

# NOW, MORE THAN EVER: STOP POLIO FOREVER.



## Polio Eradication Situation Report – December 2004

### Latest Events & Headlines: Campaigns in Africa and Asia are encouraging

- Between 18 and 25 November, National Immunization Days for polio were held covering 80 million children in Africa (across 23 countries) and 170 million in India;
- Conflict threatened Africa's immunization drive, particularly in Côte d'Ivoire, where civil unrest forced a suspension of activities (until Dec 17-20). But indications are that these campaigns – the region's largest ever joint health initiative - are putting Africa's eradication effort back on track;
- India's campaigns were launched by Sonia Gandhi, President of the Congress Party, who administered polio vaccine to children;
- Ministers of Health of polio-priority countries will meet in Geneva on 13 January 2005 to discuss progress towards eradication and outline plans to stop polio within the year.

### Key Messages

- **Polio transmission can be stopped globally by end-2005, and each country has set its own target within this timeframe.** Success will depend increasing both the quality of immunization campaigns and the level of financial support.
- **Asia is making great progress towards stopping polio transmission early as mid-2005, but Africa may take until end-2005 to finish the job .** The synchronized NIDs have slowed the epidemic in west Africa but transmission remains intense in central Africa. Sudan, Côte d'Ivoire, Chad and Burkina Faso all have re-established poliovirus transmission, requiring more intensified immunization activities for longer than anticipated.
- **Epidemiological priorities<sup>1</sup> for polio eradication** throughout 2005 are:
  1. In Asia: stopping polio by mid-2005 through immunization campaigns every six weeks;
  2. In Africa: expanding synchronized NIDs with additional rounds to stop polio transmission by end-2005;
  3. In Egypt: increasing Supplementary Immunization Activities and introducing monovalent OPV type 1 to stop transmission by mid-2005;
  4. Enhancing surveillance, particularly in west and central Africa and the Horn of Africa.
- **The highest operational priority is reaching marginalised, under-immunized children.**
- **The greatest threats to a polio-free world are:**
  1. **Low population immunity** - A failure to get the vaccine to all children, particularly specific, high-risk groups, through SIAs and routine immunization.
  2. **A persistent funding gap** - A funding gap of US\$ 200 million must be filled to ensure activities can go ahead in 2005. US\$35 million is urgently needed by mid-January or immunization activities will need to be scaled back, jeopardizing global health security.
- **More than the end of a disease is at stake:** polio eradication would validate a US\$ 3 billion, 16 year investment and prove that we can work together to reach common development goals.

### Call to action

Governments need to:

1. **Reach every child**, particularly in marginalized populations, during SIAs.
2. **Maintain confidence and enthusiasm among health care workers** and volunteers through motivational outreach, recognizing progress and encouraging improvement.
3. **Improve routine immunization** and basic health services to underserved families.

<sup>1</sup> These strategic priorities for 2005 were endorsed by the Ad Hoc Advisory Committee on Polio Eradication (AACPE) at its consultation in Geneva on 21 September 2004

4. **Ensure adequate financial resources** are available to guarantee the necessary number of SIAs and emergency response campaigns can take place in 2005.

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## Global/Regional/Country Data

### Global

- 1047 cases vs 587<sup>2</sup>.

### Africa – overview (893 cases vs 295)

**Next SynchroNIDS: February**

- Despite recording cases more than 3 times higher this year than last, polio can be stopped in Africa by end 2005 through high-quality synchronized immunization campaigns.
- Similar campaigns from 2000-2002 stopped polio in all countries across the region, except in Nigeria and Niger.
- Particular efforts are needed in Nigeria and Niger, as well as in those countries where endemic wild poliovirus transmission has been re-established (Burkina Faso, Chad, Cote d'Ivoire and the Sudan), to improve the quality of the immunization campaigns.

### Nigeria (726 cases vs 258)

**Next NID: 26 February**

- Nigeria accounts for 81% of the total number of poliovirus cases reported globally in 2004.
- Massive immunity gaps remain in Nigeria, particularly in the northern band of states. All children must be reached during multiple immunization campaigns to close this gap.
- Initial reports suggest a marked decrease in resistance to OPV and a more positive community response since polio immunization began again in most of northern Nigeria in July.

### Niger (22 cases vs 17)

**Next NID: February**

- The quality of the NIDs in November and December improve if Niger is to halt the spread of polio. The large immunity gaps in Niger are comparable only to those in Nigeria.
- Although local-level planning is strong, district-level planning/supervision needs to be strengthened.

### Egypt (1 case vs 1, 12 environmental positives)

**Next NID: January**

- In Egypt, improvements in environmental sampling (most recently in greater Cairo/Giza) demonstrate continuing virus transmission, requiring an increase in the quantity and quality of immunization campaigns. Transmission also continues in Upper Egypt (Assiut and Minya).
- In October, the Technical Advisory Group recommended the rapid introduction of monovalent OPV, with a view to using this vaccine in at least some of the 4 planned NIDs in early 2005 (as Egypt has had only type-1 wild poliovirus for the past 3 years, monovalent OPV would stop transmission more rapidly).

### Sudan (47 cases vs 0)

**Next NID: February**

- The Sudan now has the third-highest polio caseload, behind Nigeria and India.
- Cases are widespread, in the west of the country in Darfur, and to the east of the country in Red Sea state, putting the Gulf state countries at risk of polio re-infection.
- High-quality SIAs are urgently needed in early 2005. Advocacy must be strengthened to secure access to all children particularly in the Darfur region, in southern Sudan, and among the internally displaced populations in Khartoum.

### Asia – overview (154 cases vs 292)

- Strong progress continues in Asia (India, Pakistan and Afghanistan).

### India (109 cases vs 197)

**Next SNID: 9 January**

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<sup>2</sup> Second figure throughout document refers to case data at the same period in 2003

- High coverage during the NIDs in 2004 means that India could stop poliovirus transmission by mid-2005.
- Final success will depend on reaching young, Muslim children in 12 key districts in western Uttar Pradesh.
- Sustaining political will, oversight and accountability will be essential to reaching every child, particularly at the district level in western Uttar Pradesh and Bihar.

**Pakistan (42 cases vs 88)**

**Next NID: 11 January**

- Pakistan could stop polio transmission by mid-2005 if all children can be reached during NIDs, especially in Sindh province,.
- Cases are still low despite high-transmission season, and transmission is increasingly focal.
- High-level political commitment will be essential for successful immunization activities in 2005.
- From early 2005, co-ordinating effective mop-up campaigns with Afghanistan will be a priority.

**Afghanistan (3 cases vs 7)**

**Next NID: 11 January**

- Focus must be on effective mop-up campaigns starting in early 2005, coordinated with Pakistan.
- High-quality surveillance must be further improved, especially in the endemic southern region and bordering areas with Pakistan, despite the challenging security situation.