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Polio this week

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Polio this week as of 7 May 2014

Polio declared public health emergency of international concern: After several days of consultation with the Emergency Committee which was convened under the International Health Regulations, the World Health Organization (WHO) Director-General has determined that the spread of wild poliovirus (WPV) to three countries – during what is normally the low-transmission season – is an 'extraordinary event' and a public health risk to other countries. Because a coordinated international response is essential to prevent this from worsening at the start of the high season for poliovirus transmission, the Director-General is declaring this to be a public health emergency of international concern. Currently 10 countries have active wild poliovirus outbreaks that could spread to other countries through the movement of people. From January to April this year – that is the low-transmission season for polio – the virus has been carried to three countries: in central Asia (from Pakistan to Afghanistan), in the Middle East (Syria to Iraq) and in Central Africa (Cameroon to Equatorial Guinea). [More](#)

The Independent Monitoring Board (IMB) is convening this week in London, UK, to review the current status of the global polio eradication effort. The IMB's report is anticipated to be published within two weeks of the meeting. For more information, including background meeting materials, please click [here](#).

The Polio Research Committee (PRC) is meeting this week in Geneva, Switzerland, to review results from ongoing polio eradication research and identify any gaps which still need to be addressed.

Wild Poliovirus (WPV) cases

Total cases	Year-to-date 2014	Year-to-date 2013	Total in 2013
Globally	74	26	416
- in endemic countries	65	26	160
- in non-endemic countries	9	0	256

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	59			59	6			6	93	20-Apr-14
Nigeria	2			2	18			18	53	24-Mar-14
Afghanistan	4			4	2			2	14	06-Feb-14
Equatorial Guinea	3			3				0	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
Total	74	0	0	74	26	0	0	26	416	
Total in endemic countries	65	0	0	65	26	0	0	26	160	
Total outbreak	9	0	0	9	0	0	0	0	256	

Data in WHO as of 07 May 2013 for 2013 data and 06 May 2014 for 2014 data.

Afghanistan

One new WPV1 case was reported in the past week (from Laghman province, with onset of paralysis on 6 April), bringing the total number of WPV1 cases for 2014 to four. It is the most recent WPV1 case in the country.

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. No cVDPV2 cases have been reported in 2014.

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

Nigeria

No new WPV1 cases were reported in the past week. The total number of WPV1 cases for 2014 remains two (both 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 four. The most recent cVDPV2 case had onset of paralysis on 9 February (from Damboa, Borno).

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 were reported in the past week (four from North Waziristan, Federally Administered Tribal Areas – FATA; and one from Bannu, Khyber Pakhtunkhwa - KP), bringing the total number of WPV1 cases for 2014 to 59. The most recent WPV1 case had onset of paralysis on 20 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 (both wild and cVDPV2) in the world. 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. 46 of the country's 59 cases this year are from FATA, with 40 of those from North Waziristan.

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. The cases are linked to an ongoing outbreak in neighbouring Cameroon, which has reported four cases in 2013 and three cases in 2014. NIDs took place on 24-27 April, with further campaigns planned for May.

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 and campaigns planned for Gabon and the Republic of Congo in May.

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 218 since the beginning of the outbreak in April 2013 (194 from Somalia, 14 from Kenya and 10 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 (14 positive samples collected this year, the most recent of which was collected on 30 March; in 2013, 136 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 2014.

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 has been reported (see point above). 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 (Mali already conducted, with six other countries conducting campaigns in the second half of the month).