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This Week



This Week



Polio this week as of 06 November 2018

Summary of new viruses this week: Afghanistan – No new cases of wild poliovirus (WPV1) or WPV1 positive environmental samples. Pakistan – Two new cases of wild poliovirus (WPV1) and two WPV1 positive environmental samples. Papua New Guinea – no new cases reported this week. Democratic Republic of Congo – two new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2). Nigeria- four new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2). Somalia- no new cases reported this week. Niger- one new case of circulating vaccine-driven polio virus type 2 (cVDPV2). See country sections below for more details. The [Semi-Annual Status Report](#) for January–June 2018 was recently published with detailed narrative for each of the Endgame Plan strategic objectives.

Wild poliovirus type 1 and Circulating vaccine-derived poliovirus cases

Total cases	Year-to-date 2018		Year-to-date 2017		Total in 2017	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Globally	27	82	14	73	22	96
— in endemic countries	27	23	14	0	22	0
— in non-endemic countries	0	59	0	73	0	96

Case breakdown by country

Countries	Year-to-date 2018		Year-to-date 2017		Total in 2017		Onset of paralysis of most recent case	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
	afghanistan	19	0	9	0	14	0	2-Oct-2018
democratic republic of the congo	0	18	0	10	0	22	NA	13-Sep-2018
niger	0	7	0	0	0	0	NA	9-Sep-2018
nigeria	0	23	0	0	0	0	NA	7-Oct-2018
pakistan	8	0	5	0	8	0	7-Oct-2018	NA
papua new guinea	0	21	0	0	0	0	NA	7-Sep-2018
somalia	0	13	0	0	0	0	NA	7-Sep-2018
syrian arab republic	0	0	0	63	0	74	NA	21-Sep-2017

NA: Onset of paralysis in most recent case is prior to 2017. Figures exclude non-AFP sources. In 2018, cVDPV includes all three serotypes 1, 2 and 3.

For Somalia: 1 cVDPV2 and cVDPV3 isolated from one AFP case.

cVDPV definition: see document “Reporting and classification of vaccine-derived polioviruses” at [[pdf](#)].

Weekly country updates as of 06 November 2018

Afghanistan

No new cases of wild poliovirus type 1 (WPV1) have been reported this week. The total numbers of WPV1 cases in 2018, so far, are 19. Nominal variations (up or down) in the number of newly-reported cases at this point of the polio endgame – although tragic for the affected children and their families – are not operationally overwhelming, especially considering the population size in the 3 remaining endemic countries (upwards of 90 million children aged less than five years). However, confirmation of even a single polio case anywhere points to remaining vaccination coverage gaps which must be filled, to achieve eradication.

Over and beyond case numbers, the GPEI and its partners actively and continuously evaluate a wide range of epidemiological, virological, programmatic, operational, surveillance, financial and social data, the analysis of which drives strategic planning and enables target eradication efforts.

The three remaining endemic countries continue to intensify their eradication efforts, through implementation of national polio emergency action plans. Underpinning these plans is the data analysis, to identify area-specific challenges and reasons why children are being missed (ie due to population movement, inaccessibility, lack of infrastructure, inadequate microplanning, resistance, etc), and putting in place area-specific solutions to overcome those reasons. By clearly identifying high risk areas, teams are able to allocate and prioritize technical assistance to those areas.

Analysis in 2018 by both GPEI partners and independent technical advisory groups, reviewing all available evidence, concludes that the near-term feasibility of eradication is possible, if remaining vaccination coverage gaps are rapidly filled, and the GPEI and its partners continue to work towards this goal.

The aim is to urgently interrupt the remaining strains of wild poliovirus transmission, not only to eradicate such strains in their own right and prevent their global re-emergence, but also to subsequently remove oral polio vaccines (OPV) from routine immunization programmes globally, to eliminate the long-term risks of vaccine-derived polioviruses (VDPVs).

The ultimate aim of the GPEI is to secure and sustain a world where no child will ever again be paralysed by any poliovirus – be

it wild or vaccine-derived.

Read the latest polio update from [Afghanistan](#) to see information on cases, surveillance and vaccination campaigns.

[Pakistan](#)

Two new cases of wild poliovirus type 1 (WPV1) have been reported this week, both from FATA province, with onset of paralysis on 1 September and 7 October respectively. The total number of WPV1 cases in 2018 in the country now stands at eight.

Two positive WPV1 environmental samples have been reported across Pakistan: one in Quetta district, Balochistan province, and one in Mardan district, Khyber Pakhtunkhwa province, collected on 12 and 15 October respectively.

It is important to note that cases are reported this year from only 4 districts across the country, and that no WPV cases (except one from Gadap, greater Karachi) have been reported from core reservoir areas in 2018. 20 years ago, the entire country was affected by polio, and every year, more than 35,000 children were paralysed for life by the disease.

Read the latest polio update from [Pakistan](#) to see information on cases, surveillance and vaccination campaigns.

[Nigeria](#)

Four new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported this week, all from Katsina state with onset of paralysis ranging from 26 September to 7 October. No new cases of wild poliovirus type 1 (WPV1) were reported. The most recently-detected WPV1 case, from Borno state, had onset of paralysis on 21 August 2016.

The 36th Expert Review Committee for Polio Eradication and Routine Immunization (ERC), the independent technical advisory group in the country, met in Abuja on 29-30 October to review the evolving epidemiology and programmatic implications. The group concluded: Nigeria must maintain momentum by focusing on the remaining inaccessible areas through high quality (above 90%

coverage) Supplementary Immunization Activities (SIAs) to prevent cVDPV2 outbreaks and reach the last remaining 70,000 children in Borno.

The country continues to be affected by two separate cVDPV2 outbreaks, the first centered in Jigawa state, and the second in Sokoto state.

In response to cVDPV2 detection, the country continues to conduct acute flaccid paralysis surveillance strengthening activities including enhanced active surveillance visits and community sampling. The programme has also carried out an extensive search for type 2 containing vaccines (tOPV/mOPV2) in the areas surrounding where the virus is detected.

At the same time, outbreak response to WPV1 continues, including efforts to address surveillance and immunity gaps in parts of Borno state.

Read our [Nigeria](#) country page to see information on surveillance and vaccination campaigns.

[Lake Chad Basin](#)

One new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported in the past week in Niger from Zinder province, Magaria district, with onset of paralysis on 9 September. There are seven total number of cVDPV2 reported cases in 2018 in Niger, which are genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria.

Two mOPV2 response vaccination campaigns will reach 3.2 million children under five years of age in four provinces in Niger (Agadez, Diffa, Maradi and Zinder). The first round took place from 24 through 27 October 2018 and the second is scheduled for 7 through 11 November 2018.

Acute flaccid paralysis surveillance and routine immunization across the country with focus on the infected provinces and the provinces at the international borders with Nigeria are being reinforced.

WHO and its partners are continuing to support local public health authorities in conducting field investigations and risk assessments to more clearly assess risk of the identified cVDPV2 and to conduct additional response measures as appropriate and necessary.

Active case finding for additional AFP cases is continuing, and additional surveillance measures such as increasing the frequency and extent of environmental surveillance and community sampling of healthy individuals is being expanded.

WHO is supporting the Ministry of Health to strengthen the risk communication and community engagement.

WHO in collaboration with the Ministry of Health are working together to finalize the deployment of the human resources needed at national and provincial levels.

Central Africa

Two new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week in the Democratic Republic of the Congo (DRC) both from Mongala province, one from Yambuku district and one from Yamaluka district, with onset of paralysis on 5 and 13 September respectively. The total number of cases detected in the country in 2018 is 18.

DRC is affected by three separate strains of cVDPV2, in the provinces of Mongala, Maniema and Haut Lomami/Tanganika/Haut Katanga/Ituri.

Provincial governors on 26 July convened an urgent meeting and signed the '[Kinshasa Declaration for Polio Eradication](#)'. The high-level meeting was convened by HE the Minister of Health, as well as the WHO Director-General and the Regional Director for Africa. Provincial governors committed to providing the necessary oversight, accountability and resources needed to urgently improve the quality of the outbreak response being implemented across the country. Outbreak response since cVDPV was first confirmed in 2017 has been marred by operational challenges, as too many children continue to remain un- or under-vaccinated. This level of oversight can help ensure that operational deficits are rapidly identified and addressed.

The polio outbreak response is being conducted simultaneously to an ongoing Ebola outbreak affecting North Kivu province, in the east of the country (close to provinces affected by cVDPV2). As in the past, the polio teams are coordinating closely with the broader humanitarian emergency network, to ensure both outbreaks are addressed in a coordinated manner (as was the case during the

recent Ebola outbreak in Equateur province, which was successfully stopped).

Partners of the Global Polio Eradication Initiative will continue to support authorities across the country, to ensure that this new level of commitment rapidly translates into operational improvements on the ground.

Read our [Democratic Republic of the Congo country page](#) to see information on surveillance and vaccination campaigns.

Learn more about [vaccine-derived polioviruses](#) through this short animation or this [‘Coffee with Polio Experts’](#) video.

[Horn of Africa](#)

The Horn of Africa is currently affected by separate outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) and type 3 (cVDPV3), reporting both cases and environmental positives.

Somalia has reported a total of 12 cVDPV cases in 2018 (five type 2, six type 3 and one, coinfection of both type 2 and type 3).

cVDPV2 has also been detected during 2018 in one environmental sample in Kenya.

Outbreak response to both virus types is currently being implemented in line with internationally-agreed guidelines.

Large-scale supplementary immunization activities (SIAs) have been implemented in Banadir, Lower Shabelle and Middle Shabelle regions, Somalia, with additional SIAs planned or carried out in the affected zones of the Horn of Africa. Special surveillance activities are being undertaken to determine the origin of the viral circulation.

WHO and partners continue to support local public health authorities across the Horn of Africa in conducting field investigations and risk assessments.

Read our [Somalia country page](#) and [Kenya country page](#) to see information on surveillance and vaccination campaigns.

Learn more about [vaccine-derived polioviruses](#) through this short animation or this [‘Coffee with Polio Experts’](#) video.

[Papua New Guinea](#)

No new cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported this week from PNG.

The total number of cases in the country in 2018 remains 21. Emergency Operation Centres are established and operational in all affected provinces; environmental surveillance is functional in five sites in two major cities.

Three Supplementary Immunization Activities (SIAs) of expanding scope have taken place since late July, from three provinces to nine, to nation-wide. The most recent was aimed at children under the age of 15, due to large numbers of poorly-immunized older children.

Detection and reporting of new viruses or cases at this point in the outbreak response is not unusual or unexpected, as surveillance is being strengthened and most reported and confirmed cases had onset of paralysis prior to the start of comprehensive outbreak response.

Read our [Papua New Guinea](#) country page to see information on surveillance and vaccination campaigns.

[The Middle East](#)

No new cases of circulating [vaccine-derived poliovirus](#) type 2 (cVDPV2) were reported in the past week in Syria. The total number of officially reported cVDPV2 cases in Syria in 2017 remains 74. There are no cases reported in 2018. The most recent case (by date of onset of paralysis) was reported in Boukamal district, with onset on 21 September 2017.

Read the latest polio update from [Syria](#) to see information on cases, surveillance and vaccination campaigns.

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