Polio this week

The data table below is as of 16 April 2014

In central Africa, a new wild poliovirus type 1 (WPV1) case was reported in Equatorial Guinea. In total, three cases have now been reported from the country; genetic sequencing indicates the cases are linked to an ongoing WPV1 outbreak in Cameroon. Outbreak response in the country is currently being planned.

On 17 March, the World Health Organization (WHO) had elevated the risk assessment of international spread of polio from Cameroon to ‘very high’. The risk assessment was elevated due to: confirmation of additional WPV1 cases from three new regions of Cameroon confirming continued WPV transmission and geographic expansion of infected areas following detection of four cases in October 2013; gaps in surveillance; and, influx of vulnerable refugee populations from Central African Republic.

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 planned in these countries for May.

Wild Poliovirus (WPV) cases

<table>
<thead>
<tr>
<th></th>
<th>Total cases</th>
<th>Year-to-date 2014</th>
<th>Year-to-date 2013</th>
<th>Total in 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Globally</td>
<td>61</td>
<td>19</td>
<td>414</td>
<td></td>
</tr>
<tr>
<td>- in endemic countries</td>
<td>52</td>
<td>19</td>
<td>160</td>
<td></td>
</tr>
<tr>
<td>- in non-endemic countries</td>
<td>9</td>
<td>0</td>
<td>254</td>
<td></td>
</tr>
</tbody>
</table>
### Case breakdown by country

<table>
<thead>
<tr>
<th>Countries</th>
<th>Year-to-date 2014</th>
<th>Year-to-date 2013</th>
<th>Total in 2013</th>
<th>Date of most recent case</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WPV1</td>
<td>WPV3</td>
<td>W1W3</td>
<td>Total</td>
</tr>
<tr>
<td>Pakistan</td>
<td>47</td>
<td>47</td>
<td>6</td>
<td>93</td>
</tr>
<tr>
<td>Nigeria</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>53</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>19-Mar-14</td>
</tr>
<tr>
<td>Iraq</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cameroon</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Syria</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Somalia</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>194</td>
</tr>
<tr>
<td>Kenya</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>61</td>
<td>0</td>
<td>0</td>
<td>61</td>
</tr>
<tr>
<td><strong>Total in endemic countries</strong></td>
<td>52</td>
<td>0</td>
<td>0</td>
<td>52</td>
</tr>
<tr>
<td><strong>Total outbreak</strong></td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

Data in WHO as of 16 April 2013 for 2013 data and 15 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 four, 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 SIAs using bivalent OPV are planned for 20-22 April.

**Nigeria**

No new WPV cases were reported this week. The total number of WPV1 cases for 2014 remains at one and for 2013 at 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). Analysis of recent Immunization Plus Days (IPDs) indicates that the overall quality, i.e. coverage, 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 IPDs in March. This compares to less than 65% of LGAs in these same states achieving the same level of coverage just 12 months ago. The most recent nationwide 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**

Four new WPV1 cases were reported this week including two from South Waziristan, Federally Administered Tribal Areas – FATA, one from Bannu district, Khuyber Pakhtunkhwa (KP), and one from Karachi (Khiorangi), Sindh, bringing the total number of cases for 2014 to 47. The most recent reported case had onset of paralysis on 30 March from Khiorangi, previously a polio-free district. No new cVDPV2 cases were reported in the past week. The most recent cVDPV case had an onset of paralysis 8 March, from North Waziristan, FATA. The total number of cVDPV2 cases is 45 for 2013, and seven 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.

**Central Africa**

In Equatorial Guinea, a new WPV1 case was reported this week from Bata district, Litoral province, with onset of paralysis on 16 March. The total number of WPV1 cases reported from Equatorial Guinea for 2014 is three. Due to continued poliovirus circulation in Cameroon, gaps in surveillance quality and influx of vulnerable populations from Central African Republic (CAR), WHO had elevated the risk assessment of international spread of polio from Cameroon to ‘very high’ in March of 2014. Since confirmation of the outbreak in Cameroon in October, six nationwide campaigns have been conducted. However, the
quality of implementation has 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 on 11-13 April, and
implementing nationwide campaigns in May and June. 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 neighboring countries, in particular in Gabon and
the Republic of Congo, and additional immunization activities are being planned in these countries for May.
In Chad, no new WPV cases were reported in the past week. The most recent WPV case had onset of paralysis on 14 June
2012 (WPV1 from Lac province). 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 both trivalent and bivalent OPV were held in Chad in February (trivalent OPV) and March (bivalent OPV) and Sub-
national Immunization Days are planned for May.

Horn of Africa

No new WPV cases were reported in the past week. The most recent case in the region had an onset of paralysis on 5
January, from Somali region in Ethiopia. It is the first and only case in the Horn of Africa in 2014.
The total number of WPV1 cases in the Horn of Africa is 218 since the beginning of the outbreak in 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 (12 positive samples collected this year, the most recent of which was collected on 2 March; in 2013,
132 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 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 40. In Syria, 39 cases: 34 cases reported by the Ministry of Health, and 5 cases from contested areas not yet reflected in official figures. In Iraq: 1 case, with onset of paralysis on 10 February from northern Baghdad.

Mass polio vaccination campaigns took place in Syria, Iraq, Egypt, Turkey and Lebanon last week, aiming to reach more than 20 million children over five days. For Iraq, this was the first nationwide vaccination campaign since a case of polio was confirmed by the Ministry of Health on 30 March in a six-month-old boy from Rusafa, northern Baghdad. During previous vaccination campaigns in Iraq which took place between October 2013 and March 2014, approximately 95% of children were reported to have been reached, 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%.

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 25 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).