



# POLIO GLOBAL 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 26 March 2014

World's most populous region certified polio-free: the WHO South East Asia Region was certified polio-free at a ceremony in India this week, meaning that transmission of wild poliovirus has been interrupted in this bloc of 11 countries stretching from Indonesia to India. This achievement marks a significant leap forward in global eradication, with 80% of the world's population now living in certified polio-free regions.

A case of polio due to wild poliovirus type 1 (WPV1) was reported from Iraq this week. This is the first polio case in the country since 2000 and is further evidence of regional spread of the virus. The case, a six-month old boy from Baghdad who had not been immunized, developed paralysis on 10 February 2014. Genetic sequencing indicates the virus is most closely related to virus detected in Syria. WPV1 was also isolated from the child's three-year old sister, who did not develop symptoms. [More](#)

The GPEI report to the upcoming World Health Assembly in May is now available online. It summarizes the status against each of the four objectives of the Polio Endgame Strategic Plan, and presents an overview of programmatic priorities for the rest of 2014. The full report is available [here](#).

## Wild Poliovirus (WPV) cases

Total cases	Year-to-date 2014	Year-to-date 2013	Total in 2013
Globally	47	16	406
- in endemic countries	41	16	160
- in non-endemic countries	6	0	246

## 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	36			36	5			5	93	07-Mar-14
Afghanistan	4			4	1			1	14	22-Feb-14
Iraq	1			1				0	0	10-Feb-14
Equatorial Guinea	1			1						28-Jan-14
Nigeria	1			1	10			10	53	01-Feb-14
Cameroon	3			3				0	4	31-Jan-14
Somalia				0				0	194	20-Dec-13
Syria				0				0	25	17-Dec-13
Ethiopia	1			1				0	9	5-Jan-14
Kenya				0				0	14	14-Jul-13
<b>Total</b>	<b>47</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>16</b>	<b>0</b>		<b>16</b>	<b>406</b>	
<b>Total in endemic countries</b>	<b>41</b>	<b>0</b>	<b>0</b>	<b>41</b>	<b>16</b>	<b>0</b>		<b>16</b>	<b>160</b>	

<b>Total outbreak</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>246</b>
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Data in WHO as of 26 March 2013 for 2013 data and 25 March 2014 for 2014 data.

## Afghanistan

A new case of WPV1 was reported this week from Muhmand Dara district in Nangarhar province (previously without wild poliovirus in 2014) with onset of paralysis on 22 February, bringing the total number of WPV1 cases for 2014 to four. The total number of WPV1 cases for 2013 is 14.

No new circulating vaccine-derived poliovirus type 2 (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 SIAs using trivalent OPV are being conducted this week in the country. Nationwide SIAs using bivalent OPV are planned for late April.

## Nigeria

No new WPV1 cases were reported in the past week. The total number of WPV1 cases for 2014 is one, and for 2013 is 53. The most recent WPV1 case had onset of paralysis on 1 February 2014, from Kano.

No new cVDPV2 cases were reported in the past week. The total number of cVDPV2 cases for 2014 is one, and for 2013 is 4. The most recent cVDPV2 case had onset of paralysis on 9 February (from Damboa, Borno).

Analysis of recent Immunization Plus Days (IPDs) indicates overall quality continues to improve, including in highest-risk areas. According to 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.

The next IPDs are planned for April, using a combination of bivalent and trivalent OPV.

## Pakistan

Seven new WPV1 cases were reported in the past week, five from North Waziristan, Federally Administered Tribal Areas – FATA, one from Bannu, Khyber Pakhtunkhwa (KP), and one from Peshawar, KP, bringing the total number of cases for 2014 to 36. The most recent case had onset of paralysis on 7 March (WPV1 from North Waziristan, Federally Administered Tribal Areas - FATA).

No new cVDPV2 case was reported in the past week. The total number of cVDPV2 cases is 45 for 2013, and four for 2014. The most recent cVDPV2 case had onset of paralysis on 27 January (from FR Bannu, FATA).

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 neighbouring 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 immunizations resumed in North Waziristan.

## Central Africa

No new WPV1 cases were reported this week. Two most recent WPV1 cases were reported last week, including one case from Centro Sur province in Equatorial Guinea with onset of paralysis on 28 January, and another case from Cameroon with onset of paralysis on 31 January. Genetic sequencing indicates that the isolated virus from Equatorial Guinea is linked to transmission in Cameroon.

Due to continued poliovirus circulation in Cameroon, gaps in surveillance and influx of vulnerable populations from CAR, WHO is elevating the risk assessment of international spread of polio from Cameroon to very high.

Since confirmation of the outbreak in Cameroon in October, five nationwide campaigns have been conducted. However, the quality of implementation varied greatly by region, and serious coverage gaps remain. As many as 40% of children remain under-immunized (with 30% having received zero doses) during SIAs.

The recent confirmation of new cases in Cameroon has resulted in planning additional emergency outbreak response activities, including converting a subnational immunization campaign to a full nationwide activity in April 2014, and implementing nationwide campaigns in May and June 2014. Critical to success will be to ensure substantial improvement in the quality campaigns so that all children are reached multiple times with OPV. Equally important will be efforts to rapidly improve the quality of surveillance so that the full extent of the outbreak can be determined and tracked.

Immunity levels and surveillance sensitivity are also being assessed in neighbouring countries, in particular in Gabon and the Republic of Congo, and additional immunization activities are being considered in these countries.

In Chad, no new WPV1 cases were reported in the past week. The most recent WPV1 case had onset of paralysis on 14 June 2012 (WPV1 from Lac). No new cVDPV2 cases were reported in the past week. The total number of cVDPV2 cases for 2013 remains four (the most recent cVDPV2 case had onset of paralysis on 12 May from Ennedi).

NIDs with trivalent OPV were held in Chad from 28 February to 2 March. The next nationwide campaigns are planned for late March, using bivalent OPV.

In CAR, additional campaigns are currently being planned, in response to the very high risk of international spread of polio from Cameroon.

## Horn of Africa

One new WPV1 case was reported in the past week, from Ethiopia. It is the first case in the Horn of Africa in 2014, and had

onset of paralysis on 5 January, from Somali region.

The total number of WPV1 cases in the Horn of Africa is 218 since April 2013 (194 from Somalia, 14 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 (17 positive samples collected this year, the most recent of which was collected on 16 February; in 2013, 169 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.

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 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

A case of polio due to wild poliovirus type 1 (WPV1) was reported from Iraq last week. This is the first polio case in the country since 2000 and further evidence of regional spread of the virus. The case, a six-month old boy from Baghdad who had not been immunized, developed paralysis on 10 February 2014. Genetic sequencing indicates the virus is most closely related to virus detected in Syria. WPV1 was also isolated from the child's three-year old sister, who did not develop symptoms.

In Iraq, since October, two nationwide immunization campaigns and three subnational campaigns have been conducted, achieving overall high quality. Approximately 95% of children were reported to have been reached during each campaign, though coverage has varied by area. WHO and UNICEF estimates from 2012 put routine immunization levels in Iraq at 70%. Routine immunization levels in Baghdad are estimated to be 81%.

No new WPV1 cases were reported from Syria in the past week. The total number of WPV1 cases in the country is 37: 25 cases have been reported by the Ministry of Health, and 12 cases from contested areas (Aleppo, Edleb and Deir Al Zour) not yet reflected in official figures. The most recent case had onset of paralysis on 17 December and was reported from Mara, Edleb governorate.

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. Since October 2013, 23 supplementary immunization activities (SIAs) have been conducted across the region to reach more than 22 million children with multiple doses.

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).

National campaigns were conducted in West Africa 22-25 November 2013. Further national campaigns are planned for April and May (multi-country).