

NOW, MORE THAN EVER: STOP POLIO FOREVER.



Situation report on polio case in Angola 1 July 2005

On 24 June 2005, the Ministry of Health of Angola reported a polio case. Angola has not had a case of polio since 2001. A 17-month old girl with a previous history of oral polio vaccine (OPV) developed fever and paralysis in both legs on 25 April, in the metropolitan area of the capital, Luanda. Genetic sequencing of the type-1 wild poliovirus shows that it originated in India. Virological and epidemiological evidence suggest a recent importation. The affected child and her family have no travel history. An investigation did not detect spread beyond the community. Outreach from routine immunization services has been stepped up in advance of the campaign. The national routine immunization coverage of children against polio is estimated to be 45%.

Outbreak response

A nationwide polio vaccination campaign is planned 29-31 July. Authorities are considering the use of a combination of monovalent oral polio vaccine (mOPV) in the immediate area of the case and trivalent oral polio vaccine in the rest of the country for maximum impact. This will be followed by another round in August.

Health authorities have **immediately intensified Acute Flaccid Paralysis (AFP) surveillance** in the infected district and surrounding areas and WHO/African Region has **notified neighbouring countries**.

Briefings with all community and religious leaders, non-governmental organizations and traditional healers are taking place in all municipalities of Luanda.

Background: Angola and polio

Angola's last polio case was in September 2001. An outbreak of over 1000 cases in 1999 was met with repeated supplementary immunization, and by 2000, cases were down to 55.

Indicators: The municipality, Cacuaco, reports a routine OPV coverage of 50% and has an AFP surveillance rate of 2.1. In Luanda generally, the AFP rate over the past 12 months is 1.25.

Supplementary immunization activities and funding: The Ministry of Health, Angola, supported by the Global Polio Eradication Initiative partners, had already planned for two National Immunization Days in July and August to protect Angola's polio-free status. These campaigns, requiring external financing of US\$3.74 million, are supported by the

US Centers for Disease Control and Prevention, the Canadian International Development Agency, the European Commission, USAID and the governments of Spain and Portugal. Any eventual third round of campaigns would require an additional US\$1 million in external funding.

Global context

Importations such as this and other recent ones into Indonesia and Yemen underline the importance of stopping transmission in endemic countries with indigenous poliovirus. Until polio is eradicated everywhere, all countries remain at risk.

To stop transmission in the endemic areas, prevent further spread and protect polio-free countries, supplementary immunization activities need to be stepped up. For this, **the Global Polio Eradication Initiative requires US \$50 million by the end of July** and multi-year pledges to enable activities in 2006-2008, of which \$200 million is needed by 2006.

The funding shortfall is a major risk to global polio eradication. Outbreaks and importations place further stress on available resources.

Further information

Oliver Rosenbauer/WHO Geneva. Tel +41.22.791.3832
rosenbauero@who.int

Vivian Fiore, Rotary Int'l/Chicago. Tel. +1 847 866 3234
fiorev@rotaryintl.org

Julie Jenks, CDC/Atlanta. Tel. +1 404-639-8907
JDJ2@cdc.gov

Erica Kochi, UNICEF/New York. ekochi@unicef.org