



# Polio News

Eradication

Issue 9 – September 2000



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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

## West and Central Africa NIDs Operation

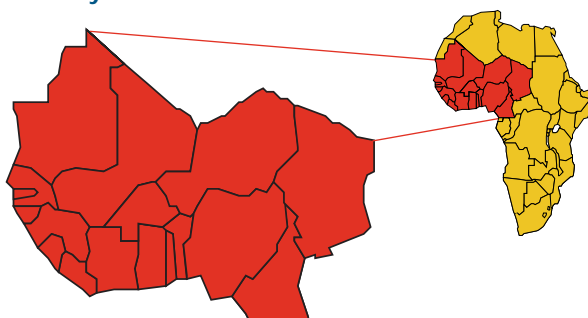
**A**N unprecedented polio eradication effort is scheduled for this autumn in 17 countries of West and Central Africa. The West and Central Africa operation will see a massive synchronization of national immunization days (NIDs) in October and November, where hundreds of thousands of volunteers and health workers will be delivering oral polio vaccine (OPV) to more than 90 million children in the region. The operations will pay particular attention to cross-border areas, reaching children who have never been vaccinated before.

The West and Central Africa NIDs operation follows from the recommendations of the May 2000 Global Technical Consultative Group for the Eradication of Poliomyelitis (TCG). The TCG determined that while up to 30 countries, many in West and Central Africa, still have low-level polio transmission, high-quality synchronized and intensified efforts in those countries

would ultimately lead to success.



The West and Central Africa operation involves the synchronization of NIDs in 17 countries



The countries participating in this operation include Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Mali, Mauritania, Niger, Nigeria, Liberia, Senegal, Sierra Leone and Togo. For the operation to be effective, these same countries must synchronize their NIDs again in 2001.

The first NID synchronization round of the operation will take place during the week of 14 October 2000, with the second NID round starting the week of 18 November 2000. ♦

### Global Polio Partners Summit

On 27 September the new Strategic Plan to certify the world polio-free will be unveiled in New York during the Global Polio Partners Summit. This plan highlights the five major areas of work to ensure the full promise of the eradication initiative is realized.

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## Polio vaccine for the children of war

**T**HE first polio immunization days in Mogadishu for two years have raised hopes that the virus' days may be numbered in Somalia. Reported coverage in the first round in May averaged over 95% and results from the June round are expected to be at least as good.

The fighting and looting that prevented campaigners from covering Mogadishu during the 1999 countrywide immunization activity jeopardized the specially targeted immunization days.

But this year meticulous district planning and training by WHO, UNICEF and NGOs paid off and allowed teams to reach the estimated 200 000 children who live in the capital.

The complexity of organizing NIDs in a place like Somalia is self-evident. Delicate negotiations are required, for example, to ensure that no one clan, sub-district or family monopolizes the financial benefit these campaigns bring

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# Laboratory containment – the other half of polio eradication

**L**ABORATORIES will represent the only known source of wild polioviruses once transmission in human populations has been stopped. They may be storing specimens from known cases of poliomyelitis or other materials unknowingly infected with wild poliovirus (i.e. stool samples).

In their 3rd meeting in May 2000, the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC) re-emphasized that global certification of polio eradication requires each regional certification commission to submit satisfactory documentation to the GCC that all laboratories in its region possessing wild poliovirus infectious or potentially infectious materials have been found and have either:

- destroyed the materials, or
- shipped them to a WHO designated repository, or
- safely retained them under Biosafety level 3/polio conditions.

To assure that this requirement can be met, WHO drafted guidelines for implementing laboratory containment<sup>1</sup> to assist countries in completing this task. All countries should appoint a national task force (NTF) to coordinate the activities. The NTF will be responsible for organizing a national search for laboratories and



Photo: © WHO

Laboratories – the other half of polio eradication

requesting to look in their storage areas for wild poliovirus infectious or potentially infectious materials. Any laboratory that finds such materials is strongly encouraged to destroy them. Those laboratories that choose not to destroy their materials should be registered on a national inventory. The creation of the national inventory will complete the first of three phases of containment. ♦

<sup>1</sup> WHO global action plan for laboratory containment of wild poliovirus, WHO/V&B/99.32.

## Global TCG 2000 findings: How virus importations affect eradication

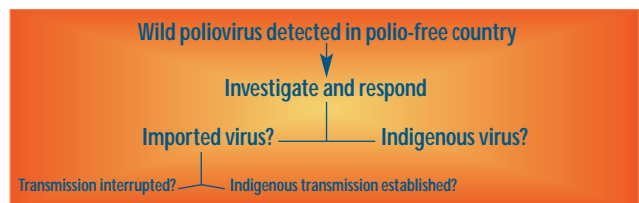
**A**s long as wild poliovirus circulates anywhere on the globe, all polio-free countries and areas risk re-infection through an “importation” of wild poliovirus.

In October 1999, more than five years after indigenous wild poliovirus was last isolated in China, wild poliovirus was found in two children in a sparsely-populated rural area of north-west China. The virus was much more similar to recent viruses found in India than to any virus previously circulating in China. This finding, together with the results of an extensive epidemiological investigation, supports the assumption that it was an imported virus.

The significance of wild poliovirus importation, with its potentially disastrous consequences, was stressed at the recent Global Technical Consultative Group (TCG) on Polio Eradication in May 2000 in Geneva.

The TCG<sup>2</sup> stated unequivocally that ANY wild poliovirus would be considered indigenous unless proven otherwise.

<sup>2</sup> Report of the fifth meeting of the Global Technical Consultative Group for Poliomyelitis Eradication, Geneva, 8-10 May 2000, WHO/V&B/00.27.



Specifically the TCG recommendations were:

- A complete review of all virological, epidemiological and surveillance data should determine whether wild poliovirus is an importation or previously undetected indigenous circulation.
- Unless consistent, clear data is available to prove otherwise, all isolations of wild poliovirus should be considered as indicative of ongoing indigenous circulation.
- Any detection of wild poliovirus in an area previously thought to be polio-free should result in an aggressive “mop-up” immunization response, including at least two house-to-house OPV rounds covering a very large geographic area (i.e. greater than 1million children).
- If an “imported” wild poliovirus is detected again more than six months after the first detection, this should strongly suggest that indigenous transmission has been re-established.
- In the absence of a complete case investigation, appropriate immunization response and certification standard AFP surveillance, an importation of wild poliovirus should be considered as having re-established transmission.

The full TCG report is available on the web at: [www.who.int/vaccines-documents/DocsPDF00/www553.pdf](http://www.who.int/vaccines-documents/DocsPDF00/www553.pdf)

## NIDs Calendar: September to November 2000

Month 1st round	Type of Country	Date activity	Date 1st round	Date 2nd round	3rd round
SEPTEMBER	Djibouti	NIDs	11-Sept-00	11-Oct-00	11-Nov-00
	India	MopUp	18-Sept-00	16-Oct-00	
	India	SNIDs	24-Sept-00	5-Nov-00	
	Indonesia	SNIDs	25-Sept-00	30-Oct-00	
	Somalia	NIDs	Sept-00	Oct-00	Nov-00
OCTOBER	Afghanistan	NIDs	10-Oct-00♣	13-Nov-00	
	Algeria	SNIDs	Oct-00	Nov-00♣	
	Bahrain	SNIDs	Oct-00	Nov-00♣	
	Benin	NIDs	13-Oct-00	24-Nov-00♣	
	Burkina Faso	NIDs	19-Oct-00♣	20-Nov-00	
	Côte d'Ivoire	NIDs	19-Oct-00	23-Nov-00♣	
	DPR Korea	NIDs	20-Oct-00♣	20-Nov-00	
	Egypt	NIDs	Oct-00	Nov-00	
	Eritrea	NIDs	14-Oct-00/	18-Nov-00♣	
	Gambia	NIDs	16-Oct-00	20-Nov-00♣	
	Georgia	MopUp	Oct-00♣	Nov-00	
	Ghana	NIDs	20-Oct-00♣	24-Nov-00	
	Guinea	NIDS	16-Oct-00♣	20-Nov-00	
	Guinea-Bissau	NIDS	16-Oct-00	20-Nov-00	
	Iran	SNIDS	7-Oct-00	11-Nov-00	
	Iraq	NIDS	7-Oct-00	11-Nov-00	
	Kenya	NIDS	14-Oct-00♣	18-Nov-00	
	Kuwait	SNIDS	Oct-00	Nov-00/	
	Liberia	NIDS	16-Oct-00	20-Nov-00♣	27-Mar-01
	Libya	NIDS	Oct-00	Nov-00	
	Mali	NIDS	16-Oct-00♣	20-Nov-00	
	Morocco	NIDS	14-Oct-00	13-Nov-00/	
	Myanmar	MopUp	1-Oct-00	1-Nov-00	1-Feb-01
	Niger	NIDs	16-Oct-00	20-Nov-00♣	
	Nigeria	NIDs	14-Oct-00♣	18-Nov-00	20-Jan-01♣
	Pakistan	SNIDs	10-Oct-00	14-Nov-00♣	
	Qatar	SNIDs	Oct-00	Nov-00	
	Russian Federation	MopUp	Oct-00	Nov-00	
	Saudi Arabia	NIDs	Oct-00	Nov-00	
	Senegal	NIDs	16-Oct-00	20-Nov-00♣	
	Sierra Leone	NIDs	16-Oct-00	20-Nov-00♣	
	Sri Lanka	SNIDs	28-Oct-00	2-Dec-00	
	Sudan	NIDs	21-Oct-00	20-Nov-00♣	
	Syria	SNIDs	7-Oct-00	11-Nov-00	
	Tajikistan	SNIDs	10-Oct-00	13-Nov-00	
	Togo	NIDS	16-Oct-00	20-Nov-00♣	
	Tunisia	MopUp	14-Oct-00	1-Nov-00	
	Turkey	SNIDs	7-Oct-00	11-Nov-00	
	Turkmenistan	SNIDs	2-Oct-00	6-Nov-00	
	UAE	SNIDs	Oct-00	Nov-00	
Uzbekistan	SNIDs	Oct-00	Nov-00		
Yemen	SNIDs	Oct-00	Nov-00		
NOVEMBER	Bangladesh	NIDs	15-Nov-00	17-Dec-00♣	5-Mar-01
	Cameroon	NIDS	22-Nov-00♣	10-Jan-01	
	CAR	NIDS	11-Nov-00	20-Dec-00♣	
	Chad	NIDS	20-Nov-00	20-Jan-01	
	Equatorial Guinea	NIDS	3-Nov-00	15-Dec-00♣	
	Ethiopia	NIDs	5-Nov-00♣	3-Dec-00/	
	Gabon	NIDS	13-Nov-00	13-Dec-00♣	
	Tanzania	SNIDS	1-Nov-00	1-Dec-00♣	
	Viet Nam	SNIDS	Nov-00	Dec-00♣	

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

♣ Includes vitamin A supplementation / includes measles vaccination

### AFP and polio reporting, as of 31 August 2000, by WHO region, versus same time in 1999

	as of 02 September 1999				as of 31 August 2000			
	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	0.4	46%	1983	105	1.00	55%	544	57
Region of the Americas	0.77	74%	0	0	0.84	87%	0	0
Eastern Mediterranean Region	1.07	69%	273	137	1.25	67%	246	116
European Region	0.85	83%	0	0	1.16	79%	0	0
South-East Asia Region	1.15	72%	1086	270	1.54	82%	303	104
Western Pacific Region	0.83	86%	0	0	1.18	88%	0	0
<b>Global total</b>	<b>1.02</b>	<b>70%</b>	<b>3342</b>	<b>512</b>	<b>1.28</b>	<b>78%</b>	<b>1093</b>	<b>277</b>

# Angola reaches more children



**H**EALTH workers and volunteers have vaccinated approximately three million Angolan children under five years of age against polio, according to early results from the first two rounds of national immunization days (NIDs) in Angola. As one of 10 global priority countries, Angola is polio-endemic with suboptimal quality surveillance leading to late recognition of infected areas.

Angola's second round of NIDs against polio – coordinated by the Ministry of Health and supported by UNICEF, WHO, Rotary International, USAID, CDC, United Nations Foundation and DeBeers – were held on 15-16 July. Proactive door-to-door vaccinations resulted in the vaccination of many children whose families may not have been aware of the need to vaccinate. UNICEF supported, among other aspects, social mobilization efforts through the country-wide participation of thousands of scouts to raise public awareness of the polio vaccination campaign. ◆



Photo: ©UNICEF

National immunization day, Angola

# DR Congo polio eradication efforts



Photo: ©UNICEF

Carol Bellamy administers vaccine to a child in the DRC

**C**AROL BELLAMY, UNICEF Executive Director, visited the Democratic Republic of the Congo from 10 to 13 August to observe the second round of national immunization days (NIDs) this year. The DRC is one of 10 global priority countries where wild poliovirus is still expected to be circulating at the end of the year 2000.

Ms Bellamy's trip comprised stops in Kinshasa, Mbuji-Mayi, Kananga, and Kisangani. Rotary International Director Mario Grassi also visited the DRC during the August NID to participate in the immunization drive and encourage local Rotary volunteers to continue their efforts. As part of the intensification of NIDs as recommended by the

Global TCG, vaccine was delivered house-to-house in high-risk areas.

Up to July 2000, over 9 100 000 children under five have been reported vaccinated, representing 86% of the total target population, and 95% of the target population in the health districts which have reported vaccination results. ◆

“ Nothing is more difficult than fighting a disease in an environment where conflict and insecurity dominate. That makes this polio eradication effort especially important and especially heroic. I applaud the people of the DRC for embracing NIDs as a gift to their children and a sign of hope for the future. ”

*Carol Bellamy  
UNICEF Executive Director*

Polio vaccine for children of war..... continued from page 1

in wages, transport, car rental and the inevitable Kalashnikov-toting security guards.

But things may be changing. “We have been fighting each other for 10 years and all the world has forgotten us”, says WHO medical officer Dr Mohammed Fuji, “Now we are fighting polio. A lot of people are motivated now because they understand it is their children who will benefit”.

Over 650 people participated in the rounds, going house-to-house. Vaccination teams did their best to seek out internally displaced people in over 100 camps across the city.

The campaign's importance was underlined by the discovery of at least 14 new cases of wild polio virus since January. Another 32 cases are under investigation. For every clinical case of polio, at least 200 other children will be infected with the wild virus.

Further NIDs are planned for September and October. ◆



Photo: ©WHO

Child in Mogadishu shows social mobilization poster

# Koplan and Schiffer witness success in Bangladesh

## Bangladesh welcomes smallpox warrior



Dr Koplan in Bangladesh with the STOP 5 team

**I**N July the Director of the Centers for Disease Control and Prevention (CDC), Dr Jeffrey Koplan, travelled to Bangladesh to work with the Stop Transmission of Polio (STOP) 5 team. It's not the first time he's made this journey. Dr Koplan came to Bangladesh as a young doctor to fight another disease: he had been a smallpox warrior. In 1973 Dr Koplan worked in the Barisal area of Bangladesh as an Epidemic Intelligence Service Officer with CDC. This July he returned and visited the Madaripur, Faridpur, Sylhet and Chittagong areas, working alongside several STOP team members, visiting surveillance sites, investigating suspected AFP cases and attending planning sessions with field supervisors, local healers and NGO partners. Dr Koplan wasn't just on an official visit. He was returning to a place that helped to shape and confirm his commitment to global public health. ♦

## Claudia Schiffer supports Global Polio Eradication Initiative

**C**LAUDIA Schiffer's first visit to Bangladesh as a Special Representative for UNICEF took her to the heart of where polio eradication efforts are paying off. Bangladesh is one of only 30 countries still plagued with the polio virus, and is one of the 10 global priorities for the eradication programme. UNICEF hosted Claudia Schiffer's trip so she could see first-hand the activities to protect every child against polio. "I am proud to be part of a partnership that will prevent millions of children from being affected by this dreadful disease," said Ms Schiffer.

From 9 to 13 July, Claudia Schiffer travelled all over Bangladesh to participate in immunization activities. Bangladesh remains one of the poorest countries in the world, with a per capita income of US\$ 350. Despite such deprivation, Bangladesh has made tremendous strides. There have been no laboratory confirmed polio cases so far this year. ♦



Claudia Schiffer administering polio vaccine during her visit to Bangladesh

# Polio Eradication Heroes Fund launched



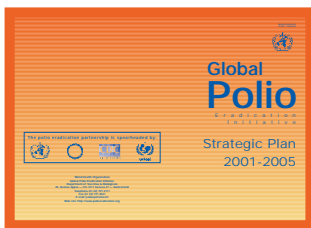
**C**EASEFIRES and Days of Tranquillity have played a key role in the success of the Polio Eradication Initiative. The safety of staff, volunteers, parents and children during national immunization days and other polio eradication activities is a first priority, particularly in countries experiencing armed conflict. The most vulnerable are national staff and volunteers who live or travel in areas affected by conflicts or dangerous travel conditions. Despite efforts to maintain a safe environment in which to conduct polio eradication activities, violence and accidents occasionally cause injury or death to polio eradication staff and volunteers.

In cooperation with partner organizations, the CDC Foundation has established the Polio

Eradication Heroes Fund. This fund will honour national staff and volunteers by recognizing those who suffer serious injury or death while working to eradicate polio. In special circumstances, a cash honorarium may be part of the recognition.

The CDC Foundation is a non-profit organization established to support public health initiatives of the Centers for Disease Control and Prevention.

Persons seeking additional information about the fund (or wishing to contribute) may contact: Polio Eradication Heroes Fund, CDC Foundation, 50 Hurt Plaza – Suite 765, Atlanta, GA 30303, USA. The phone number is +1 404 653 0790. ♦



## The Strategic Plan 2001–2005: The partner commitment

**O**N 27 September the new Strategic Plan to certify the world polio-free will be unveiled in New York during the Global Polio Partners Summit.

At the core of this endeavour are four partners, the World Health Organization (WHO), Rotary International, the Centers for Disease Control and Prevention (CDC) and the United Nations Children's Fund (UNICEF), all of which are steadfast in their commitment to the Global Polio Eradication Initiative.

**W**HO will continue to be responsible for the overall strategic planning and management of the initiative. WHO will work with governments to coordinate effective and high quality NIDs and mop-ups to interrupt wild poliovirus; develop and sustain certification-standard surveillance and laboratory systems that can rapidly identify polio-infected areas; ensure laboratory containment of wild polioviruses; develop a consensus strategy to stop polio immunizations after certification of eradication and use polio eradication to strengthen and expand routine immunization services.

**R**OTARY International, with its global network of 1.2 million community volunteers, has assisted with polio immunization drives for the last 20 years. In addition, Rotary has helped mobilize approximately 10 million new volunteers each year to assist in the endeavour, resulting in a trained and highly motivated volunteer base.

To date, Rotary has contributed US\$ 378 million to polio eradication. By the end of 2005 Rotary estimates that its financial contributions alone will total US\$ 500 million.

Rotarians are continuing to advocate to donor governments, as well as volunteer at the local level.

**C**DC will continue to provide technical and surveillance support to WHO and UNICEF. Within the Global Polio Laboratory Network, CDC will be providing ongoing support in training, virological surveillance and reference services. CDC will be funding grants to WHO and UNICEF for staffing, technical and operational support to polio-endemic countries. OPV will continue to be donated by CDC through UNICEF for supplemental immunization (NIDs and mop-up). During 2000, CDC is providing approximately 700 million doses of OPV.

**U**NICEF will continue to play a key role in procuring and distributing OPV from its global supply centre in Copenhagen. It will continue to support NIDs and other activities in polio-endemic countries to accelerate the eradication effort.

UNICEF will also support advocacy and social mobilization activities at government and community level in hard- to-reach areas to ensure that every child is immunized. UNICEF will continue to use its international stature to attract donors to the cause and ensure polio eradication is high on the political agenda in both endemic and polio-free countries. ♦

The key milestones of the Strategic Plan 2001-2005:	
<i>By the end of 2000</i>	✓ A maximum of 20 countries will be polio-endemic.
<i>By the end of 2001</i>	✓ A maximum of 10 countries will be polio-endemic and certification-standard surveillance will be achieved by all endemic and recently-endemic countries.
<i>By the end of 2002</i>	✓ Poliovirus transmission will be interrupted globally and the containment process will have begun in all WHO regions.
<i>By the end of 2003</i>	✓ Global wild poliovirus final repositories will be identified.
<i>By the end of 2004</i>	✓ A consensus strategy will be developed to stop polio immunizations.
<i>By the end of 2005</i>	✓ Global certification of poliomyelitis eradication will be achieved, and routine immunization systems will be strengthened with a targeted coverage of 80%.



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All comments and feedback on Polio News should be sent to:  
 Department of Vaccines & Biologicals, WHO, Geneva.  
 Tel.: +41 22 791 2111  
 Fax: +41 22 791 4041  
 E-mail: polioepi@who.ch  
 Web site: <http://www.who.int/vaccines>