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POLIOMYELITIS ERADICATION: PROGRESS REPORT

Information document

CONTENTS

BACKGROUND

1. Acceleration of polio eradication activities is one of the main objectives of the Regional Strategic Plan for the Expanded Programme on Immunization 2006-2009 as outlined in Resolution AFR/RC56/R1 adopted at the fifty-sixth session of the WHO Regional Committee for Africa in Addis Ababa, Ethiopia in 2006.

2. Following the adoption of Resolution AFR/RC54/R8, increased political commitment has been realized. This has been evidenced by direct government funding of polio eradication activities, acceptance of the use of more effective vaccines and adoption of innovative country-specific strategies.

3. Only Afghanistan, India, Nigeria and Pakistan remain polio-endemic countries. In the African Region, the continued transmission of wild polioviruses in parts of Northern Nigeria and resultant importations to other countries require further intensification of immunization and surveillance activities. To ensure impact, innovative approaches to improve acceptability, community participation and ownership will have to be intensified.

4. This information document provides an update on the status of polio eradication in the WHO African Region, following a similar report (AFR/RC57/INF.DOC/1) presented at the fifty-seventh session of the Regional Committee for Africa. It also proposes the way forward in achieving interruption of wild poliovirus transmission as recommended at the one-hundred-and-twenty-second session of the WHO Executive Board in January 2008. Resolution EB122.R1 urges countries to increase routine immunization coverage at a level greater than 80%, maintain high active surveillance, respond adequately to any polio outbreak and provide the necessary financial resources.

PROGRESS MADE

5. The total number of wild poliovirus cases in the African Region decreased from 1192 in 2006 to 367 in 2007 (Figure 1). Similarly, the number of wild poliovirus cases in Nigeria declined from 1125 in 2006 to 279 in 2007 (75% reduction) (Table 1). Endemic transmission continues to be restricted to Northern Nigeria.

Figure 1: Geographical wild poliovirus distribution, WHO African Region, 2006-2007

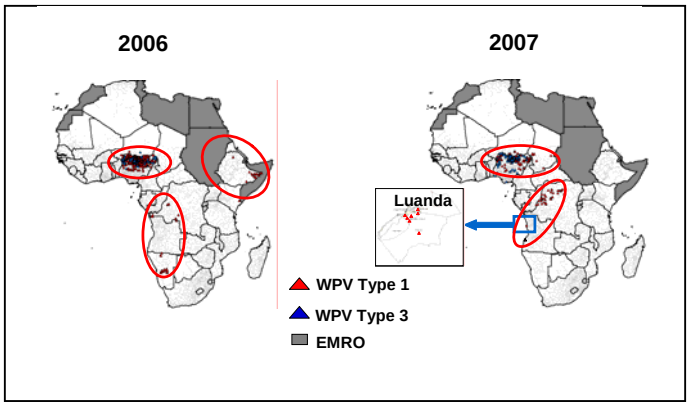

Table 1: A 70%-reduction in wild poliovirus cases, 2006-2007

	2006			2007		
Country	W1	W3	**Total**	W1	W3	**Total**
Angola	2	0	2	8	0	8
Cameroon	1	1	2	-	-	-
Chad	0	1	1	18	3	21
DRC	13	0	13	41	0	41
Ethiopia	17	0	17	-	-	-
Kenya	2	0	2	-	-	-
Namibia	19	0	19	-	-	-
Niger	9	2	11	10	1	11
Nigeria	848	277	1125	111	175	286
Total Africa	**911**	**280**	**1192**	**188**	**179**	**367**

6. The increase in routine immunization coverage from 73% to 82% in the Region contributed to the reduction of wild poliovirus importation in 2007. The innovation of immunization plus days in Nigeria, during which additional antigens and other child survival interventions are provided along with oral polio vaccine, has resulted in better community acceptability and a 25% increase in the number of children vaccinated in Northern Nigeria. In order to further improve and sustain routine immunization coverage, training in reaching every ward was conducted in Nigeria. So far five states have achieved at least 80% oral polio vaccine coverage compared to none at the end of 2006. This increase in immunity is reflected in declining wild poliovirus transmission in the high-burden states of the country.[1]

7. The Government of Nigeria reaffirmed its political commitment to prioritize polio eradication activities during the stakeholders meeting convened by the WHO Director-General in Geneva in February 2007. This resulted in the development of a two-year plan (2007-2008) to guide country activities which have already included enhanced surveillance as well as the implementation of one nation-wide round, six subnational rounds and four outbreak response rounds of supplemental immunization activities.

8. While in 2006, eight countries[2] experienced wild poliovirus importations and successfully contained the outbreaks, only four[3] countries were affected in 2007. However, supplemental immunization activities were carried out in 11 countries:[4] one endemic country, four countries that reported wild poliovirus importations and six countries at risk of wild poliovirus importation. Of the 75 million targeted children under five years of age, over 70 million were immunized with oral polio vaccine.

9. High-quality acute flaccid paralysis (AFP) surveillance continues to be maintained in most Member States. As at the end of December 2007, 43 (93%) countries in the African Region had achieved certification-standard AFP surveillance performance indicators.[5] Certification guidelines stipulate that certification of polio eradication is by region, and not by country, through critical review of individual country documentation. The Africa Regional Certification

[1] Federal Republic of Nigeria, Report of the 11th Expert Review Committee on Immunization, December 2006; Report of the 12th Expert Review Committee on Immunization, February 2007; Report of the 13th Expert Review Committee on Immunization, November 2007, Abuja, Ministry of Health.

[2] Angola, Cameroon, Chad, Democratic Republic of Congo, Ethiopia, Kenya, Namibia and Niger.

[3] Angola, Chad, Democratic Republic of Congo and Niger.

[4] Angola, Benin, Chad, Cameroon, Republic of Congo, Democratic Republic of Congo, Ethiopia, Kenya, Namibia, Niger and Nigeria.

[5] Certification standard surveillance is defined as at least 80% of stools from acute flaccid paralysis (AFP) cases collected within 14 days of onset of paralysis and at least one AFP case detected in every 100 000 children below 15 years of age in defined populations.

Commission has so far reviewed 23 complete country documentations, and 21 countries[6] met the required standards which are to maintain a polio-free status for at least 3 years in the presence of certification-standard AFP surveillance.

10. A report regarding the management of potential risks to eradication was presented to the WHO Executive Board in January 2008. Resolution EB122.R1 further requested the Director-General to report to the World Health Assembly as and when transmission of wild poliovirus type 1 is interrupted.

NEXT STEPS

11. Regarding the current epidemiological situation in the African Region and the polio eradication goals, there is an urgent need to interrupt wild poliovirus transmission in Northern Nigeria by implementing several rounds of activities such as immunization plus days in polio-infected areas. The country also needs to sustain optimum involvement of communities in the high-risk areas for wild poliovirus transmission and to conduct independent monitoring and evaluation of the immunization activities at all levels.

12. All high-risk countries should detect and respond in a timely manner to any polio outbreaks due to importation of wild poliovirus. It is recommended that such countries implement a minimum of three large-scale immunization rounds aimed at reaching 95% of target-age children.

13. All countries in the Region need to enhance surveillance activities at subnational level in order to achieve and maintain certification-standard level. Detailed surveillance reviews should be conducted in poorly performing countries with close monitoring of the implementation of recommendations.

14. To increase community immunity, all countries should achieve and sustain high routine immunization coverage (at least 80% oral polio vaccine) using the Reaching Every District strategy which focuses on improving coverage at the community level.

15. Advocacy for local resource mobilization to sustain polio eradication activities should be strengthened in all countries to close the funding gap.

[6] Botswana, Burundi, Republic of Congo, Gambia, Ghana, Guinea, Kenya, Lesotho, Malawi, Mauritania, Mauritius, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, Zambia and Zimbabwe.