groups
The national polio eradication secretariat can assist Expert Groups for case classification by recommending the final classification status for the majority of AFP cases with adequate stool specimens or with follow-up and no residual paralysis.

WHO’s guidelines on classification of cases and management of polio-compatible cases recommend that:

- Expert Group members should be thoroughly trained and briefed, to ensure full understanding of AFP surveillance, the differences between clinical and virological schemes and the significance of polio-compatible cases.

Virological AFP case classification scheme:



- Expert Groups for case classification should only review cases for which adequate stools are not available, and for which 60-day follow-up results are either not available or indicate residual paralysis.
- Close guidance and support should be given by the national polio eradication secretariat to ensure efficient functioning of the Expert Groups. Expert Groups should be encouraged to use the polio-compatible category, guarding against over-discarding of cases as non-AFP.

The TCG recommended that Expert Groups for case classification must be established in all countries by the end of 2001. ♦

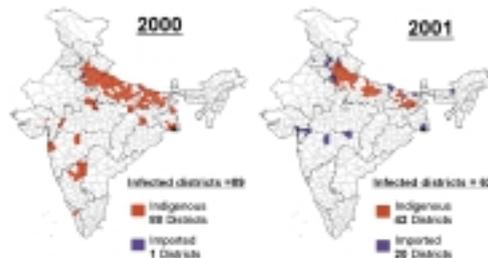
For guidelines, see CD-ROM from the sixth meeting of the TCG, 7-10 May 2001 (Issue 3 – background documents).

Genetic sequencing – a critical tool

As we tackle the last few strongholds of poliovirus, genetic sequencing plays an increasingly important role. Sequencing of poliovirus isolates helps to determine the origin of a virus, whether endemic or imported. Detailed comparison of sequence data at global specialized laboratories informs programmatic action, focusing supplementary immunization activities on actual virus reservoirs.

Sequencing also reveals how good surveillance is, as it allows mapping of the relationships between different viruses to establish how long a virus has been circulating. This provides a very sensitive tool to gauge the impact of immunization activities – the “biodiversity” of the virus, indicated by the number of subtypes identified, decreases as the levels of immunity in the population is increased.

Sequencing can also play a role, alongside a review of laboratory procedures, in clarifying if the virus has been accidentally introduced through error (“contamination”). ♦



India: Genetic sequencing demonstrated decreased biodiversity of polioviruses (from eight to three lineages) and dramatic reduction in the number of districts with indigenous virus.

- What sequencing has demonstrated in 2001:**
- The origin of Bulgaria and Georgia viruses: both importations from south Asia.
 - Progress in India, Nigeria and Pakistan, indicated by decreased biodiversity of virus.
 - The origin of virus in an Ethiopia/Somalia nomadic family (related to Mogadishu viruses), informing a focused immunization response.
 - The origin of the virus in Liberia (related to Niger viruses, despite no travel by the polio case to Niger), suggesting laboratory contamination.

With thanks to the global specialized laboratories based in Mumbai, India and Johannesburg, South Africa, and to CDC, for their work in genetic sequencing for the Global Polio Eradication Initiative.

Stopping polio immunization: research applications invited

The WHO Department of Vaccines and Biologicals has established a Steering Committee to guide, monitor and evaluate the research agenda for stopping polio immunization. Applications are invited from single or multiple principal investigators on relevant research topics, using the information and instructions at <http://www.who.int/vaccines/en/polioaccess.shtml/> Those applying for the first time are advised before preparing a full application to consult the responsible officer, Dr. David Wood, by email (woodd@who.int) telephone (+41 22 791 4050) or fax (+41 22 791 4971). The current deadline for receipt of applications is 15 March 02.

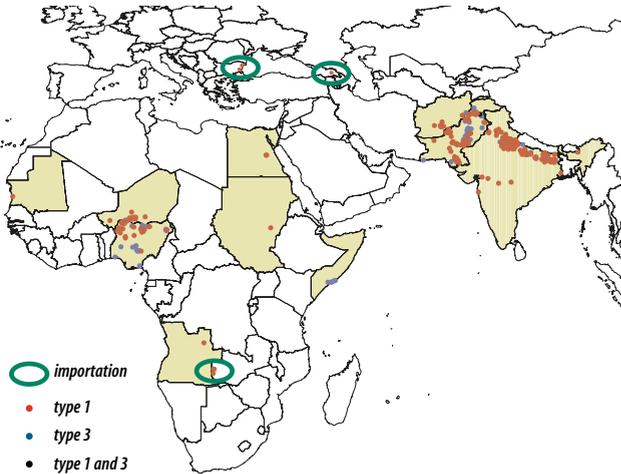
AFP and polio reporting, year-to-date (data received at WHO Geneva as of 20 February 2002)

	2000 (as of 17 February 2001)				2001 (as of 20 February 2002)			
	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	1.30	53%	1537	137	3.01	71%	110	62
Region of the Americas	1.08	65%	12	0	1.25	89%	10 *	0
Eastern Mediterranean Region	1.42	67%	441	248	1.89	83%	139	139
European Region	1.14	83%	0	0	1.23	81%	3 **	2**
South-East Asia Region	1.73	81%	593	271	1.75	83%	267	267
Western Pacific Region	1.53	87%	0	0	1.39	88%	3 *	0
Global total	1.55	75%	2583	656	1.59	81%	535	470

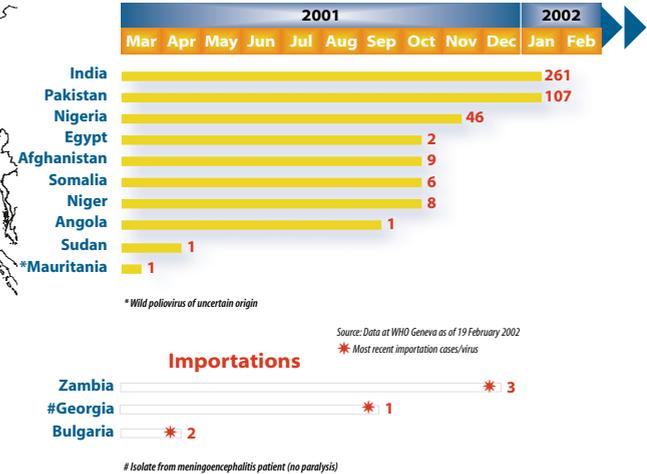
* Vaccine-derived poliovirus
** Importations

Wild poliovirus map

19 February 2001 – 19 February 2002



Timeline: total wild poliovirus and date of most recent wild poliovirus by country from 19 February 2001 to 19 February 2002



NIDs calendar

Region	Country	Type of activity	February 2002	March 2002	April 2002
AFRO	Angola	SNIDs	01-Feb Round 1	01-Mar Round 2	
	Chad	NIDs		18-Mar Round 1	29-Apr Round 2
	Côte d'Ivoire	SNIDs			01-Apr Round 1
	Ethiopia	SNIDs		23-Mar Round 1	28-Apr Round 2
	Ghana	SNIDs			01-Apr Round 1
	Mauritania	NIDs	24-Feb Round 2		
	Nigeria	SNIDs		23-Mar Round 1	24-Apr Round 2
	Sierra Leone	SNIDs		02-Mar Round 1	04-Apr Round 2
	Zambia	SNIDs		04-Mar Round 1	04-Apr Round 2
AMRO	Haiti	NIDs		01-Mar Round 1	
	EMRO	Afghanistan	SNIDs		05-Mar Round 1
Egypt		NIDs		01-Mar Round 1	01-Apr Round 2
Iran		Mop-up		01-Mar Round 1	01-Apr Round 2
Iraq		NIDs		01-Mar Round 1	01-Apr Round 2
Pakistan		NIDs		05-Mar Round 1	16-Apr Round 2
Somalia		SNIDs	10-Feb Round 1		
-northern Somalia		NIDs		11-Mar Round 1	15-Apr Round 2
-southern Somalia		NIDs		11-Mar Round 1	15-Apr Round 2
Sudan		SNIDs	11-Feb Round 1		
-southern Sudan		SNIDs	11,18-Feb Round 1	13,20-Mar Round 2	15,22-Apr Round 3
EURO	Georgia	NIDs	25-Feb Round 1	25-Mar Round 2	
SEARO	Bangladesh	NIDs		10-Mar Round 2	
	India	Mop-up		4,13,14-Mar Round 1,2,1	14,16,24-Apr Round 2,1,2
	Myanmar	Mop-up	20-Feb Round 1	20-Mar Round 2	
	Nepal	Mop-up	23-Feb Round 1	23-Mar Round 2	
WPRO	Philippines	NIDs	02-Feb Round 2	02-Mar Round 3	

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.

Rotary activities highlight priority countries



ROTARY International President Richard D. King joined the Nigerian Vice President Atiku Abubakar in Abuja on 11 January to launch a massive effort to immunize 40 million Nigerian children against polio. The NID coincided with Rotary's African Regional PolioPlus Committee meeting in Abuja, bringing together over 400 members to discuss the status and next steps to eradicating polio.

Of the remaining 10 polio-endemic countries worldwide, India, Nigeria and Pakistan have particularly high intensity transmission. Rotary's valuable contributions in social mobilization, volunteer recruitment and logistics play an important role in supporting intensified immunization activities. For example, in Pakistan last November, nearly one thousand Rotary volunteers from 84 clubs helped in the national effort to vaccinate more than 30 million children under five years of age against polio during NIDs.

In India, in an extraordinary effort to encourage families to have their

children immunized against polio, this February Rotary clubs will unveil a portion of a 100 kilometre long cloth banner, which exceeds the

current Guinness World Record length. Over 30 000 Rotary club members, their families and school children are participating in its making and unveiling. The unveiling will coincide with Rotary's PolioPlus Summit in Mumbai, India on 22–24 February, where members from around the world will gather to discuss the status and next steps to eradicating polio in south Asia and worldwide. Members will also help to vaccinate children during the mop-ups planned in Uttar Pradesh and Bihar. ♦



Rotary International President Richard D. King and First Lady Cherie King immunize a child at the NIDs "launching" ceremony in Abuja, Nigeria.

Photo: © Jean-Marc Gliboux



Photo: © WHO/Dr. Katja Schemionek

Extraordinary efforts

An unusual convoy to the Afghan border and over the Hindu Kush in October provided north east Afghanistan with the necessary vaccine for its second round of NIDs in November 2001. As flights to the country had been suspended due to the conflict, an 8-tonne WHO/UNICEF convoy of medical supplies undertook the journey by land to the Afghan border in the north of Pakistan. The most difficult stretch involved transportation on animal back over the 4558 metre high Shah-I-Salim pass (pictured). The efforts of all involved helped to ensure that NIDs from 23 to 25 September and from 6 to 8 November reached over 5 million children in each round. Immunization activities continued in late November in some areas which were inaccessible for the main round, including in the Panjshir Valley. UN national staff, participating NGOs and the 30 000 Afghan volunteers and health workers must be commended for undertaking these activities in difficult circumstances.

With special thanks to Dr Katja Schemionek, PEI / EPI consultant in the Badakshan region and Takhar.

Duraïd Laham in Sudan

MORE than 15 000 vaccination teams in Sudan immunized over five million children against polio during a nationwide ceasefire observed in November 2001. UNICEF goodwill ambassador to North Africa, the Syrian comedian Duraïd Laham, visited Kassala, Sudan to publicize the campaign. Five hundred thousand children were immunized during subnational immunization days in November in southern Sudan. The immunizations followed a confirmed polio case in July in Ruweng County (Unity State), a traditionally unstable area which has a highly mobile population. The area is contested by the Government of Sudan and the Sudan People's Liberation Movement. Five rounds of NIDs (2 in the northern states and 3 in the southern states) and two rounds of SNIDs are planned in 2002. ♦

"Polio in the press"

News media

- *The Rotary Factor* – Mike Conklin, Chicago Tribune (28.11.01)
- *At polio's endgame, strategies differ* – Brian Vastag, JAMA (12.12.01)
- *Polio vaccine link to vCJD dismissed* – Richard Black, BBC News (18.12.01)

Scientific articles

- *Endgame issues for the polio eradication initiative* – TCG, Clinical Infectious Diseases, January 2002:34.
- *Countering the posteradication threat of smallpox and polio* – Dr D.A. Henderson, Clinical Infectious Diseases, January 2002:34.
- *Impact of Targeted Programs on Health Systems: A Case Study of the Polio Eradication Initiative* – Loevinsohn et al., American Journal of Public Health, January 2002 (Vol. 92, No.1)

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

India: countering community concerns

FOUR districts in Uttar Pradesh, northern India, represented around 40% of India's 266 polio cases in 2001 (data as of 12 February 2002). Badaun, Bareilly, Moradabad and Rampur have high intensity poliovirus transmission despite multiple supplementary immunization activities. Surveillance data indicates that 80% of the cases in these districts were Muslim, under two years of age and had received no routine immunization.

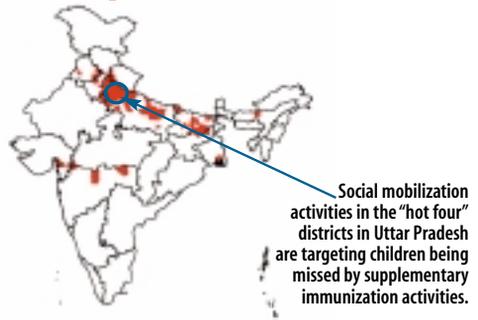
To address these missed children, UNICEF is leading partner support of the Government of India's intensified community mobilization activities in the "hot four" districts, in close partnership with the district administration and partner agencies including WHO, Rotary, CORE, Bharat Gyan Vigyan Samiti (BGVS), World Vision and Adventist Development Relief Agency (ADRA). UNICEF social mobilization coordinators in each district are responsible for a network of 57 block level and 400 community-based mobilizers.

The use of megaphones, or miking, is an effective method of disseminating information, particularly in rural areas where literacy levels are low. In Moradabad in December, BGVS ran five kala jathas ("cultural caravans") visiting 30 sites, giving performances on polio eradication and routine immunization from a decorated jeep.

Both the December and January NID rounds were undertaken house-to-house to reach every child, including newborns. Most vaccinator teams included at least one woman, many of them Muslims able to gain access refused to all-male teams. All vaccinators attended advance training and were tested on responses to frequently-asked questions.

To emphasize that all children under five should be immunized, Rotary visited high-risk villages with video vans; ADRA, BGVS, Rotary and World Vision met with village leaders, religious leaders and the local press; put up banners and rallied schoolchildren.

In 10 high-risk districts, where the lack of other health services is the single biggest cause of resistance to immunization, BGVS was commissioned by UNICEF to undertake Child Health Camps, providing core health services in the December and



January rounds, to be repeated in February and March.

A new concept was also pioneered in the December NID, that of "B-teams" visiting houses after vaccinator teams, aiming to convert houses marked with "X"s, indicating where immunization has been refused or not possible, into "P"s, where all target children have been immunized (see chart). B-teams also randomly verify P marking, to determine any problems with false P marking by vaccination teams. By accurately identifying where unimmunized children remain, social mobilization efforts can be further focused.

Converting resistance in Moradabad:

October round	1298 houses X marked
	Vaccinator training in importance of X marking
December round	5390 houses X marked
	B-teams vaccinate 8000 additional children
Post-B-team	542 houses remain X marked
	Information used to target mobilization efforts for January NIDs.

The increased X marking of houses in the December round suggests that for the first time, reliable data is emerging. Most of these X's were converted to P's by the B-teams. In advance of more comprehensive, quantifiable and comparative data, such indications are encouraging. An accurate reflection of the ground-level situation will enable an effective immunization response. ♦

Vaccinators jamboree boosts morale



Photo: © WHO

"Apna Utsav" ("Our own carnival") - a huge decorated marquee accommodated 5000 jamboree participants. Motivational speeches concluded with an evocative appeal from Jaspal Bhatti, a popular TV comedian (pictured second from left), to fight polio to the finish.

26 November, 2001, Moradabad, India:

Nearly 5000 polio workers, including health workers, supervisors, NGO volunteers and medical officers, gathered at the first "vaccinators jamboree". The event aimed to motivate vaccinators before the December NID, the fourteenth successive polio immunization activity in Moradabad in two years.

Hosted by a popular announcer from All India Radio, the jamboree involved vaccinators in group games, sporting events, activist songs and caption competitions.

During the subsequent NID, independent monitors reported increased engagement of vaccinator teams with families, particularly resistant ones, addressing misconceptions such as fear of sterility and explaining the multiple rounds to doubtful parents. Vaccinator teams were actively engaged in planning B-team visits. This success has prompted other districts to replicate this rapid, one-stop training and motivation of polio-workers: Rampur's jamboree took place in January, and further large scale motivational activities are now being planned.

Resource mobilization

The Netherlands and Luxembourg set the standard for support

Funding gap of US\$ 93 million for 2002 activities remains

THE Polio Eradication Initiative received a significant year-end boost with the December contribution of US\$ 60.6 million from the Government of the Netherlands. The donation, which was made to WHO and is earmarked for 2002 surveillance and response activities, brings the total of Dutch contributions made since May 2000 to more than US\$ 110 million.

In a November letter to WHO Director-General Gro Harlem Brundtland announcing the contribution, the Netherlands' Minister for Development Cooperation, Eveline Herfkens, wrote: "The Netherlands is committed to continuing its support for the objective of eradicating polio, an objective whose achievement will benefit the entire global community... I hope many more of my colleagues follow my example."

The Government of Luxembourg, with its first contribution to the Initiative, illustrated how the impact of a donation can be maximized by strategic directing of funds. In June 2001 Luxembourg reviewed the 2001 funding gaps for six of its priority countries – Burkina Faso, Cape Verde, Mali, Namibia, Niger and Senegal – and made a US\$ 3.2 million contribution to fully fund these gaps.

Recent donations:*

British Airways "Change for Good" Appeal:	US\$ 700 000 to Zambia for OPV and operational costs
Canada:	US\$ 320 000 in global funds
Denmark:	US\$ 2.55 million to India for surveillance
Dfiid:	US\$ 6.5 million in global funds and to Nepal for operational costs and surveillance
Finland:	US\$ 90 000 for laboratory support
Germany:	US\$ 7 million to India for OPV
Ireland:	US\$ 375 000 to Ethiopia for operational costs
Japan:	US\$ 8.2 million to Pakistan for OPV
Luxembourg:	US\$ 3.2 million for Burkina Faso, Cape Verde, Mali, Namibia, Niger and Senegal
The Netherlands:	US\$ 60.6 million, earmarked for surveillance and response
Norway:	US\$ 997 000 to Indonesia for surveillance and Ethiopia for operational costs
Procter and Gamble:	Secondment of Mr Gareth Maguire to Ethiopia, to support the communications activities of the WHO PEI team.
Rotary International:	US\$ 21.8 million for polio activities in AFR, SEAR and EMR countries
Rotary PolioPlus:	US\$ 350 000 to South Korea

*The Global Polio Eradication Initiative expresses its gratitude to all donors.
Donations announced since Polio News 13 November 2001

These and other contributions are setting the stage to reduce the global US\$ 400 million funding gap for 2002–2005 activities in April 2002, when polio partners conduct their next six-monthly review of external resource requirements and pledges/projections.

The resource mobilization priority is to fill the US\$ 93 million gap that remains for 2002 planned activities. ♦

Materials available:

The new *polio technical CD (edition 4)* will soon be available, containing many practical documents on polio eradication and other immunization topics.

The new *polio endgame basic briefing pack* will soon be available in print or electronic format. It includes fact sheets on the certification of polio eradication, laboratory containment of wild poliovirus stocks and the development of post-eradication immunization policy for polio.

Polio eradication 2002 *calendar wall posters* are available in English and French.

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Many polio documents are available on the improved web site at:
www.polioeradication.org

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Forthcoming events 2002

Date	Event	Venue
02-03 April	Polio Advocacy Group meeting	Evanston, Illinois, USA
09-11 April	Technical Consultative Group meeting	Geneva, Switzerland
12 April	Global Certification Commission meeting	Geneva, Switzerland
12 April	Steering Committee meeting on polio endgame research agenda	Geneva, Switzerland
08-10 May	UN General Assembly Special Session on Children and Children's Issues	New York, USA
13-21 May	World Health Assembly	Geneva, Switzerland



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