



Polio News

Eradication

Issue 15 – May 2002



**Photographing polio eradication –
Sebastião Salgado**

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**Funding gap
reduced**

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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

2002: only 10 countries still to stop poliovirus transmission

2001 saw the number of polio-endemic countries halved, from 20 to just 10 countries at the beginning of 2002. The number of children paralysed by wild poliovirus globally was reduced by over 80% from 2979 in 2000 to 480 in 2001 (data as of 1 May 2002), even with an improvement in surveillance indicators of more than 10%. Even in the remaining polio-endemic countries, the geographic distribution of poliovirus was significantly reduced in 2001. Progress in resource mobilization reduced the polio eradication funding gap to US\$ 275 million.

Five countries now constitute three areas with high-intensity poliovirus transmission – India, Pakistan/Afghanistan, and Nigeria/Niger. These countries accounted for more than 85% of the new polio caseload

in 2001. The Horn of Africa (Somalia/Sudan/Ethiopia), Angola and Egypt are considered areas of low-intensity transmission, where it should be possible to rapidly interrupt poliovirus transmission.

In 2002, the goal is to stop wild poliovirus transmission in ALL countries. Critical in 2002 is the effective implementation of proven polio eradication strategies, particularly reaching all children in high transmission areas. Any deterioration in security could also hamper supplementary immunization activities. ♦



GLOBAL PRIORITIES IN POLIO ERADICATION

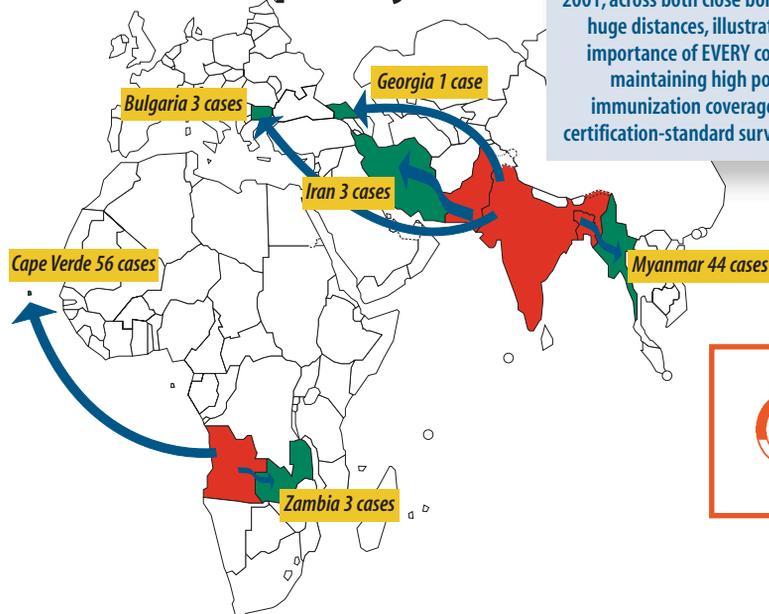
- Closing the funding gap, currently at US\$ 275 million for activities from 2002-2005
- Sustaining access to children and political commitment to stop the final chains of wild poliovirus transmission
- Implementing the polio endgame strategies: laboratory containment, certification and the development of post-certification policies.

On 16 April 2002, a global media briefing on polio eradication progress was coordinated across several major cities by WHO, Rotary International, CDC and UNICEF. For more information, visit www.polioeradication.org

See page 8 for the estimated increases in programme costs if polio transmission continues into 2003.

Importations highlight surveillance quality

ONGOING wild poliovirus importations demonstrate the fragility of any region's 'polio-free' status. In December 2001, a poliovirus importation from Angola into Zambia showed the particular vulnerability of countries bordering the remaining endemic countries. Two countries in the European Region also had importations in 2001 - wild viruses isolated in Bulgaria and Georgia both originated from south Asia. All three episodes underscore the urgency of finishing the job everywhere: until all children are protected from polio, all children are at risk, even in countries which have been polio-free for several years. ♦



Containing poliovirus laboratory stocks

IN 1999, the World Health Assembly unanimously passed resolution WHA52.22, urging all Member States “to begin the process leading to the laboratory containment of wild poliovirus...”. The *WHO global action plan for laboratory containment* aims to locate laboratories worldwide that store wild poliovirus infectious and potentially infectious materials, and ensure that they are handled under appropriate biosafety conditions. Experience over the last three years has resulted in a second edition of the global action plan (to be available in 2002) that provides additional details about achieving effective containment.

That the last case of smallpox occurred as a result of a laboratory containment failure in Birmingham, England in 1978, one year after global eradication of smallpox, serves as an important reminder of the need for effective containment of wild poliovirus.

- The pre-eradication containment phase requires that:
- 1) National authorities survey laboratories to identify those with wild poliovirus infectious or potentially infectious materials and encourage destruction of unneeded materials.
 - 2) Laboratories retaining such materials institute enhanced biosafety level-2 (BSL-2/polio) procedures.
 - 3) National authorities develop a national inventory of all laboratories that retain wild poliovirus materials.
 - 4) Member States begin planning for implementation of biosafety requirements for the post-eradication phase.

The scale of laboratory containment presents a significant operational challenge requiring commitment from political leaders, diligence from national authorities and goodwill from laboratories worldwide. As wild poliovirus materials can be found in many different types of laboratories located throughout the public and private sector, it is recommended that all countries appoint a national coordinator and create a national plan outlining how effective containment of wild poliovirus will be achieved. ♦

For electronic or hard copies of the fact sheet on ‘Containment of wild poliovirus stocks’, please contact polioepi@who.int or Tel.: +41 22 791 2657

Progress with pre-eradication phase laboratory containment activities

Member States in each Region which have >>>>>>>>	Appointed a national coordinator and started planning process	Begun compiling list of biomedical facilities to be surveyed	Started conducting survey of laboratories	Submitted finalized national inventory of laboratories
Americas (47 countries)	10	2	2	0
Eastern Mediterranean (24 countries)	18	12	12	2
European (51 countries)	51	51	51	40
South-East Asia (10 countries)	7	4	4	0
Western Pacific (36 countries)	36	36	36	32
Worldwide (216 countries)	122 countries 56%	105 countries 49%	105 countries 49%	54 countries 25%

¹ The WHO African Region is starting pilot containment activities this year in consistently polio-free areas of southern and eastern Africa.

Developing post-certification immunization policy

AN internationally-coordinated approach to post-certification immunization policy for polio will be required to minimize the risk of a poliovirus reemergence or reintroduction in the future (see page 2, Polio News 13, November 2001). To inform any decision on the cessation or continuation of oral polio vaccine (OPV) use, programmatic and scientific research data and policy development work are required.

In addition to data generation through ongoing programmatic work and research, a dialogue has already begun on the development process for post-certification polio immunization policy – identifying information gaps and the mechanisms for developing policy consensus. The first of many global forums to explore these issues was held in Annecy, France this April (see shaded box). Ultimately, the final

The process for developing post-certification immunization policy for polio



decision on post-certification polio immunization policy will rest with WHO Member States represented at the World Health Assembly (WHA).

Recognizing that it will take time to collect the required data and to establish an international consensus on post-certification immunization policy, OPV immunization will need to continue for the foreseeable future. It will also be a challenge to ensure the appropriate range and quantity of both OPV and inactivated polio vaccine (IPV) in the pre- and post-certification eras, and to sustain surveillance infrastructure and immunization coverage as appropriate. ♦

For electronic or hard copies of the fact sheet on ‘Post-eradication immunization policy for poliomyelitis’, please contact polioepi@who.int or Tel.: +41 22 791 2657

From 2-5 April 2002, the Institute for Global Health convened a Global Health Forum on ‘Immunization strategies for the post polio eradication era’. The meeting explored the determinants of public health policy in various geographical areas and how they may influence post-certification polio immunization policy. Further information is available at <http://www.epibiostat.ucsf.edu/igh/programs/index.html#GHF>

AFP and polio reporting, year-to-date

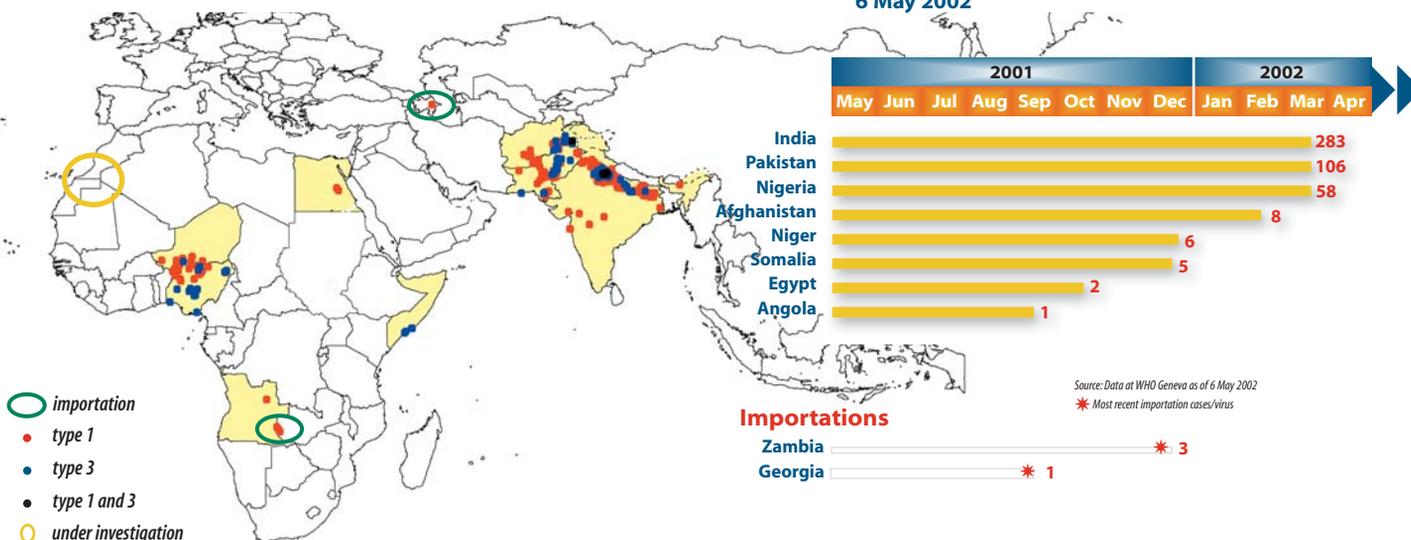
	2001 (as of 30 April 2001)					2002 (as of 30 April 2002)				
	Non-polio AFP rate	Adequate stool specimens	Confirmed polio cases	Wild polio virus cases	Pending cases	Non-polio AFP rate	Adequate stool specimens	Confirmed polio cases	Wild polio virus cases	Pending cases
African Region	1.00	77%	77	0	350*	1.70	84 %	9	9	406*
Region of the Americas	0.69	84%	0	0	229	0.61	93 %	0	0	213
Eastern Mediterranean Region	1.53	79%	18	12	658	1.80	89 %	11	11	507
European Region	1.00	81%	0	0		1.08	78 %	0	0	399
South-East Asia Region	0.74	84%	9	9	781	1.33	85 %	31	31	930
Western Pacific Region	0.33	89%	0	0	382	1.39	88 %	0	0	124
Global total	0.71	83%	104	21	2400	0.91	84 %	51	51	2579

* AFP cases without laboratory results

Wild poliovirus map

7 May 2001 – 6 May 2002

Timeline: total wild poliovirus and date of most recent wild poliovirus by country from 7 May 2001 to 6 May 2002

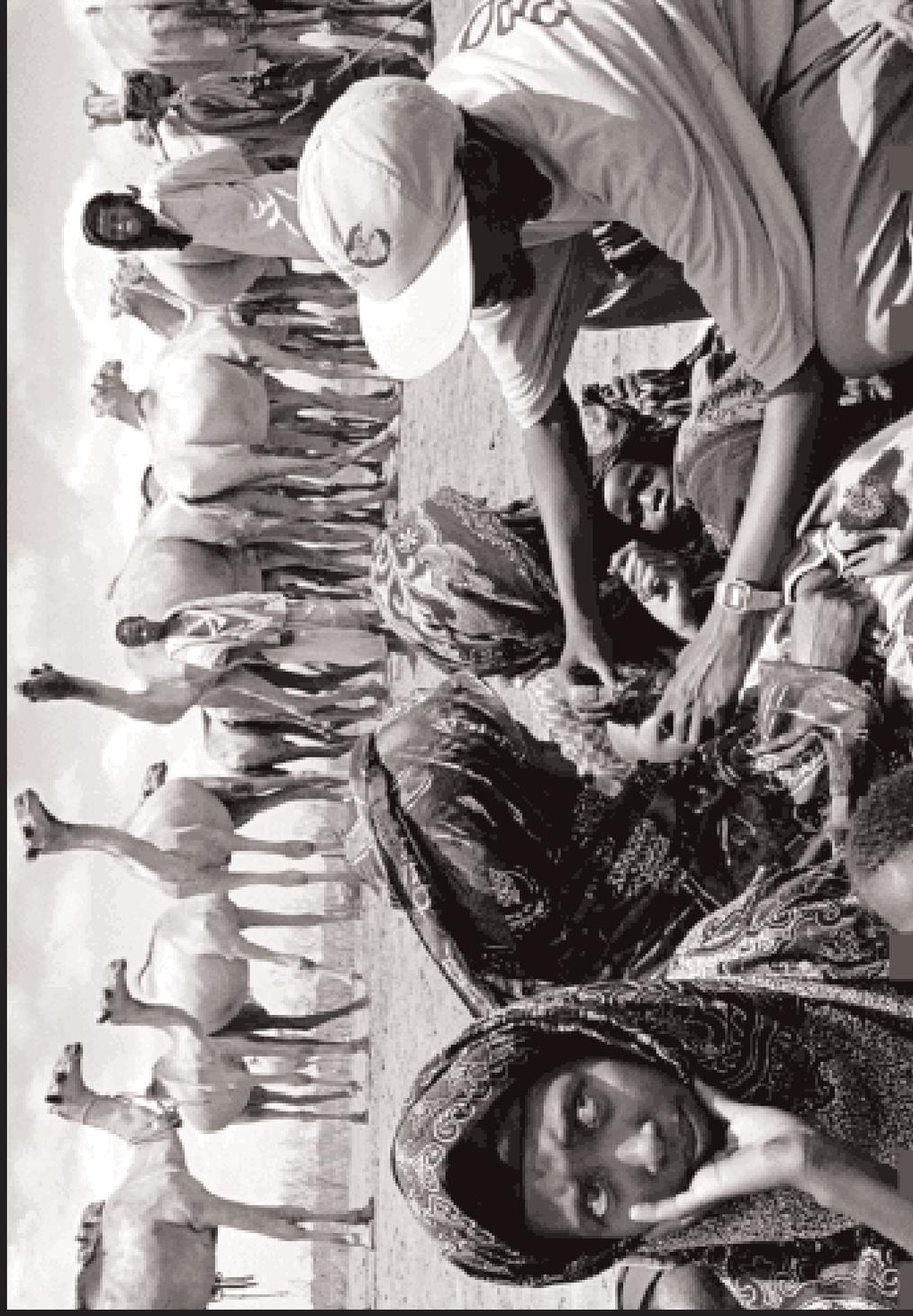


NIDs calendar for selected countries

Region	Country	May 2002 Type of activity Intervention	June 2002 Type of activity Intervention	July 2002 Type of activity Intervention
AFRO	Angola	10-May / SNIDs / OPV Round 1	21-June / NIDs / OPV Round 1 / Vit A	26-July / NIDs / OPV Round 2 / Vit A
	Benin	1-May / SNIDs / OPV Round 1	1-June / SNIDs / OPV Round 2	
	Central African Republic		20-June / SNIDs / OPV Round 1	25-July / SNIDs / OPV Round 2
	Congo		20-June / NIDs / OPV Round 1	25-July / NIDs / OPV Round 2 / Vit A Round 1
	Dem. Rep. of Congo		20-June / NIDs / OPV Round 1	25-July / NIDs / OPV Round 2 / Vit A Round 1
	Mauritania		1-June / SNIDs / OPV Round 1	1-July / SNIDs / OPV Round 2
	Namibia			25-July / NIDs / OPV Round 1
	Niger	18-May / SNIDs / OPV Round 1	18-June / SNIDs / OPV Round 2	
	Nigeria	18-May / SNIDs / OPV Round 2		
Zambia		24-June / SNIDs / OPV Round 1	25-July / SNIDs / OPV Round 1 / Vit A	
AMRO	Haiti		1-June / NIDs / OPV Round 2	
EMRO	Afghanistan	27-May / NIDs / OPV Round 2		/ SNID / OPV Round1
	Somalia (northern)	13-May / SNIDs / OPV Round 1		
	Somalia (southern)	13-May / SNIDs / OPV Round 1		
	Sudan	1-May / SNIDs / OPV Round 1		
	Pakistan		June / SNIDs / OPV Round 1	July / SNIDs / OPV Round 2
SEARO	India	1-May / MopUps / OPV Round 2	June / MopUps / OPV	July / MopUps / OPV
		7-May / MopUps / OPV Round 1		
		20-May / MopUps / OPV Round 2		
		23-May / MopUps / OPV 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.

Photographing Sebastião Salgado Polio Eradication



Throughout 2001, world-renowned photographer Sebastião Salgado documented global polio eradication in action. Mr Salgado travelled to the Democratic Republic of the Congo, India, Pakistan, Somalia and the Sudan, photographing the human drama of the disease itself and the massive polio eradication effort.

His work with the Global Polio Eradication Initiative has already been featured in numerous magazines, including *Vanity Fair* (United States, May 2002), *Paris Match* (France, April 2002), *La Vanguardia* (Spain, January 2002) and *Stern* (Germany, December 2001).

To ensure each child is protected from polio, immunization teams must find them in every nomadic community – here in the Jamame region of southern Somalia.

“We will build a big wave, to make people conscious that polio still exists in the world, and that we, all the planet together, can finish with it.”

Sebastião Salgado

Mr Salgado's highly-acclaimed work includes the books *Workers*, *Terra* and most recently *Migrations*. He has been awarded virtually every major photographic prize in recognition of his accomplishments.

To learn more about Sebastião Salgado's work with the Global Polio Eradication Initiative and to see his photography, visit the new web site from mid-May 2002: www.endofpolio.org



With many thanks to all those involved in this collaboration, especially Sebastião Salgado, Amazonas Images and country-based staff.



A child is immunized against polio in a railway station of Moradabad Town, India. Moradabad district has more polio cases than any other district in India.

Global Polio Eradication Initiative

Progress towards certification of polio eradication

THE European Regional Commission for Certification of Poliomyelitis Eradication (RCC) meets on 20 and 21 June 2002 to decide whether to certify the WHO European Region polio-free. Both the Region of the Americas and the Western Pacific Region have already been certified polio-free. Regional certification requires that every country and area in a region provides evidence demonstrating the absence of indigenous wild poliovirus cases for at least three years, under conditions of certification-standard surveillance for the virus. Key challenges to achieving certification in Europe this June are:

- The provision of additional documentation on the interruption of transmission of the imported wild poliovirus in Georgia,
- The provision by all Member States of their plans for detecting and responding to importations of wild poliovirus,
- Continuing implementation of the agreed timeframe for the survey and inventory of facilities holding wild poliovirus stocks or potentially infectious materials.

Surveillance for acute flaccid paralysis (AFP) is the 'gold standard' for certification. The GCC has highlighted the importance of three AFP performance indicators in particular¹. Even in the absence of wild poliovirus circulation, surveillance systems should:

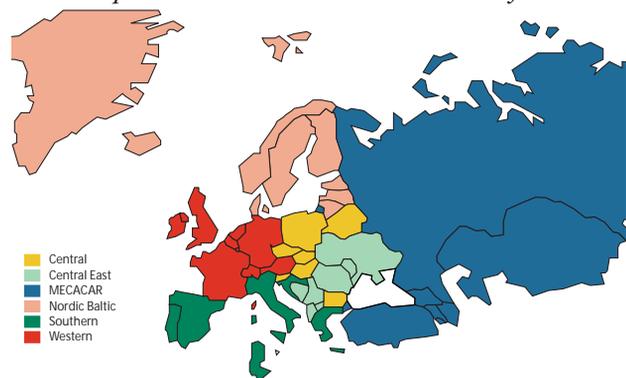
- detect at least one case of non-polio AFP per 100 000 population aged less than 15 years annually;
- collect adequate stool specimens from at least 80% of AFP cases; and
- test all stool specimens at a WHO-accredited laboratory.

¹ For certification-standard criteria, see *Report of the second meeting of the Global Commission for the Certification of the Eradication of Poliomyelitis*, Geneva, 1 May 1997, WHO/EPI/GEN/98.03.

Certification status by Region

WHO Region – ordered by date of last virus	Number of countries reporting indigenous wild poliovirus in 2001	Certification status
Americas	0 (last virus 1991)	Certified Sept. 1994
Western Pacific	0 (last virus 1997)	Certified Oct. 2000
European	0 (last virus 1998)	RCC meeting, 21 June 2002
African	4	–
Eastern Mediterranean	5	–
South-East Asia	1	–

21 June 2002: The European Regional Commission for Certification (RCC) will be reviewing data and deciding whether the European Region can be certified polio-free. The European Region is split into 6 'blocks' for certification purposes: each block provides documentation to the RCC directly.



To certify global polio eradication, the Global Certification Commission (GCC) requires certification in all six WHO regions, AND that all six regions demonstrate full implementation of the pre- and post-eradication containment activities. Challenges include establishing national certification committees in all countries and accelerating the laboratory containment programme, especially in industrialized countries. ♦

For further information, see fact sheet 'Certification of global polio eradication', WHO/POLIO/02.03

Obituaries

Mario P. Grassi past director of Rotary International (1999-2001), died on 26 December 2001. An advisor to the International PolioPlus Committee, Mario Grassi was chairman of the European Regional PolioPlus Committee during the mid-1990s. Through his work in support of Operation MECACAR in Europe, especially his efforts to ensure the immunization of minority populations, Mario served as an example of Rotary's motto: Service Above Self. Mario is greatly missed by all those who had the privilege and pleasure of working with him.

Paul Arthur died suddenly on 9 March 2002. In addition to being the Principal Investigator for the DTP/vitamin A study in Ghana, Paul was a member of Ghana's national certification committee for polio eradication. Paul held a lectureship at the London School of Hygiene and Tropical Medicine and was a dedicated researcher on vitamin A and many others topics. His contribution to public health in Ghana and internationally will be greatly missed.

Our sincere condolences to the families of Mario Grassi and Paul Arthur

"Polio in the press"

News media

- *Polio offensive launched in Sudan; in truce, children are vaccinated* – Mohamed Osman (Associated Press), The Boston Globe (13.03.02)
- *Polio Cases Linked to Lack of Inoculations* – Rosie Mestel, Los Angeles Times (15.03.02)
- *Winning the war vs polio: a Rotary achievement* – Sonny Coloma, BusinessWorld (15.03.02)
- *Nigeria pays price for polio errors* – William Wallis (08.04.02; 09.04.02)/Letter to the Editor – Poul Nielson (European Commissioner for Development and Humanitarian Aid), Financial Times (16.04.02)

Scientific articles

- *Outbreak of Poliomyelitis in Hispaniola Associated with Circulating Type 1 Vaccine-Derived Poliovirus* – Dr Olen Kew et al, Science (14.03.02)
- *Update on Global Progress Toward Polio Eradication* – Weekly Epidemiological Record (WER) (29.03.02)
- *Eradication of Poliomyelitis* – Akio Nomoto and Isao Arita, Nature Immunology 3, 205-208 (03.02)

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

Optimizing the impact of polio eradication on other health services

IN 1988, World Health Assembly Resolution 41.28 stated that polio eradication should “be pursued in ways which strengthen the development of the Expanded Programme on Immunization as a whole, fostering its contribution, in turn, to the development of the health infrastructure and primary healthcare” (see page 5, Polio News 12, July 2001).

Increasingly, opportunities to strengthen routine immunization services via polio eradication activities are being grasped. For instance, in all WHO Regions the critical institutional arrangements established for polio eradication now also deal with broader immunization issues, including measles mortality reduction and introduction of new vaccines. These institutional arrangements include the technical consultative groups (TCGs) which oversee policy and strategic

“Learning from the success of the anti-polio drive, the government has intensified mass campaigns against other dreaded diseases like tuberculosis and HIV/AIDS. The anti-tobacco campaign will be further strengthened.”

Prime Minister Shri Atal Bihari Vajpayee,
Joint address to Parliament at start of Budget session
India, 25 February 2002

immunization issues, including measles mortality reduction and introduction of new vaccines. These institutional arrangements include the technical consultative groups (TCGs) which oversee policy and strategic

priorities, and interagency coordinating committees (ICCs) which coordinate partner inputs, especially resources. The global surveillance and laboratory capacity developed for polio eradication is being used to detect other infectious diseases worldwide, with neonatal tetanus and measles already integrated with AFP reporting in all regions.

The medium and long-term contribution of polio eradication towards strengthening routine immunization and surveillance requires sustained external financing to maintain and expand the polio infrastructure. ♦

For more information, see 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)

The WHO African Region adopted an integrated surveillance strategy in 1998, aiming to integrate disease surveillance programmes, share resources and improve efficiency. Polio-funded acute flaccid paralysis (AFP) surveillance is now integrated with surveillance for:

- Measles
- Neonatal tetanus
- Cholera
- Meningitis

In many countries, AFP staff are also detecting and responding to other infectious disease outbreaks, including malaria and diarrhoea.

Philippines responds to polio outbreak

THE isolation of a type-1 circulating vaccine-derived poliovirus (cVDPV) from three children (two with paralysis) in 2001 in the Philippines underlined the importance of maintaining high polio immunization coverage and certification-standard AFP surveillance even in the post-certification era. To boost polio vaccination coverage in response, the Philippines successfully implemented the second round of its “Philippines Polio-Free Maintenance Immunization Campaign” (PPFMIC) this March.

A total of 12.2 million children under five years of age were vaccinated against polio in the campaign (data as of 22 April 2002). High-risk areas such as urban areas implemented a door-to-door strategy, reaching every child under five even in the most populated regions, including the National Capital Region, Region III and Region IV.

Political commitment and support at the highest level were maintained throughout the campaign. A remarkable NID launching ceremony in Tuguegarao (Region II, Cagayan Valley) saw President Gloria Macapagal Arroyo and Secretary of Health Manuel M. Dayrit forming a door-to-door team which vaccinated 139 children in one hour, broadcast nationwide. ♦

Philippines cVDPV outbreak response

Date of onset of index case	15 March 2001
Number of cases	3 cases
House-to-house SNIDs/NIDs	Dec 2001/Feb 2002/Mar 2002
Target population	~11.9 million children aged under five
Percentage reached	(official reported data) 100%+
Most recent confirmed virus isolation	23 September 2001

Provided circulation of the cVDPV does not exceed one year and has limited geographic spread, the ‘polio-free’ certification status of the Western Pacific Region will not require review.

In the Philippines Polio-Free Maintenance Immunization Campaign, high risk areas undertook a door-to-door immunization strategy in both February and March rounds.

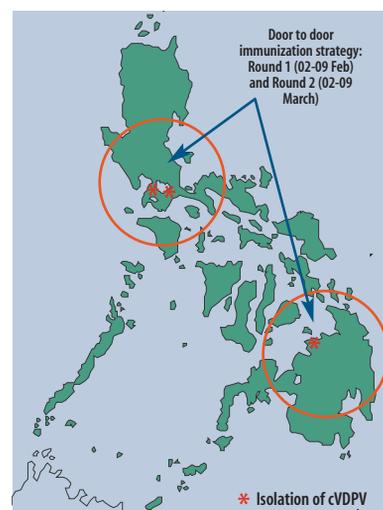


Photo © WHO

The Philippines Polio-Free Maintenance Immunization Campaign (PPFMIC) involved over 140 000 volunteers and community health workers, ensuring that every child under five was vaccinated against polio.

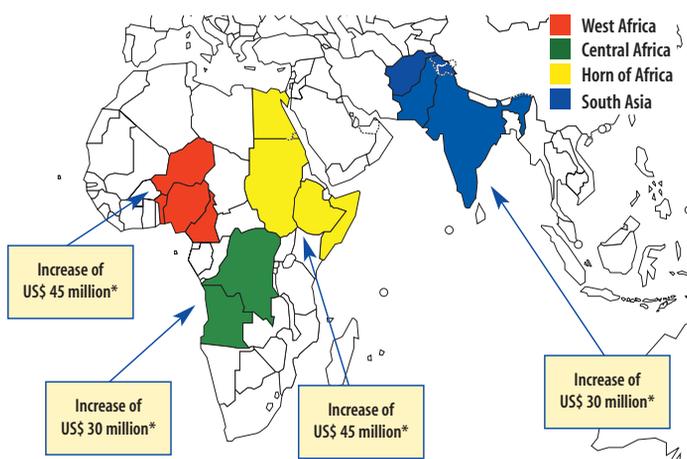
Resource mobilization

2002-2005 funding gap reduced to US\$ 275 million

Significant shortfall for 2002 remains

AFTER conducting its six-monthly review of external resource requirements and pledges and projections, members of the polio partnership last month reduced the global funding gap for 2002-2005 polio activities to US\$ 275 million. The significant decrease (from US\$ 400 million) is the result of tremendous donor support, including recent contributions from the United Kingdom's Department for International Development (DFID) and the Canadian International Development Agency (CIDA).

Estimated increase in 2002-2005 programme costs if polio transmission continues into 2003, by epidemiological block



Recent donations:*

Canada:	US\$ 12.8 million – for Nigeria, 2002-2004, and unspecified global funds for 2002
DFID:	US\$ 100 million for India over the next four years
Japan:	US\$ 2.9 million for 2002 for Afghanistan, SEARO, lab network and containment
Rotary International:	US\$ 5.8 million for 2002 polio activities in AFR, SEAR and EMR countries
UNICEF Regular Resources:	US\$ 1.5 million for 2002 for DRC and Somalia

The Global Polio Eradication Initiative expresses its gratitude to all donors.
*Donations announced since Polio News 14 February 2002

This good news is tempered by the fact that almost one-third of the shortfall – US\$ 80 million – is required for 2002 activities. Furthermore, if polio transmission continues into 2003, costs could increase by as much as US\$ 150 million (see map).

In 2001, DFID commissioned an assessment of the impact of previous DFID contributions to help guide future involvement. Responding to the review's findings, DFID stated, "The success of the programme should not be constrained due to lack of financial resources, preferably provided as multi-year funding."

DFID is now sharing this review with other development agencies and encouraging commitment of financial support through 2005. DFID has set in motion more than US\$ 100 million in new funds for India over the next four years.

WHO and CIDA in March signed a 2002-2004 agreement for US\$ 12.5 million for the Nigeria programme, in addition to providing US\$ 320 000 in global funds. In approving the Nigeria grant, CIDA wrote, "Canada is fully committed to polio eradication and is highly supportive of the Polio Eradication Initiative...this project will enhance Canada's strong record in supporting the efforts of WHO in the eradication of polio, while helping to preserve the substantial investments that Canada and others have already made toward polio eradication." ◆

Forthcoming events 2002

Date	Event	Venue
08-10 May	UN General Assembly Special Session on Children and Children's Issues	New York, USA
13-18 May	World Health Assembly,	Geneva, Switzerland
15-May	United States Congressional Reception for polio eradication, hosted by Rotary International	Washington DC, USA
20-21 June	European RCC Meeting	Copenhagen, Denmark
23-26 June	Rotary International Annual Convention	Barcelona, Spain

To help meet the urgent funding need, Rotary will launch its second membership fundraising drive in June 2002 entitled "Keeping our Promise: Eradicate Polio" with the goal of raising US\$80 million through 2003. Rotary's 1.2 million members in over 163 countries will be reaching out to their local communities to raise these critically needed funds.



Polio News

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