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POLIOMYELITIS ERADICATION: PROGRESS REPORT

Information Document

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BACKGROUND

1. One of the objectives of the Regional Strategic Plan for the Expanded Programme on Immunization 2006-2009 is to accelerate polio eradication, as stated in Regional Committee Resolution AFR/RC56/R1 adopted at the fifty-sixth session of the Committee in Addis Ababa, Ethiopia in 2006.

2. Since the adoption of Resolution AFR/RC54/R8, there has been sustained political commitment to polio eradication in Member States. Governments have increased funding for polio activities and adopted innovations and new approaches initiated by international and local oversight bodies.

3. However, due to various recurrences, there is still need to intensify polio eradication activities and improve routine immunization in the Region. The resurgence of wild poliovirus transmission in Nigeria and its spread to neighbouring countries; continued internal transmission in Angola, Central African Republic, Chad and Democratic Republic of Congo; and importations from Sudan to Kenya and Uganda underscore this need.

4. This information document provides an update following Regional Committee information document AFR/RC58/INF.DOC/1 and proposes measures to interrupt transmission as outlined in World Health Assembly Resolution WHA61.1 of May 2008 urging Nigeria to reduce the risk of international spread of wild poliovirus by rapidly stopping the outbreak in Northern Nigeria. It further urges all Member States with resurgent poliomyelitis to engage political authorities and civil society to ensure that all eligible children are vaccinated during routine and supplementary immunization activities (SIAs).

PROGRESS MADE

5. The total number of wild poliovirus cases in the Region increased from 366 in 2007 to 920 in 2008 (Figure 1). As of 10 July 2009, a total of 472 wild poliovirus cases have been reported in 15 countries (Figure 2). Nigeria accounts for 73% (343) of all cases in 2009.

Figure 1: Wild poliovirus distribution in the WHO African Region, 2007-2008

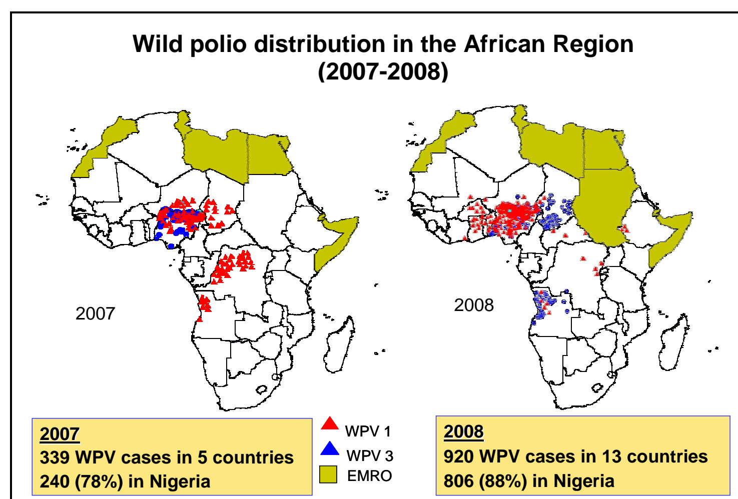
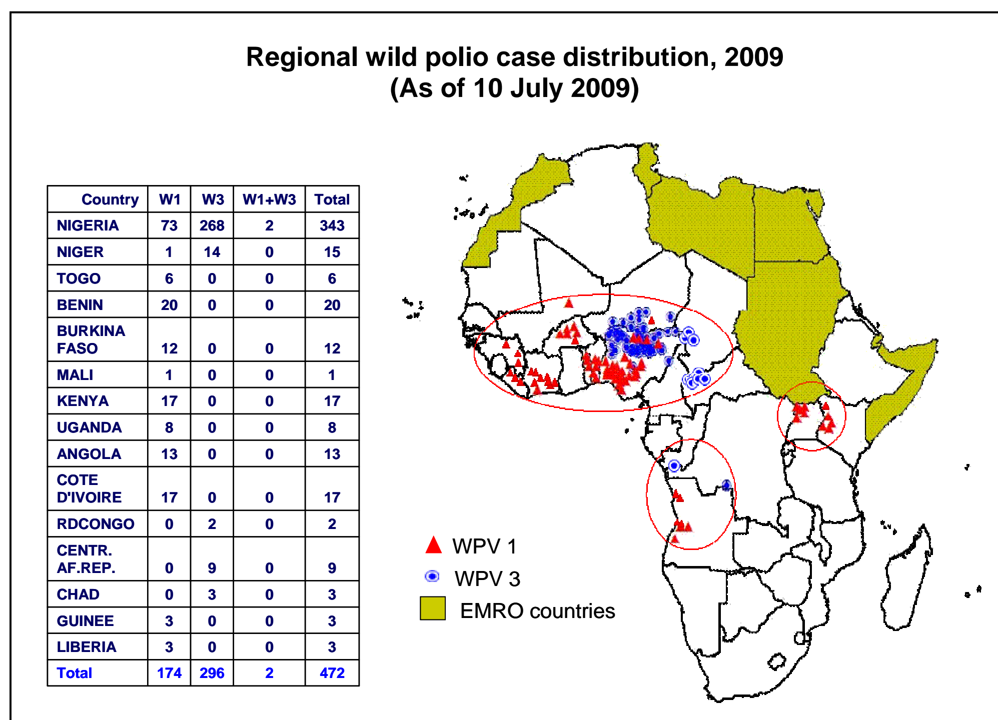


Figure 2: Wild poliovirus case distribution, African Region, July 2009



Country	W1	W3	W1+W3	Total
NIGERIA	73	268	2	343
NIGER	1	14	0	15
TOGO	6	0	0	6
BENIN	20	0	0	20
BURKINA FASO	12	0	0	12
MALI	1	0	0	1
KENYA	17	0	0	17
UGANDA	8	0	0	8
ANGOLA	13	0	0	13
COTE D'IVOIRE	17	0	0	17
RDCONGO	0	2	0	2
CENTR. AF.REP.	0	9	0	9
CHAD	0	3	0	3
GUINEE	3	0	0	3
LIBERIA	3	0	0	3
Total	174	296	2	472

6. In Nigeria, there has been significant progress towards improving programme ownership and oversight at subnational level by political and traditional leaders, particularly in the high-risk states. A formal commitment between state governors and the Federal Ministry of Health to prioritize PEI/EPI was signed in February 2008 and is being monitored monthly.

7. Wild poliovirus type 1 resurgence in the northern states of Nigeria in 2008 has largely been brought under control by preferential use of mOPV1 and through efforts to improve the quality of immunization campaigns in the endemic high-risk states. As of 10 July, 73 cases were reported for 2009 compared to 251 cases reported in the first six months of 2008.

8. Synchronization and coordination of immunization activities among countries in the Economic Community of West African States continued according to the Lungi Declaration on Polio Eradication in the West African Subregion signed in Sierra Leone in 2001. This was further renewed in the Abuja Resolution of July 2004 signed by the health ministers of Benin, Burkina Faso, Chad, Niger and Nigeria agreeing to synchronize immunization activities for polio eradication. Consistent with this, 11 West African countries conducted synchronized immunization activities in 2008 and 2009.[1]

9. In 2008, only Angola, Chad, Democratic Republic of Congo and Niger reported wild poliovirus cases after importations in 2007; the number of re-infected countries increased to 15 in 2009 (Figure 2), attributable to the resurgence of Wild poliovirus type 1 in Nigeria and various importations in

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[1] Benin, Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali, Niger, Nigeria, Sierra Leone and Togo.

other African countries. In response, 18 countries in the WHO African Region[2] implemented multiple synchronized supplementary immunization activities in 2009. The SIAs have provided oral polio vaccine to over 100 million children.

10. High quality acute flaccid paralysis (AFP) surveillance has been maintained in the Region with 43 out of 46 countries achieving and sustaining certification-standard AFP surveillance performance indicators[3] in 2008. Surveillance quality and ability to respond promptly to outbreaks of wild poliovirus have been enhanced through a new polio laboratory algorithm introduced in 2006. Polio laboratories currently provide results in over 95% of stool specimens within 21 days compared to previous 60-day diagnoses.

11. Certification guidelines stipulate that certification of polio eradication is by Region and not by country. The African Regional Certification Commission has so far reviewed 28 complete country documentations and 25 country documentations have been accepted.[4] However, over the past twelve months, seven[5] of the 25 countries have had importations.

NEXT STEPS

12. The remaining challenges in the polio eradication initiative include:

(a) sustaining the immunization coverage activities in the highest risk states in Nigeria through full engagement of political, traditional and religious leaders that have contributed to the marked reduction of wild poliovirus type 1 transmission in these states;

(b) continuing support to countries that experience importations of wild poliovirus to respond timely and appropriately in line with the recommendations of the Advisory Committee on Polio Eradication to implement at least two large-scale SIA rounds after the last importation, aiming to reach 95% of eligible children;

(c) continuing the synchronized SIAs in west and central Africa;

(d) availing resources to strengthen routine immunization and to augment population immunity throughout the Region by implementing at least two rounds of SIAs annually for the next three years;

(e) enhancing surveillance activities at subnational level to achieve and maintain certification standard;

(f) pursuing local resource mobilization to achieve and sustain at least 80% OPV3 coverage at district level.

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[2] Angola, Benin, Burkina Faso, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Liberia, Mali, Niger, Nigeria, Sierra Leone, Togo, Uganda and Zimbabwe.

[3] 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.

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

[5] Ghana, Guinea, Kenya, Liberia, Mali, Togo and Uganda.