



# POLIO ERADICATION INITIATIVE

every last child

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## Polio this week

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## Polio this week

### The data table below is as of 30 April 2014

The World Health Organization (WHO) Director-General, Dr Margaret Chan, is convening an Emergency Committee under the International Health Regulations to advise on whether the current developments on the spread of poliovirus constitute a public health emergency of international concern and, if so, whether temporary recommendations are needed to reduce the risk and consequences of international spread. The Committee began consultations on 28 April 2014, and is expected to deliberate for several days.

In Nigeria, the Expert Review Committee on Polio Eradication and Routine Immunization (ERC) convened in Abuja from 23-24 April 2014, to review the current polio epidemiology in the country. The ERC concluded that as a result of significant programme improvements including significant decline in WPV cases and increase in the quality of supplementary immunization activities (SIAs), the next 8 months are the most important period in Nigeria's polio eradication programme. Waning political support during the upcoming election season, insecurity and complacency are now the major risks to achieving success. Through continued programme progress during the upcoming election season, continued accountability, improvements in SIA quality, and access to children in insecure areas, Nigeria can achieve success in 2014. See 'Nigeria' section for more information.

WHO published its updated [vaccination recommendations for travelers](#) from polio-infected countries in its publication International Travel and Health (polio-related section on pages 33-35). These updates were endorsed at last month's meeting of the Strategic Advisory Group of Experts on Immunization (SAGE). Polio vaccination recommendations for travelers from polio-infected countries should apply to all residents and visitors of all ages, who spend more than four weeks in the country. Resident travelers from polio-infected countries should have received one documented additional dose of OPV or IPV a minimum of 4 weeks and a maximum of 12 months before each international travel. Travelers embarking on last minute/urgent travel that cannot be postponed should receive one dose of OPV or IPV before departure if they have not received a documented dose of polio vaccine within the past 12 months.

One new cVDPV2 case has been reported in the past week from Africa. The case is currently under cross border investigation to determine country of onset (Nigeria or Cameroon).

### Wild Poliovirus (WPV) cases

Total cases	Year-to-date 2014	Year-to-date 2013	Total in 2013
Globally	68	24	417
- in endemic countries	59	24	160
- in non-endemic countries	9	0	257

### Case breakdown by country

Countries	Year-to-date 2014				Year-to-date 2013				Total in 2013	Date of most recent case
	WPV1	WPV3	W1W3	Total	WPV1	WPV3	W1W3	Total		
Pakistan	54			54	6			6	93	06-Apr-14
Nigeria	2			2	16			16	53	24-Mar-14
Afghanistan	3			3	2			2	14	25-Feb-14
Equatorial Guinea	3			3				0		19-Mar-14
Iraq	1			1				0	0	10-Feb-14
Cameroon	3			3				0	4	31-Jan-14
Syria	1			1				0	35	21-Jan-14

Ethiopia	1			1				0	9	05-Jan-14
Somalia				0				0	194	20-Dec-13
Kenya				0				0	14	14-Jul-13
<b>Total</b>	<b>68</b>	<b>0</b>	<b>0</b>	<b>68</b>	<b>24</b>	<b>0</b>		<b>24</b>	<b>417</b>	
<b>Total in endemic countries</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>59</b>	<b>24</b>	<b>0</b>		<b>24</b>	<b>160</b>	
<b>Total outbreak</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>257</b>	

Data in WHO as of 30 April 2013 for 2013 data and 29 April 2014 for 2014 data.

## Afghanistan

No new WPV1 cases were reported in the past week. The most recent WPV1 case had onset of paralysis on 25 February, from Muhmand Dara district in Nangarhar province, Eastern Region. The total number of WPV1 cases for 2014 is three, and 14 for 2013.

No new cVDPV2 cases were reported in the past week. The total number of cVDPV2 cases in 2013 remains three, with the most recent cVDPV2 case in March 2013 from Kandahar province, Southern Region.

Nationwide supplementary immunization activities (SIAs) using bivalent OPV were held this week (20-29 April), with further campaigns in high-risk areas planned for May.

## Nigeria

One new WPV1 case was reported this week from Kano with onset of paralysis on 24 March bringing the total number of WPV1 cases for 2014 to two (both in Kano). The total number of WPV1 cases for 2013 is 53.

No new cVDPV2 cases were reported in the past week. The total number of cVDPV2 cases for 2014 is one, and for 2013 is four. The most recent cVDPV case had onset of paralysis on 9 February (from Damboa, Borno).

Meeting last week in Abuja, the ERC concluded that as a result of significant programme improvements, a window of opportunity for eradicating polio exists between May and December 2014.

In particular, the ERC noted the significant decline in wild poliovirus (WPV) cases, with only 1 WPV case reported this year (compared to 13 for the same period in 2013). WPV type 3 has not been detected in more than 17 months (since November 2012). The genetic biodiversity of transmission has been reduced to one remaining endemic cluster.

This reduction in cases is associated with a significant increase in the quality of supplementary immunization activities (SIAs), monitored through Lot Quality Assurance Sampling (LQAS). Almost 90% of Local Government Areas (LGAs) in the 11 high-risk states achieved coverage of at least 80% during the recent IPDs. This compares to less than 65% of LGAs in these same states achieving the same level of coverage just 12 months ago.

In virtually all high-risk states (except Borno), overall population immunity to type 1 polio has now increased to more than 80%, though sub-state gaps remain, in particular in key areas of Borno, Kano and Yobe. The proportion of under-vaccinated children (<3 doses) in high-risk states has been reduced to <5%.

Waning political support during the upcoming election season, insecurity and complacency are now the major risks to achieving success.

SIA improvements must be sustained consistently, from campaign to campaign.

Specific plans should be developed to ensure the support of the Presidency, state governors, Local Government Area (LGA) Chairpersons and traditional leaders.

National and state Emergency Operations Centres (EOS) must be maintained.

Special strategies for insecure areas must be fully implemented, including:

- Permanent vaccination posts at major transit posts
- Special campaigns to reach internally-displaced persons
- Using lessons learned from other high-risk states, including improving the quality of operations in accessible areas of Borno and Yobe

Strengthened cross-border coordination should be implemented, given prolonged circulation of WPVs and circulating vaccine-derived polioviruses (cVDPVs) in neighbouring countries and areas.

The SIA schedule will now be optimized, to ensure rapid eradication of both WPV1 and cVDPV type 2, and subnational surveillance further strengthened.

All states will develop and maintain emergency preparedness and response plans for polio, enabling state-wide and immediate mop-up campaigns for the detection of any new poliovirus.

Through continued programme progress during the upcoming election season, continued accountability, improvements in SIA quality, and access to children in insecure areas, Nigeria can achieve success in 2014.

The most recent nationwide Immunization Plus Days (IPDs) took place on 12-14 April, using a combination of bivalent and trivalent OPV. Subnational IPDs in northern Nigeria are planned for May and June.

## Pakistan

Five new WPV1 cases have been reported in the past week (from North Waziristan, South Waziristan, Federally Administered Tribal Areas – FATA, Gadap, greater Karachi, Sindh, and Peshawar, Khyber Pakhtunkhwa - KP), bringing the total number of WPV1 cases for 2014 to 54. The most recent WPV1 case had onset of paralysis on 6 April (from North Waziristan).

No new cVDPV2 cases were reported in the past week. The most recent cVDPV2 case had onset of paralysis on 2 April (from North Waziristan). The total number of cVDPV2 cases is 45 for 2013, and ten for 2014.

North Waziristan is the district with the largest number of children being paralyzed by poliovirus in the world (both wild and cVDPV2). Immunization activities have been suspended by local leaders since June 2012. It is critical that children in all areas are vaccinated and protected from poliovirus. Immunizations in neighboring high-risk areas are being intensified, to further boost population immunity levels in those areas and prevent further spread of this outbreak.

The densely populated Peshawar valley is considered to be the main 'engine' of poliovirus transmission, alongside North Waziristan, due to large-scale population movements through Peshawar from across this region, and into other areas of Pakistan. The quality of operations must be urgently improved in Peshawar, and immunization activities urgently resumed in North Waziristan.

The only WPV1 cases reported outside FATA/KP in 2014 are from the greater Karachi area, where vaccination coverage gaps remain.

### Central Africa

In Equatorial Guinea, no new WPV1 case was reported this week. The total number of WPV1 cases reported from Equatorial Guinea for 2014 is three. NIDs took place last week, with further campaigns planned for May. The cases are linked to an ongoing outbreak in neighbouring Cameroon.

In Cameroon, an analysis of outbreak response conducted so far indicates overall quality has been insufficient to interrupt poliovirus transmission. Due to subnational surveillance gaps, further undetected transmission cannot be ruled out.

Outbreak response continues to be affected by serious gaps in quality. Given the continuation and expansion of virus transmission, additional emergency outbreak response is being planned and implemented.

Focus will be on improving the quality of supplementary immunization activities (SIAs), in preparation, implementation and monitoring. Microplans will be strengthened, including through conducting local-level micro planning workshops. Social mobilization activities are being scaled up and targeted. A new accountability framework mechanism will be developed to increase ownership at all levels. Independent monitoring will be systematically rolled out across the country.

Urgent efforts are underway to rapidly improve the quality of surveillance so that the full extent of the outbreak can be determined and tracked. Focal points are designated at all notification sites, and active searches conducted. Clinician training will be re-instigated, and AFP case definition criteria re-disseminated across the network.

On 17 March 2014, WHO elevated the risk assessment of international spread of polio from Cameroon to very high, due to continued and expanding virus circulation in the country, gaps in surveillance and influx of vulnerable refugee populations. Outbreak response is also being implemented in Equatorial Guinea, with emergency campaigns also conducted in Central African Republic, Gabon and the Republic of Congo.

### Horn of Africa

No new 2014 WPV cases were reported in the past week. The most recent case in the region had onset of paralysis on 5 January, from Somali region in Ethiopia. It is the only reported case in the Horn of Africa in 2014.

The total number of WPV1 cases in the Horn of Africa is 219 since the beginning of the outbreak in April 2013 (194 from Somalia, 15 from Kenya and ten from Ethiopia).

Outbreak response across the Horn of Africa is continuing. Recommendations from the recently held Horn of Africa Technical Advisory Group (TAG) are now actively being incorporated into outbreak response planning. The TAG had underscored that the initial response to the outbreak was appropriate, however expressed grave concern that gaps in SIA quality and surveillance remained in key infected areas of the region.

In particular, the TAG expressed concern at critical quality gaps in implementation in key areas of Ethiopia. The group recommended that infected countries should focus efforts on high-risk and infected areas, by conducting high-quality SIAs no more than four weeks apart.

### Israel and West Bank and Gaza

WPV1-positive samples have been detected by environmental surveillance in Israel since 3 February 2013 and continue to be detected in 2014 (13 positive samples collected this year, the most recent of which was collected on 16 March; in 2013, 134 positive samples were collected).

Since 2005, only inactivated polio vaccine (IPV) has been used for routine childhood immunization in Israel. To interrupt WPV1 transmission, a nationwide supplementary immunization activity (SIA) with bivalent OPV targeting children < 10 years of age was conducted from August to October 2013.

Following a consultation with the country's immunization advisory group, the Israeli Ministry of Health has decided to re-introduce OPV into the national routine immunization schedule. However, no additional supplementary campaigns with OPV are being planned.

Positive environmental samples have also been detected in West Bank and Gaza Strip, the most recent positive sample was collected in the Gaza Strip during the week of 5 January 2014.

SIAs in West Bank and Gaza Strip were conducted 8-15 December and 8-15 January.

### Middle East

No new WPV cases were reported in the past week from the Middle East. The most recent WPV1 case in the region was from northern Baghdad, Iraq, with onset of paralysis on 10 February.

The total number of WPV1 cases reported from the Middle East is 37. In Syria, 36 cases are reported (35 in 2013 and 1 in 2014) with the most recent date of onset of paralysis on 21 January. In Iraq, one case is reported with onset of paralysis on 10 February from northern Baghdad.

WHO and UNICEF are committed to working with all organizations and agencies providing humanitarian assistance to Syrians affected by the conflict. This includes vaccination of all children no matter where they are, whether in government or contested areas, or outside Syria.

In the Middle East, a comprehensive outbreak response continues to be implemented across the region. The [WHO/UNICEF Strategic Plan for Polio Outbreak Response in the Middle East](#) outlines the action plan for Syria and neighbouring countries in response to the circulation of wild poliovirus following importation.

**West Africa**

No new WPV cases were reported in the past week. The most recent case in the region was due to WPV1 from Tahoua province in Niger with onset of paralysis on 15 November 2012.

No new cVDPV2 cases were reported in the past week from Niger. The country has reported a single case of cVDPV2 in 2013, with onset of paralysis on 11 July. Genetic sequencing has shown that the virus is related to that seen in Cameroon, Chad and Nigeria (Borno).

Multi-country, synchronized campaigns were held on 25-28 April in Benin, Burkina Faso, and Niger, with further multi-country activities planned for May.