West and Central Africa
Polio status as of 17/02/10
Endemic country - Nigeria
Active outbreak countries (polio cases in the last 6 months) - Burkina Faso, Guinea, Liberia, Mali, Mauritania, Senegal, Sierra Leone and Cameroon, Chad.
Countries which stopped the outbreak (no case for more than 6 months) - Ghana, Togo, Benin, Niger, Central African Republic (CAR), Côte d'Ivoire
Non affected countries: Gambia, Cape Verde, Guinea Bissau

WEST AND CENTRAL AFRICA UNITE TO STOP POLIO OUTBREAK

19 Country Synchronized Polio Campaign
Joint GPEI / IFRC Factsheet – March 2010

• Since the second half of 2008, a polio outbreak originating in northern Nigeria has been spreading in West Africa. The outbreak already infected Niger in 2006, as well as Chad and Cameroon in central Africa.

• A set of synchronized cross-border vaccination campaigns are to be conducted simultaneously in 19 countries. Over 400,000 volunteers and health workers will aim to immunize more than 85 million children under five years of age.

• Each child under age five will receive two drops of oral polio vaccine (OPV), administered at the household’s doorstep. Vaccination teams, equipped with special carriers that ensure the vaccine remains below the required 8C, will travel on foot or bicycles, in cars and boats and on motorcycles to implement a door-to-door vaccination drive.

• This strategy, started in 2008, has proven effective. A first wave of infected countries - Benin, Côte d'Ivoire, the Central African Republic, Ghana, Togo and Niger, has managed to stop the outbreak in 2009. In these countries, no cases have been notified for more than six months. In Nigeria, the only endemic country in Africa, the number of cases has collapsed in 2009, inspiring a renewed belief in a polio-free Africa.

• However, the outbreak is still active in Burkina Faso, Cameroon, Chad and Mali and has continued to spread west to Guinea, Liberia, Senegal, Sierra Leone and Mauritania. In each of these countries, polio cases have been notified in the last six months.

• From 6 March, 16 countries will launch their polio immunization activities. These include the nine countries with active polio outbreaks, as well as polio-endemic Nigeria and three countries which have already stopped the outbreak - Ghana, Benin and Central African Republic (CAR). Gambia, Cape Verde and Guinea Bissau are not infected but will join the campaign to ensure population immunity against any possible re-infection. Niger, Togo and Côte d’Ivoire, who have also managed to stop the outbreak, will start their campaigns from 21 March after delaying the launch date due to political transitions or elections.

• In a massive example of cross-border cooperation, the countries where the outbreak has been stopped or that are not infected are taking part in this campaign to ensure their children continue to be protected from the wild polio virus.

• In the countries infected with the most contagious serotype (type 1) - Burkina Faso, Guinea, Mauritania, Liberia, Senegal and Sierra Leone, another round will be organized on 26 March to administer an additional dose of vaccine as part of a new Short Interval Additional Dose strategy.

• In West and Central Africa, only a few countries have adequate polio immunization (source: JRF UNICEF/WHO 2008). Inadequate immunization coverage (i.e. routine immunization levels below 80%) is a known contributory risk factor in re-infection.

• Nigeria is the only endemic country in the region and in Africa. Most of the now re-infected countries had stopped polio. Hence, ad hoc polio campaigns were not organized for some years to complement the routine immunization of children, opening the way to re-infection.

• The polio outbreak started in northern Nigeria after polio campaigns were hindered by controversies on the vaccine and lack of community ownership of the campaigns. Community-based activities, especially with religious chiefs and other local leaders allowed for the polio campaigns to restart again all across Nigeria in 2006 with a new and strong commitment of the national and local authorities.

• Vaccinating every child allows to reach a critical mass of immunization to stop the wild polio virus outbreak. The previous round of campaigns in 2009 did not stop the outbreak completely, as not enough children were vaccinated to stop polio transmission.
To reach the unreached, new approaches are adopted this year. A special effort is made to redeploy experienced staff and train vaccinators to support the campaigns, reach remote areas, plan joint cross-border vaccination, implement independent monitoring of whether children have been reached and foster social mobilization.

Social mobilization is key. From Heads of Governments, to partners, local districts administrators, the media and communities and families, all actors are accountable to reach every child and achieve high immunization coverage.

Stopping polio is within reach. The polio-free certification will be given after no cases of polio were notified for a period of 3 years across the Africa region.

The campaign is being organized by the Global Polio Eradication Initiative, which is spearheaded by national governments, WHO, Rotary International, the US Centers for Disease Control and Prevention, and UNICEF. It is also supported by other key operational partners, including the International Federation of the Red Cross and Red Crescent Societies.

The huge logistic operation is largely made possible by US$ 30 million in extraordinary funding released by Rotary International. However funding gaps are to be covered to ensure the second round and the success of the campaign. The cost of the first round of the campaign is $22 million.

The introduction this year of a new vaccine, the new bivalent OPV, in 10 countries starting with Nigeria (February) and Benin (March) is poised to accelerate progress towards a polio-free world. It simultaneously targets both remaining surviving wild serotypes of the disease, thus giving a very significant logistical advantage, as it facilitates operations by only having to deliver a single product to target both serotypes (type 1 and 3).