

May 2009

Global Polio Eradication Initiative: West Africa outbreak response

Situation analysis

- Since the second half of 2008, a polio outbreak in northern Nigeria has been spreading in west Africa.
- In 2009, 62 polio cases have been confirmed from seven countries: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Niger and Togo.
- Emergency outbreak response activities continue. On 29-31 May, 11 countries across west Africa will conduct a synchronized cross-border immunization campaign, comprising Benin, Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali, Niger, Sierra Leone, Togo, as well as Nigeria (the only endemic country in the region).
- More than 400,000 volunteers and health workers will aim to deliver nearly 90 million doses of oral polio vaccine (OPV) to more than 74 million children under the age of five years.
- This activity is the third in 2009, following similar campaigns in February and March.

KEY FACTS

- West Africa is experiencing an outbreak of wild poliovirus from northern Nigeria.
- In 2009, Benin, Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Niger and Togo are affected. 62 cases have been reported from these countries (as of 26 May 2009).
- To tackle the outbreak, an 11-country synchronized cross-border immunization campaign will be conducted end-May across west Africa, to reach more than 74 million children with OPV.

Background

- In 2003-2005, a polio outbreak originating in northern Nigeria spread across west Africa, causing outbreaks resulting in 159 cases. A series of six synchronized multi-country campaigns conducted across west Africa in 2004 and 2005 succeeded in stopping these outbreaks.
- Experience since then has clearly shown that west Africa will remain at high-risk of recurrent spread of polio, until endemic transmission of the polio in Nigeria has been interrupted.
- In 2006, international outbreak response guidelines were adopted by the World Health Assembly, based largely on the experience from 2003-2005. Full and rapid implementation of these outbreak response guidelines have been shown to markedly reduce the scale of outbreaks (in terms of time, geographic spread and number of associated cases).

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Impact of response in west Africa

- This latest multi-country synchronized campaign is the third such activity conducted this year, following activities at end-February and end-March.
- While it is too early to assess the full impact of the February and March campaigns, what is clear is that since the March activity, there has been no breakthrough transmission reported from most of the re-infected areas. However, new cases in Benin and Côte d'Ivoire, and confirmation of further spread to Guinea (which reported its first case since 2004) indicate the outbreak is ongoing.

Latest polio cases		
Country	Most recent case	Breakthrough transmission after March campaigns
Côte d'Ivoire	12 April 2009	Yes
Benin	9 April 2009	Yes
Guinea	9 April 2009	N/a¹
Burkina Faso	2 April 2009	No ²
Togo	28 March 2009	No
Niger	23 March 2009	No
Mali	4 January 2009	No
Ghana	8 November 2008	No

¹No campaigns in 2009.

²Not considered breakthrough transmission, as most recent case occurred within 10 days of March campaign.

- At least four doses of OPV are necessary to protect a child from polio paralysis. While the overall quality of outbreak response in west Africa has been high (with estimated upward of 90% national coverage achieved in most of the re-infected countries), subnational coverage gaps have been noted.
- Any missed child is not just at personal risk of contracting the disease, but allows the poliovirus the chance to continue to spread. This unforgiving virus easily finds pockets of susceptible children. That is why every child must be reached during every immunization campaign.
- Outbreak response campaigns will need to continue until the outbreak has been confirmed as successfully stopped.

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Tactics to limit the international spread of polio

- In 2009, the Global Polio Eradication Initiative is introducing additional activities to minimize the risk and consequences of international spread of polio and to stop outbreaks:
- To improve the proportion of children immunized during future immunization campaigns, a rolling 24-month supplementary immunization activity (SIA) plan is being institutionalized. While most high-risk countries have conducted at least two immunization campaigns in the past five years, the quality has frequently been sub-optimal, in part due to the short timeframes for planning such campaigns.
- Independent, international assessments are being introduced to monitor the quality of outbreak response activities, and assess compliance with the internationally-agreed outbreak response guidelines.
- All countries at high risk of recurrent spread of polio are being requested to update national outbreak response readiness plans.
- To reduce the risk of international spread of polio, new OPV immunization recommendations for residents travelling from polio-infected areas have been published in WHO's *International Travel and Health*.

The Global Polio Eradication Initiative

- The Global Polio Eradication Initiative is spearheaded by national governments, the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF.
- Since 1988, the year the Global Polio Eradication Initiative was launched, the incidence of polio has been reduced by more than 99%. At the time, more than 350,000 children were paralysed every year in more than 125 countries. To date in 2009, 474 cases have been reported worldwide (as of 26 May 2009). Four countries remain endemic: Nigeria, India, Pakistan and Afghanistan. Outbreaks in previously polio-free areas are ongoing in west Africa, central Africa and the Horn of Africa.
- For more information, please visit www.polioeradication.org.

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Partners in the Global Polio Eradication Initiative

Anatomy of two outbreaks: impact of multi-country campaigns in 2009 vs 2004/2005

2 synchronized multi-country campaigns, Feb-March 2009

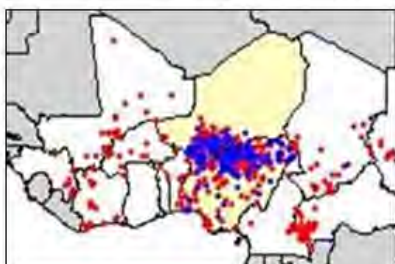


June 2008 – March 2009

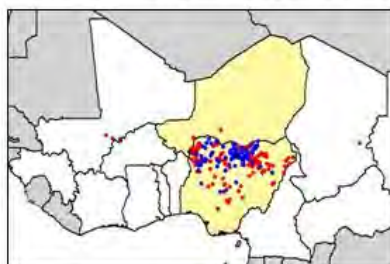


Since April 2009

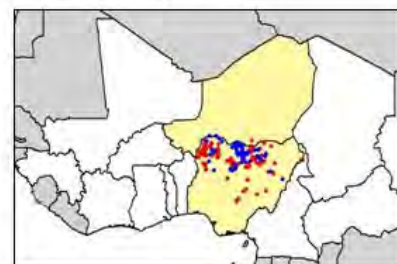
6 synchronized multi-country campaigns, Oct 2004-May 2005



2004



January – May 2005



June 2005

Costs for May 2009 multi-country polio immunization campaigns

Country	OPV	Operational costs	Social mobilization	TOTAL
Benin	US\$ 508,071	US\$ 479,970	US\$ 111,607	US\$ 1,099,648
Burkina Faso	US\$ 876,288	US\$ 1,582,173	US\$ 336,387	US\$ 2,794,848
Côte d'Ivoire	US\$ 1,051,525	US\$ 817,877	US\$ 95,899	US\$ 1,965,301
Ghana	US\$ 949,312	US\$ 753,234	US\$ 106,195	US\$ 1,808,741
Guinea	US\$ 407,174	US\$ 890,216	US\$ 129,371	US\$ 1,426,761
Liberia	US\$ 150,286	US\$ 325,000	US\$ 64,410	US\$ 539,696
Mali	US\$ 790,455	US\$ 1,737,841	US\$ 131,366	US\$ 2,659,662
Niger	US\$ 837,494	US\$ 1,442,105	US\$ 148,180	US\$ 2,427,779
Nigeria	US\$ 7,348,185	US\$ 7,927,309	US\$ 2,510,289	US\$ 17,785,783
Sierra Leone	US\$ 203,913	US\$ 506,250	US\$ 64,410	US\$ 774,573
Togo	US\$ 269,928	US\$ 314,256	US\$ 14,010	US\$ 598,194
TOTAL	US\$ 13,392,631	US\$ 16,776,231	US\$ 3,712,124	US\$ 33,880,986