



# POLIO ERADICATION INITIATIVE



every last child

[POLIO AND PREVENTION](#)
[INFECTED COUNTRIES](#)
[DATA AND MONITORING](#)
[POST-ERADICATION](#)
[RESEARCH](#)
[FINANCING](#)
[MEDIA ROOM](#)

You are here: [Data and monitoring](#) > [Polio this week](#)



## Polio this week

[Polio cases worldwide](#)

[Polio-infected districts](#)

[Wild poliovirus list](#)

[Circulating vaccine-derived poliovirus](#)

[Surveillance](#)

[Social data](#)

[Polio campaign monitoring](#)

[Polio eradication targets](#)

## Polio this week

### The data table below is as of 23 April 2014

Pakistan continues to be the country with most polio cases in the world this year. This week, five new cases were reported (two wild poliovirus type 1 – WPV1, and three circulating vaccine-derived poliovirus type 2 – cVDPV2). Four of the cases are from Federally Administered Tribal Areas (FATA) and one is from Gadap, greater Karachi.

In Nigeria, the Expert Review Committee on Polio Eradication and Routine Immunization (ERC) is convening this week in Abuja. The ERC is expected to review the current epidemiology of poliovirus transmission in the country, and put forward recommendations to rapidly achieve a polio-free Nigeria.

### Wild Poliovirus (WPV) cases

Total cases	Year-to-date 2014	Year-to-date 2013	Total in 2013
Globally	62	22	416
- in endemic countries	53	22	160
- in non-endemic countries	9	0	256

### Case breakdown by country

	Year-to-date 2014	Year-to-date 2013	Date of

Countries									Total in 2013	most recent case
	WPV1	WPV3	W1W3	Total	WPV1	WPV3	W1W3	Total		
Pakistan	49			49	6			6	93	02-Apr-14
Nigeria	1			1	14			14	53	01-Feb-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>62</b>	<b>0</b>	<b>0</b>	<b>62</b>	<b>22</b>	<b>0</b>		<b>22</b>	<b>416</b>	
<b>Total in endemic countries</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>53</b>	<b>22</b>	<b>0</b>		<b>22</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>256</b>	

Data in WHO as of 23 April 2013 for 2013 data and 22 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 (20-22 April), with further campaigns in high-risk areas planned for May.

## 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

Two new WPV1 cases were reported in the past week (from North Waziristan, FATA, and Gadap, greater Karachi), bringing the total number of WPV1 cases for 2014 to 49. The most recent WPV1 case had onset of paralysis on 2 April (from North Waziristan).

Three new cVDPV2 cases were reported in the past week (two from FR Bannu and one from North Waziristan, FATA). The most recent cVDPV2 case had onset of paralysis on 27 March (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.

## 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 are ongoing (23-26 April), with further campaigns planned for May.

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.

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.

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

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 (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.

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 paralyse 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).

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