

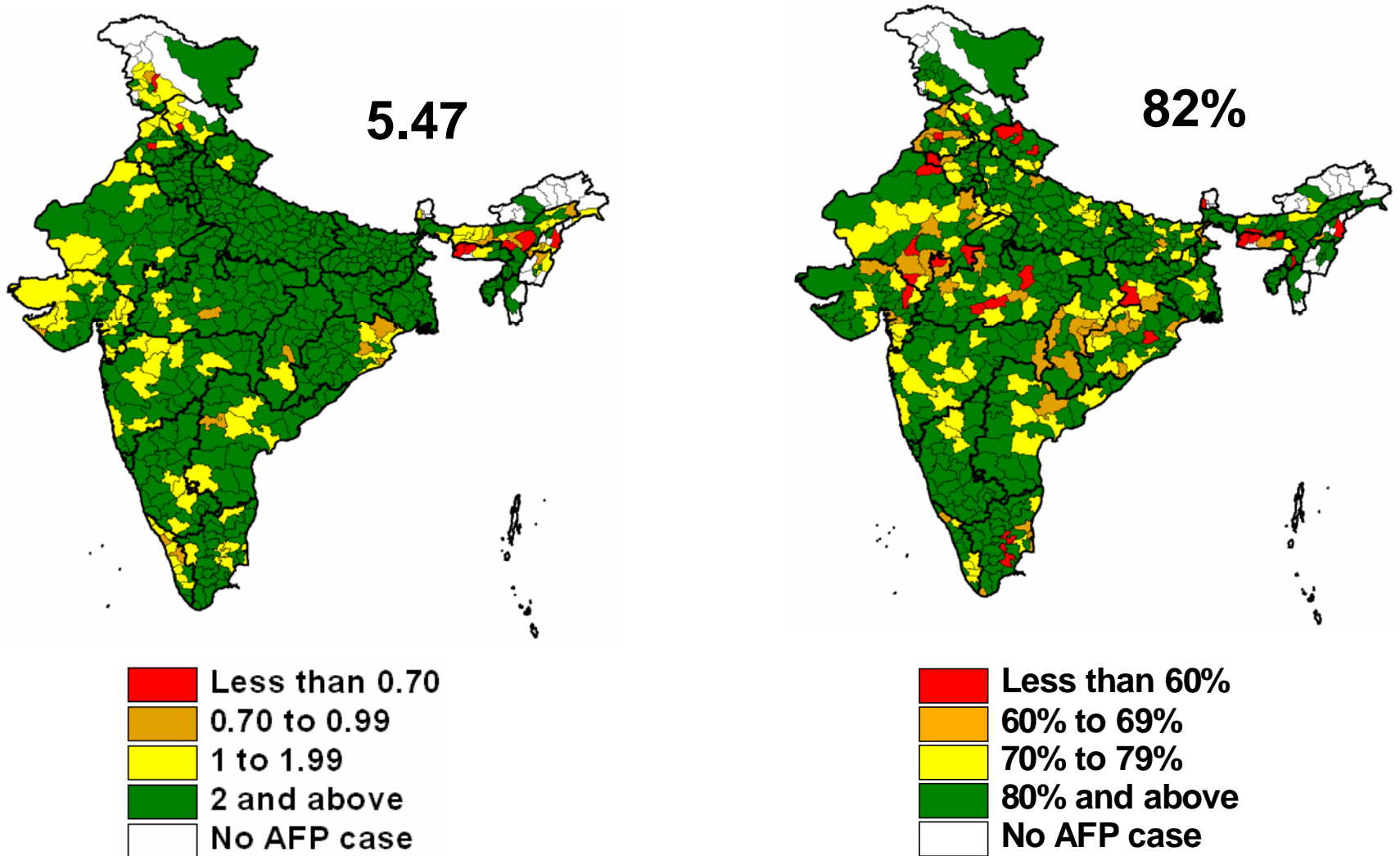
# **IEAG Findings**

## **5-6 December 2005**

# Surveillance Quality

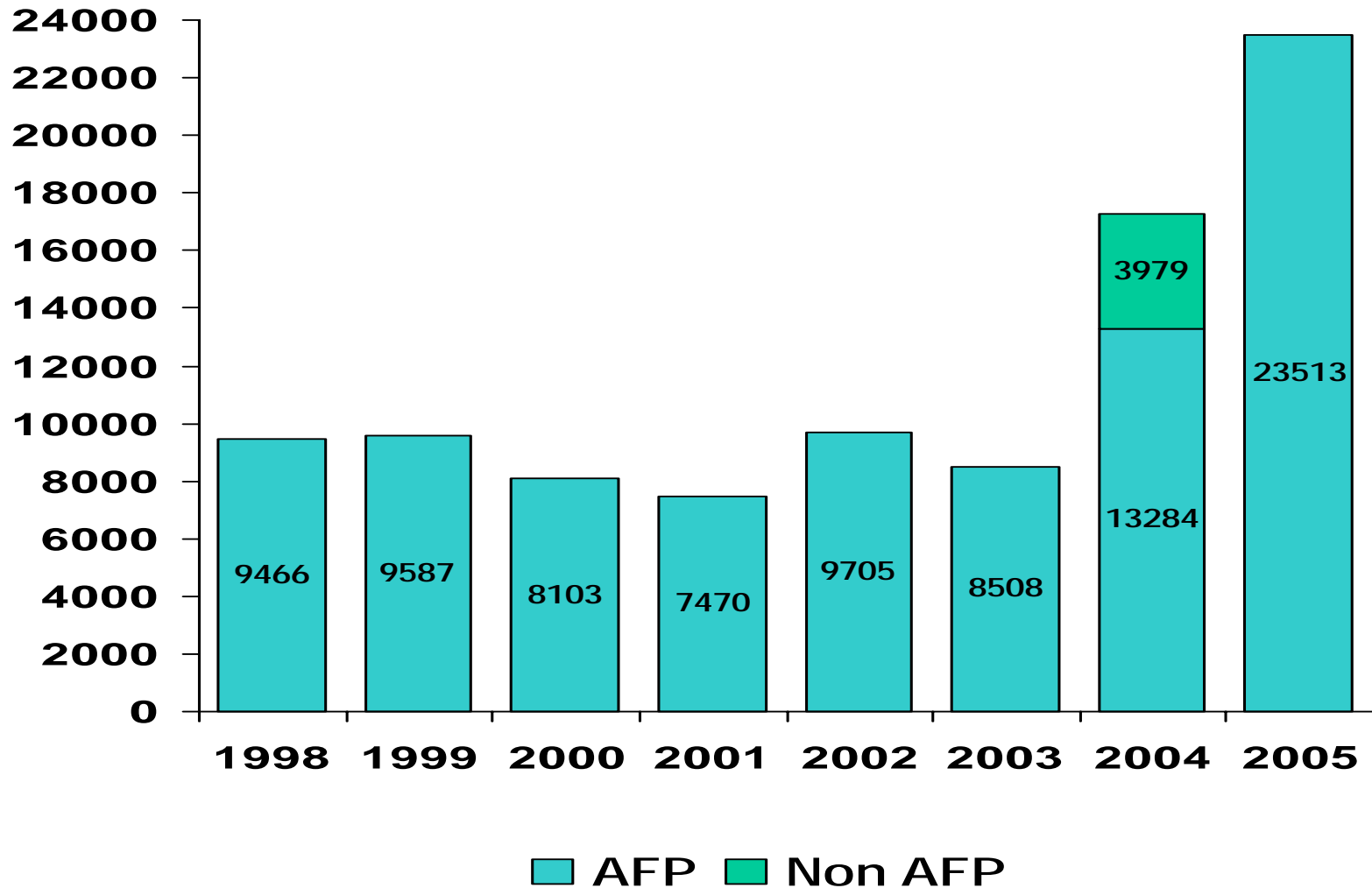
# Surveillance Indicators

## India 2005\*



\* data as on 26th November 2005

# AFP cases India 1998 - 2005

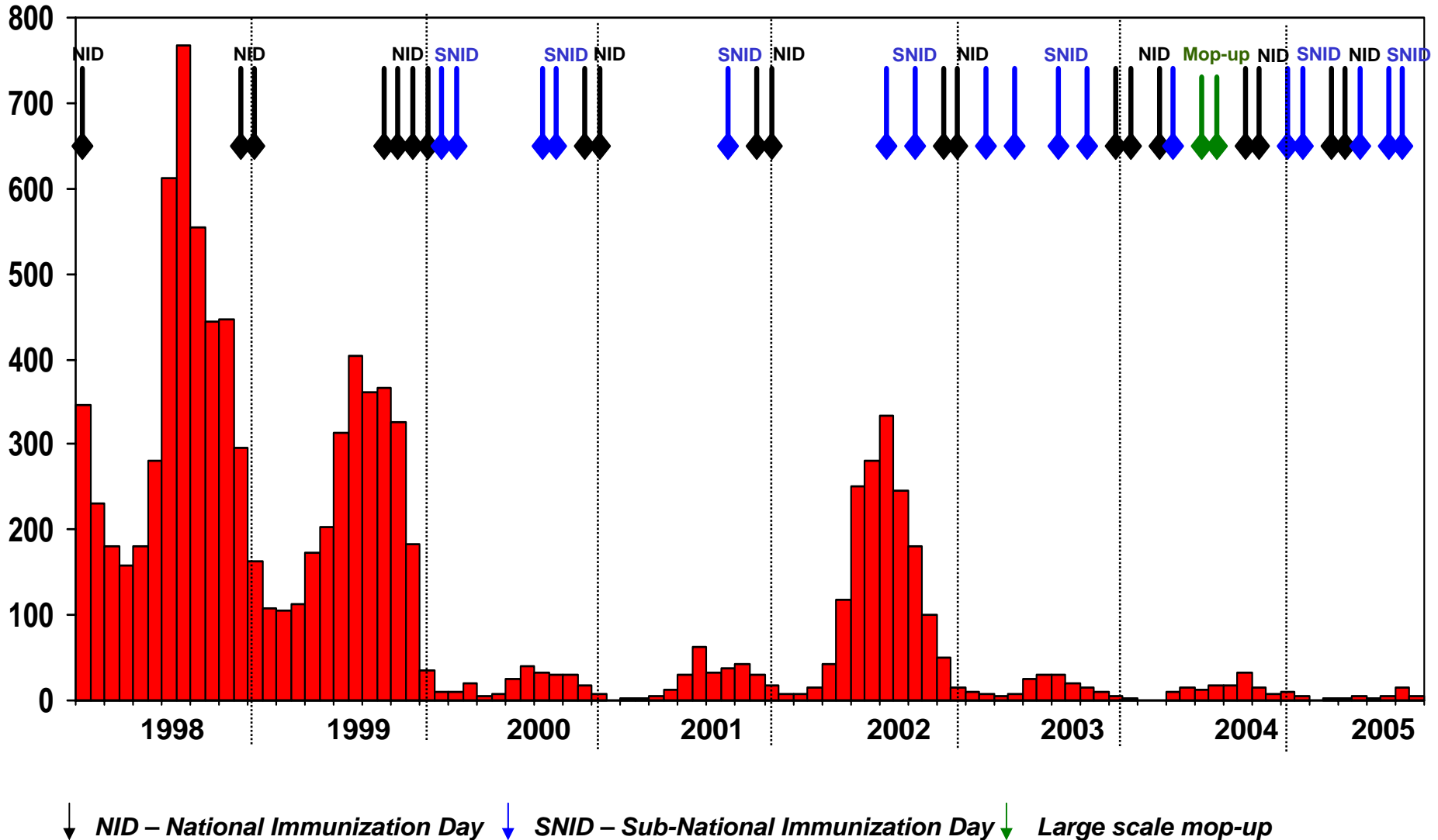


# **Epidemiology of Polio in India**

# Monthly incidence of polio in India

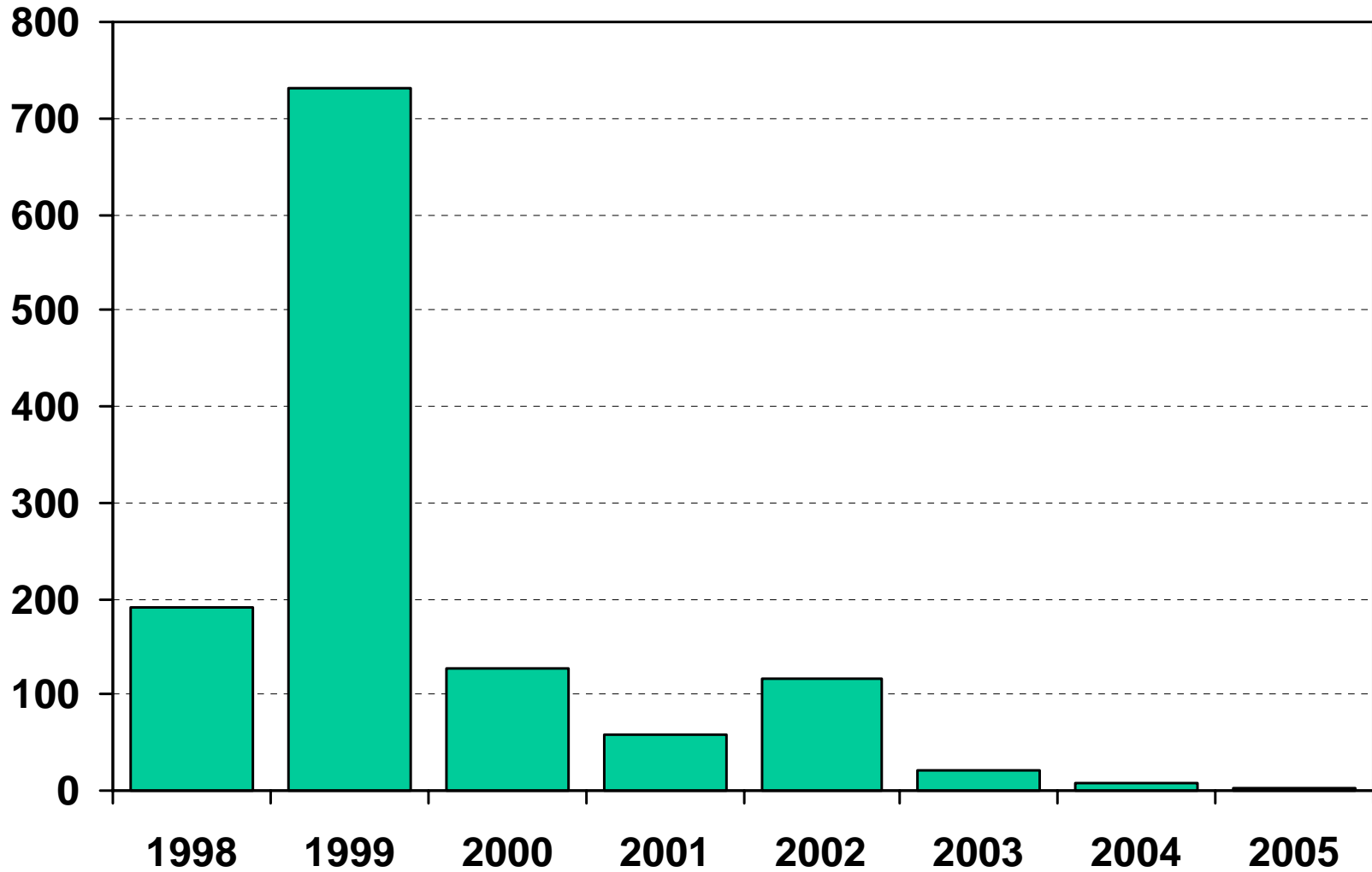
## January 1998 – September 2005\*

Number of cases



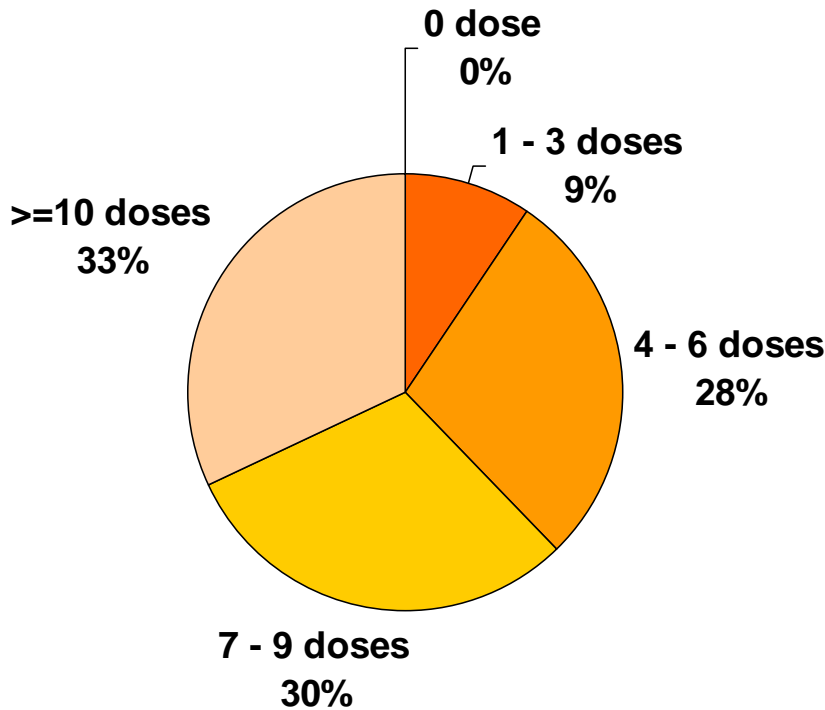
\* data as on 29<sup>th</sup> November, 2005

# P3 Virus: Number of cases by year

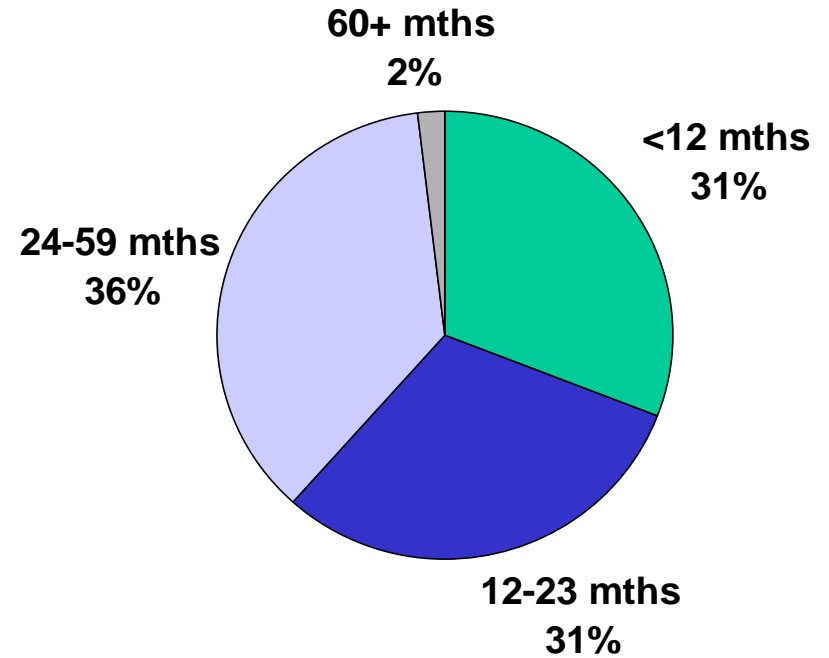


# Characteristics of Polio Cases

India, 2005\*



**OPV Status**



**AGE**

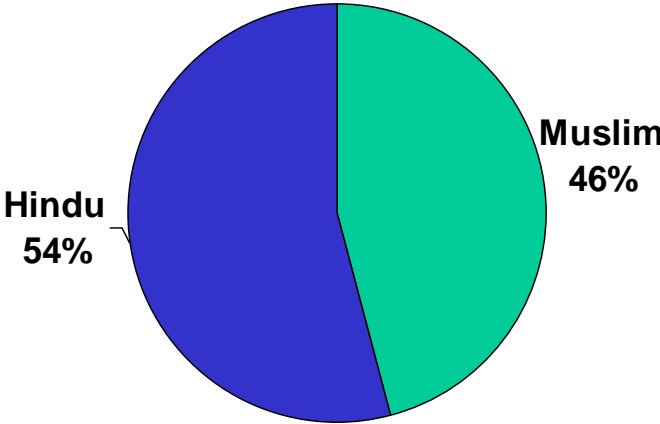
\* data as on 1<sup>st</sup> December 2005



# Wild polio cases by Community, 2005

## Bihar

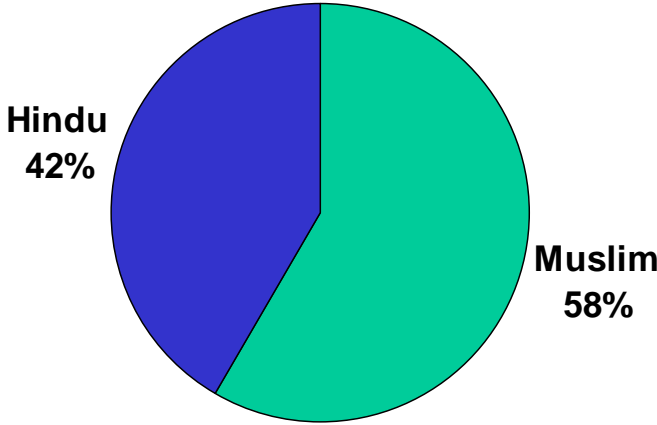
2005\*



(N=24)

## Uttar Pradesh

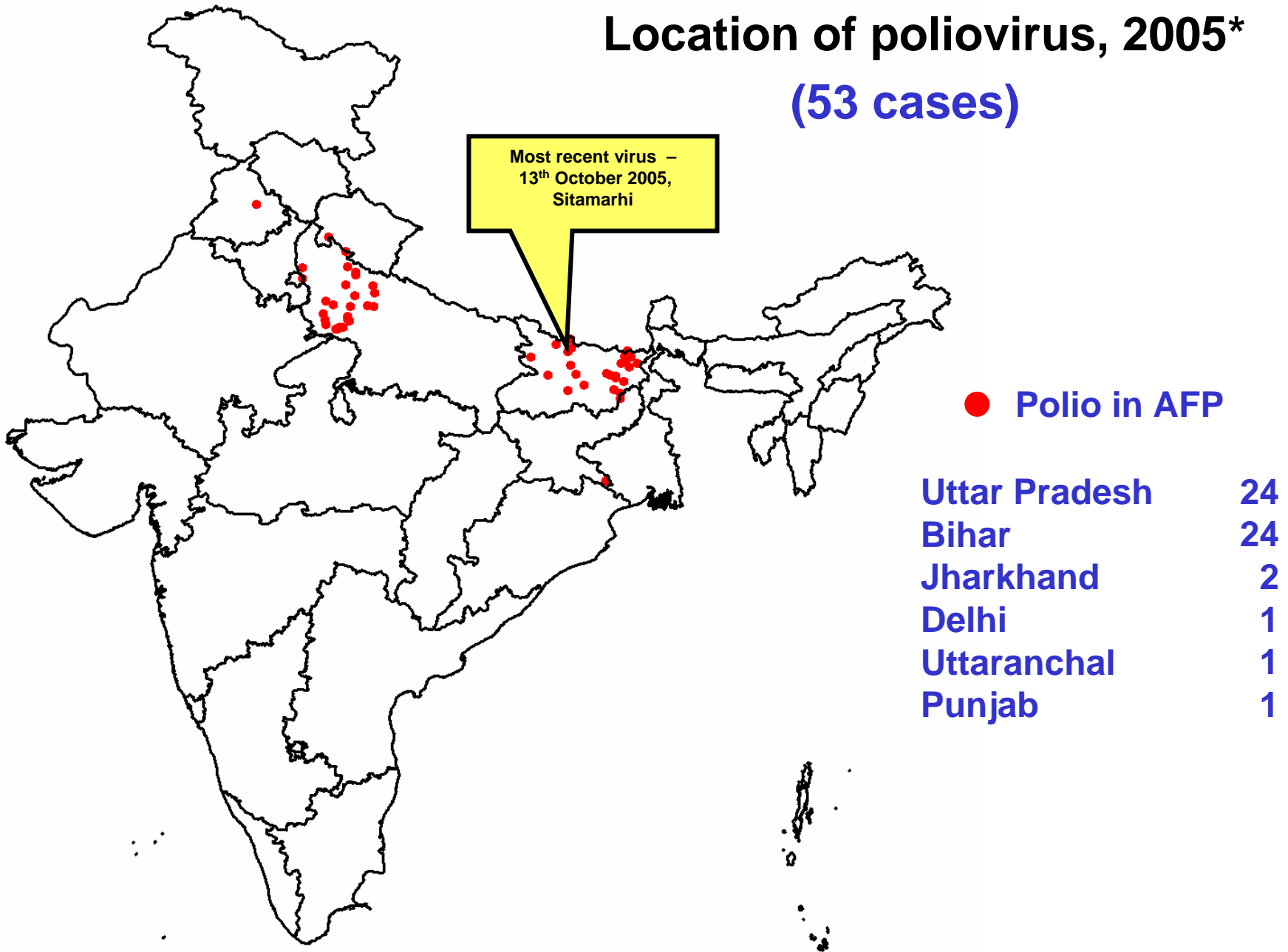
2005\*



(N=24)

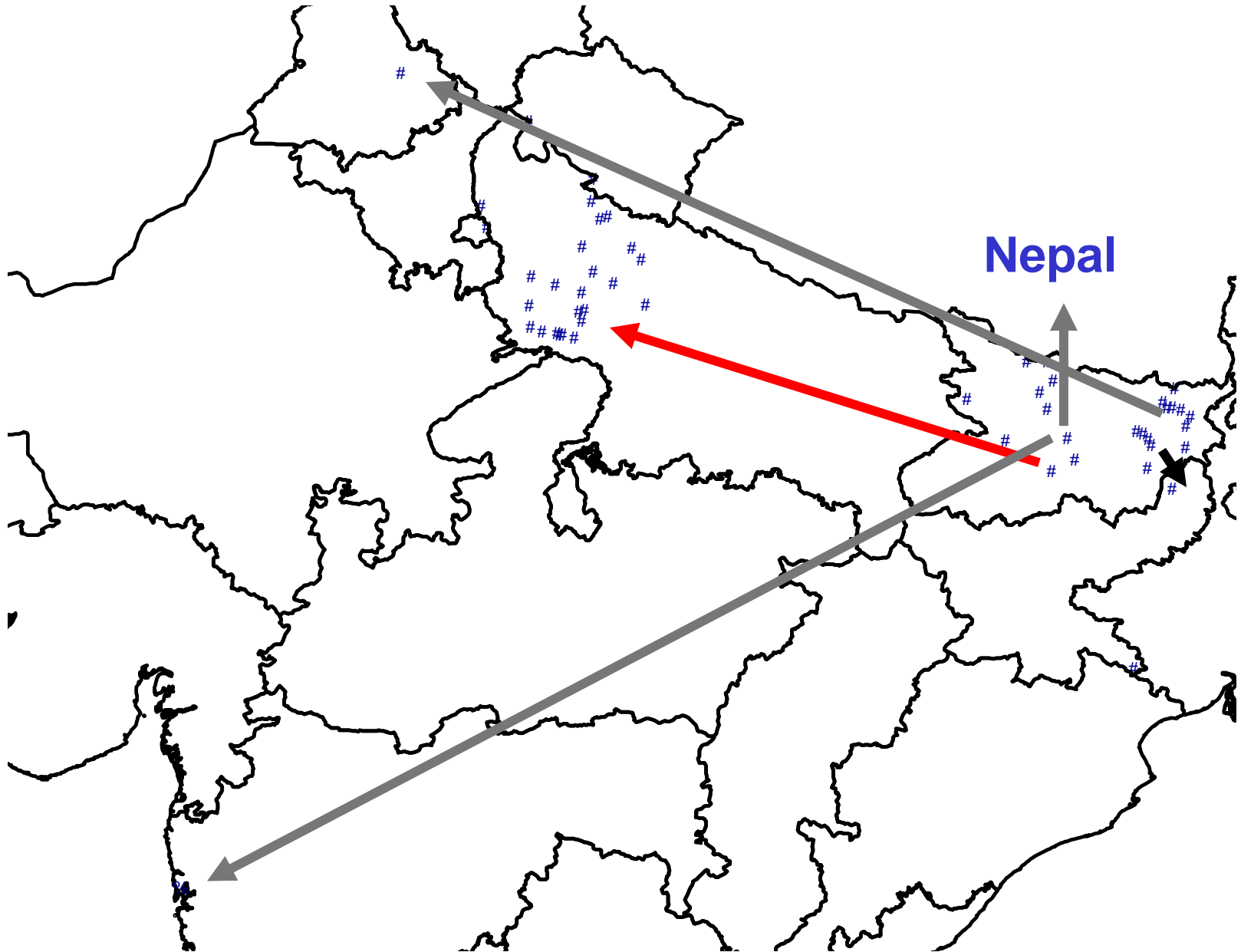
# Location of poliovirus, 2005\*

(53 cases)



\* data as on 29<sup>th</sup> November, 2005

# Spread of polio from Bihar, 2005

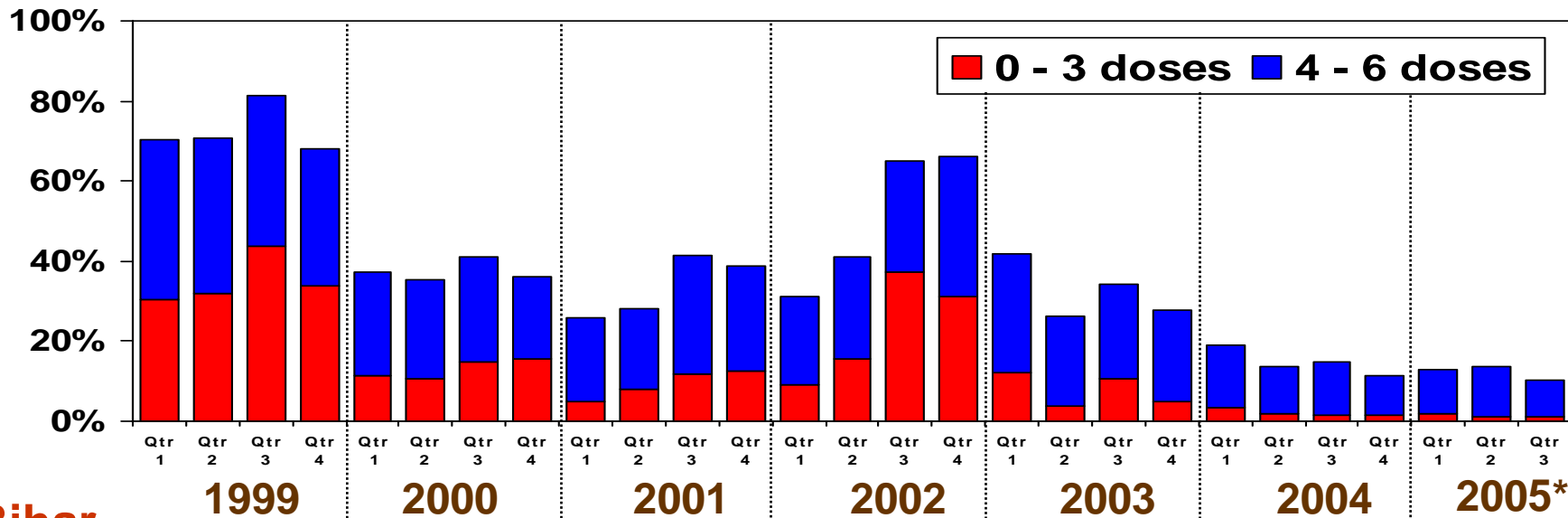


\* data as on 1<sup>st</sup> December, 2005

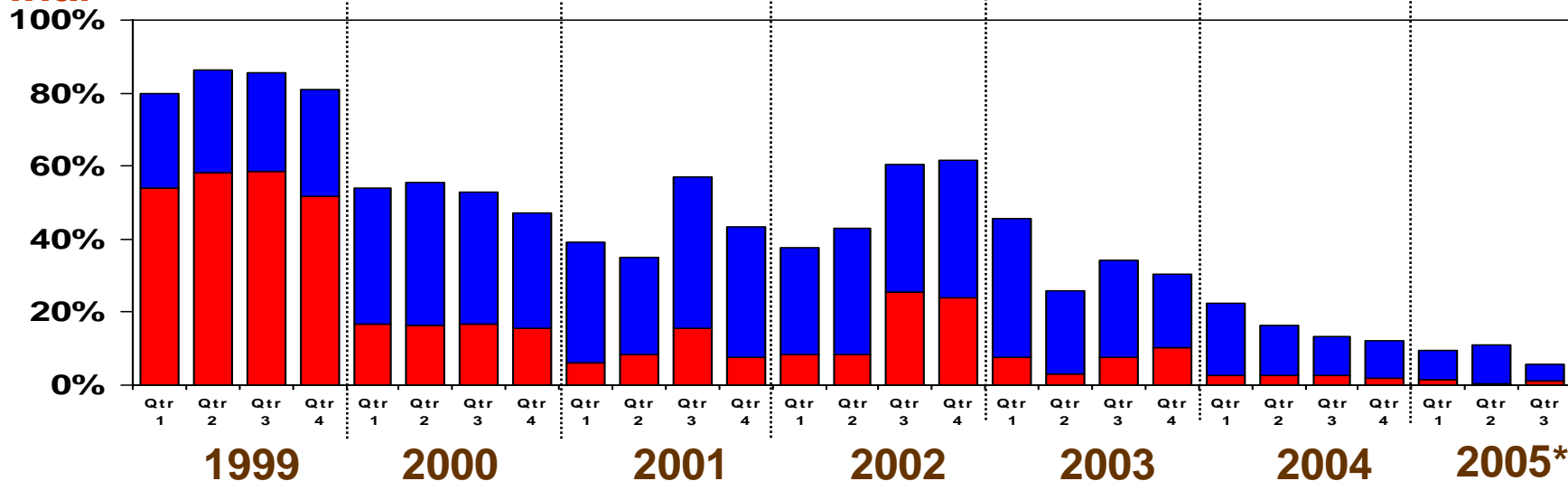
# **SIA Quality in High Risk Areas**

# Immunization Status (children < 5 years)

## Uttar Pradesh



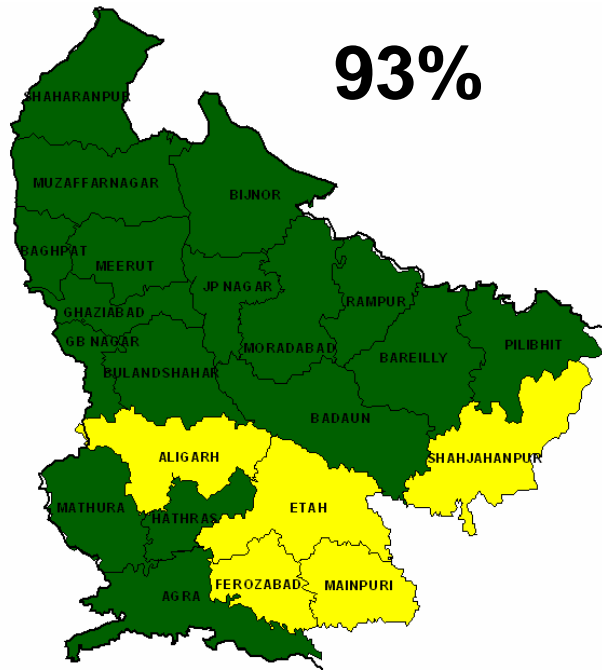
## Bihar



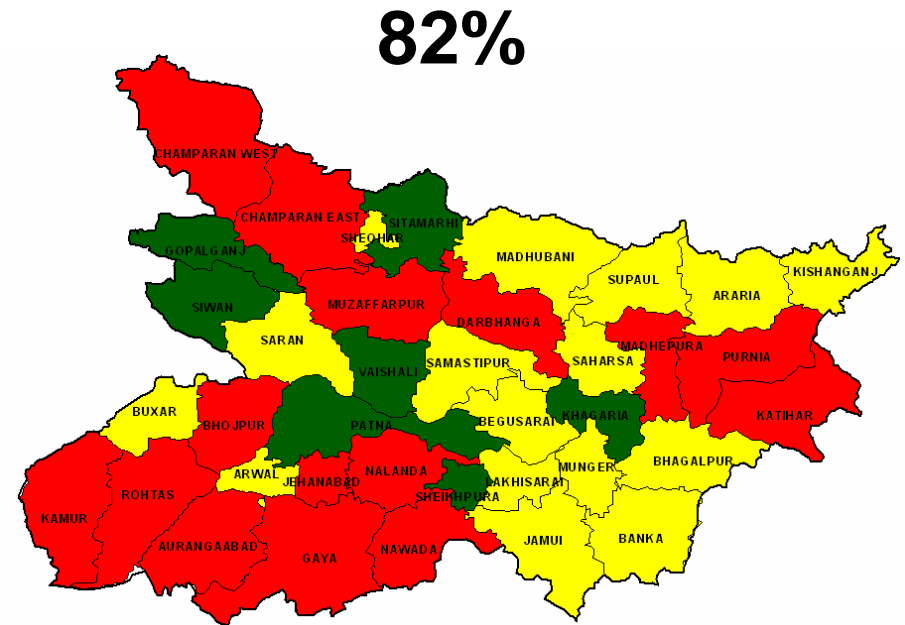
\* data as on 26th November 2005

# Supervisors Cross-checking Work

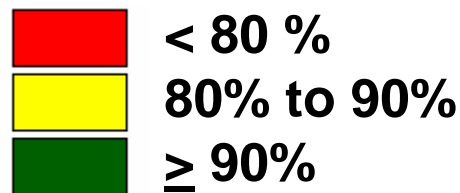
## September 2005



West UP

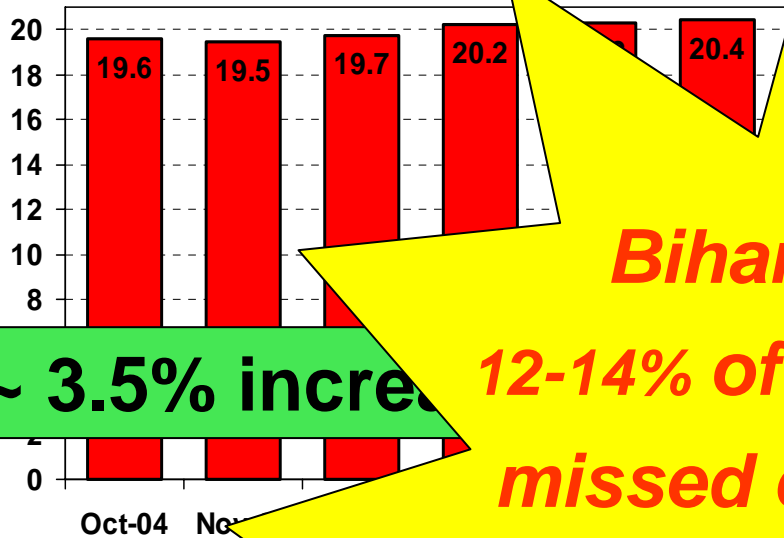


Bihar



# Comparison of PPI Coverage

Number of children in million

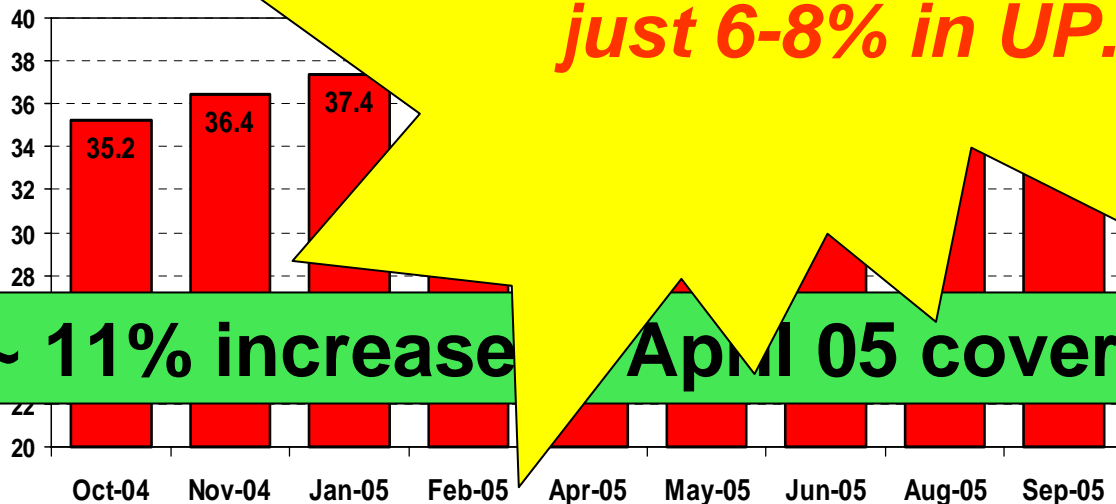


~ 3.5% increase

**Bihar**

*Bihar still has  
12-14% of houses with  
missed children vs.  
just 6-8% in UP.*

over Oct 04



~ 11% increase

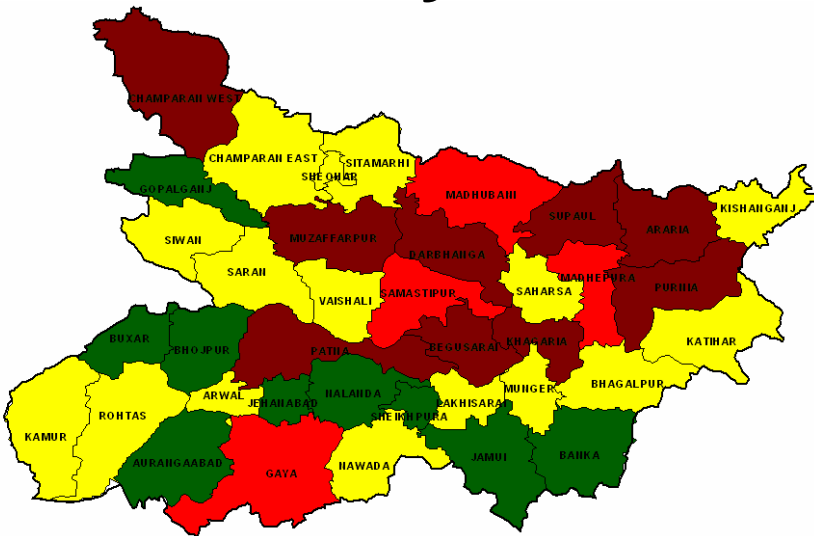
**Uttar  
Pradesh**

April 05 coverage over Oct 04

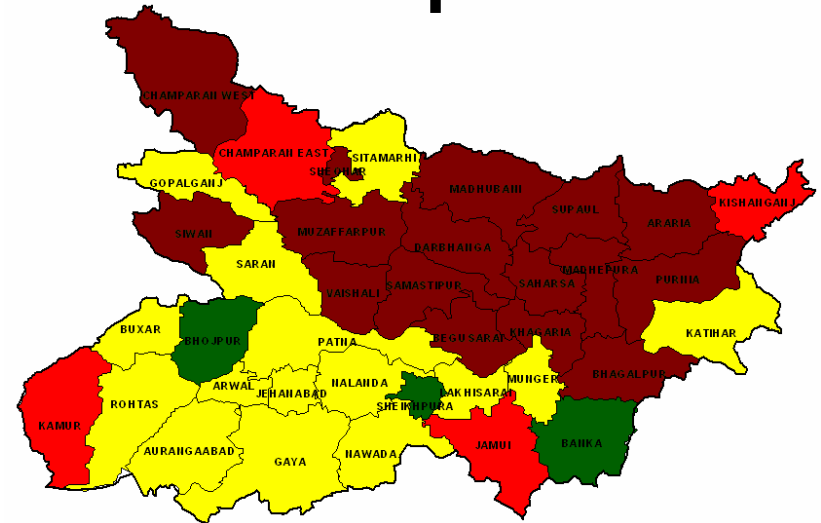
# Teams not working by SIA microplan

May 05

Sep 05



7.3%



9.1%

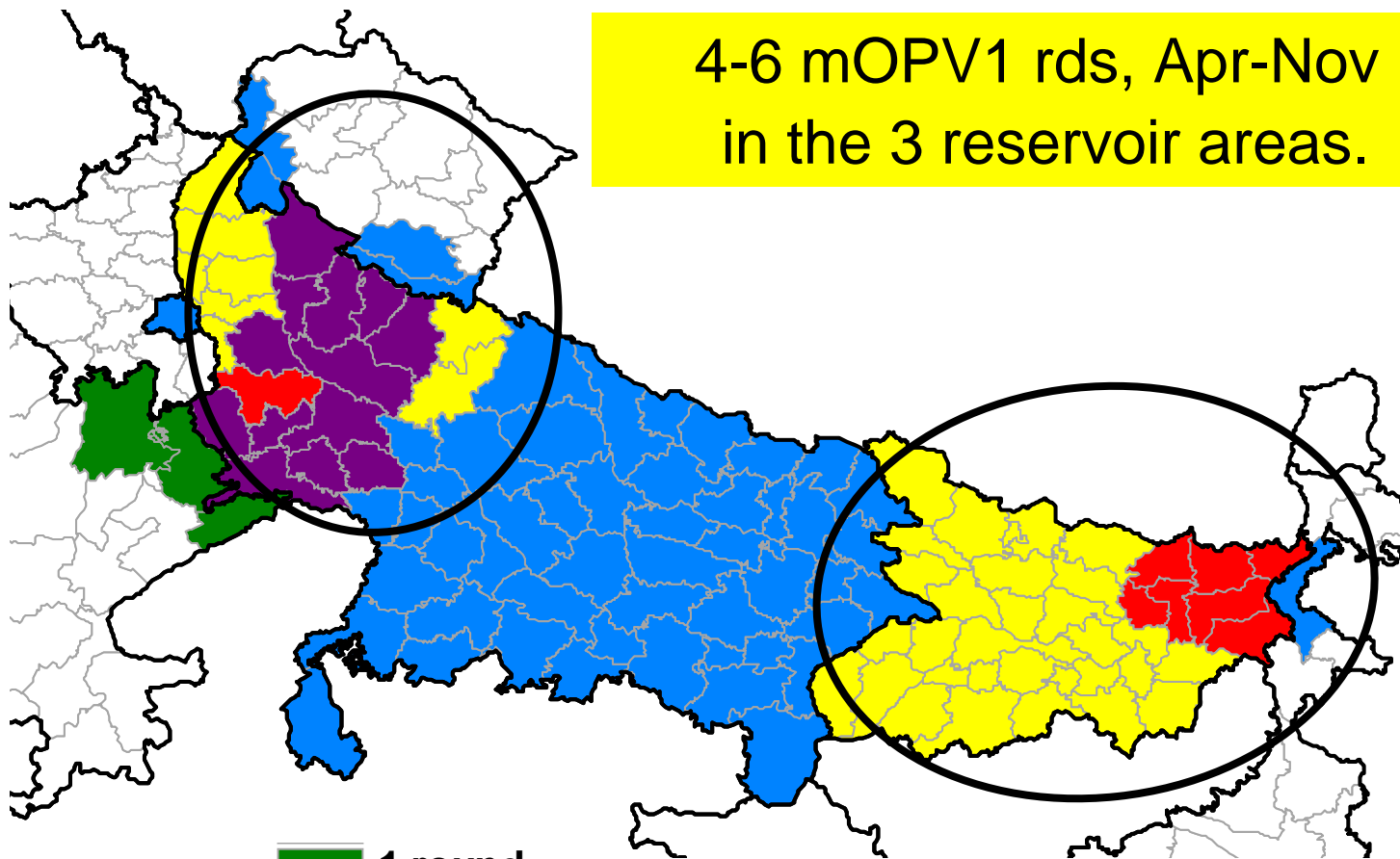




# Impact of mOPV1

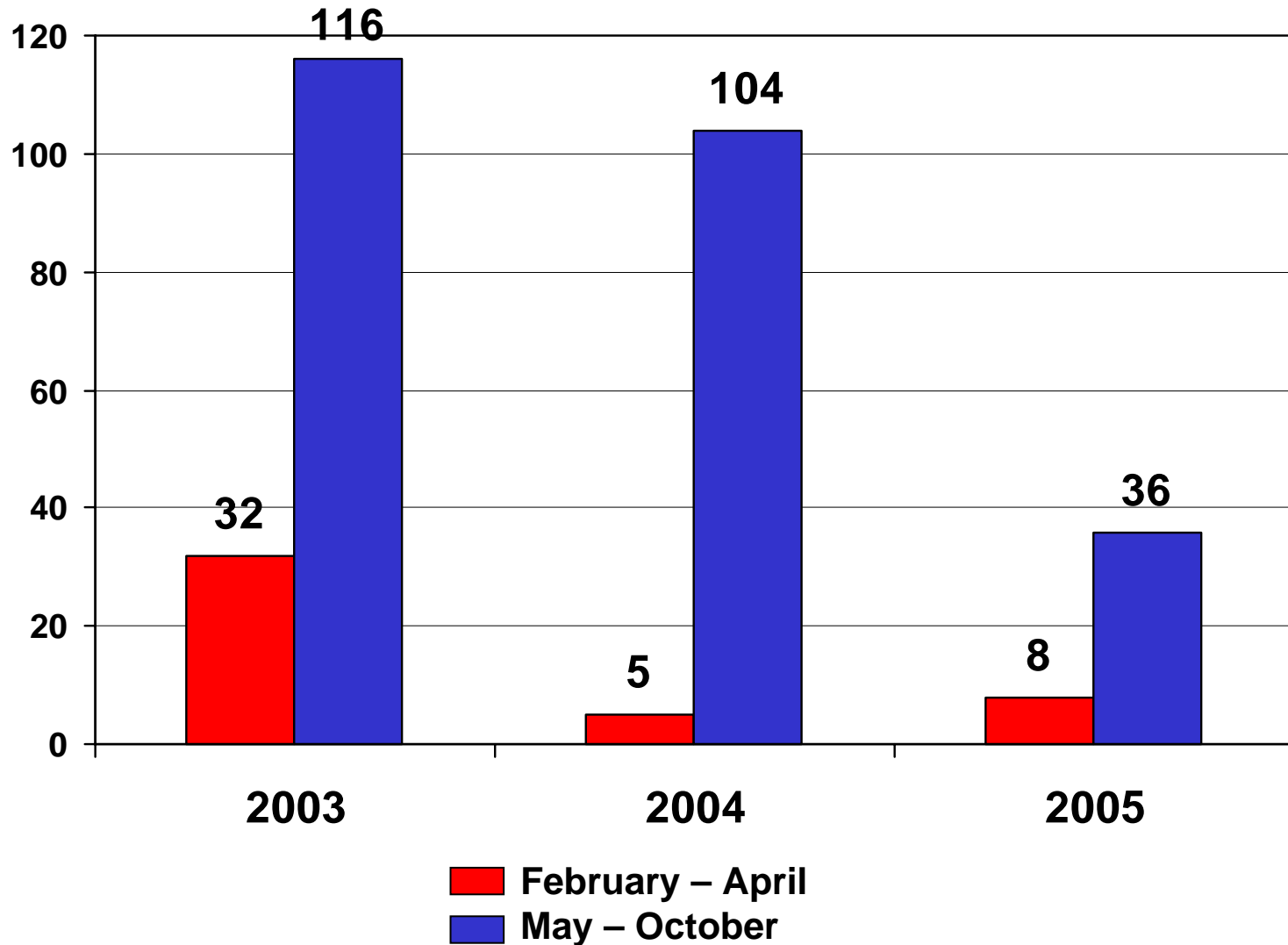
# Summary of mOPV1 Use, 2005

4-6 mOPV1 rds, Apr-Nov  
in the 3 reservoir areas.



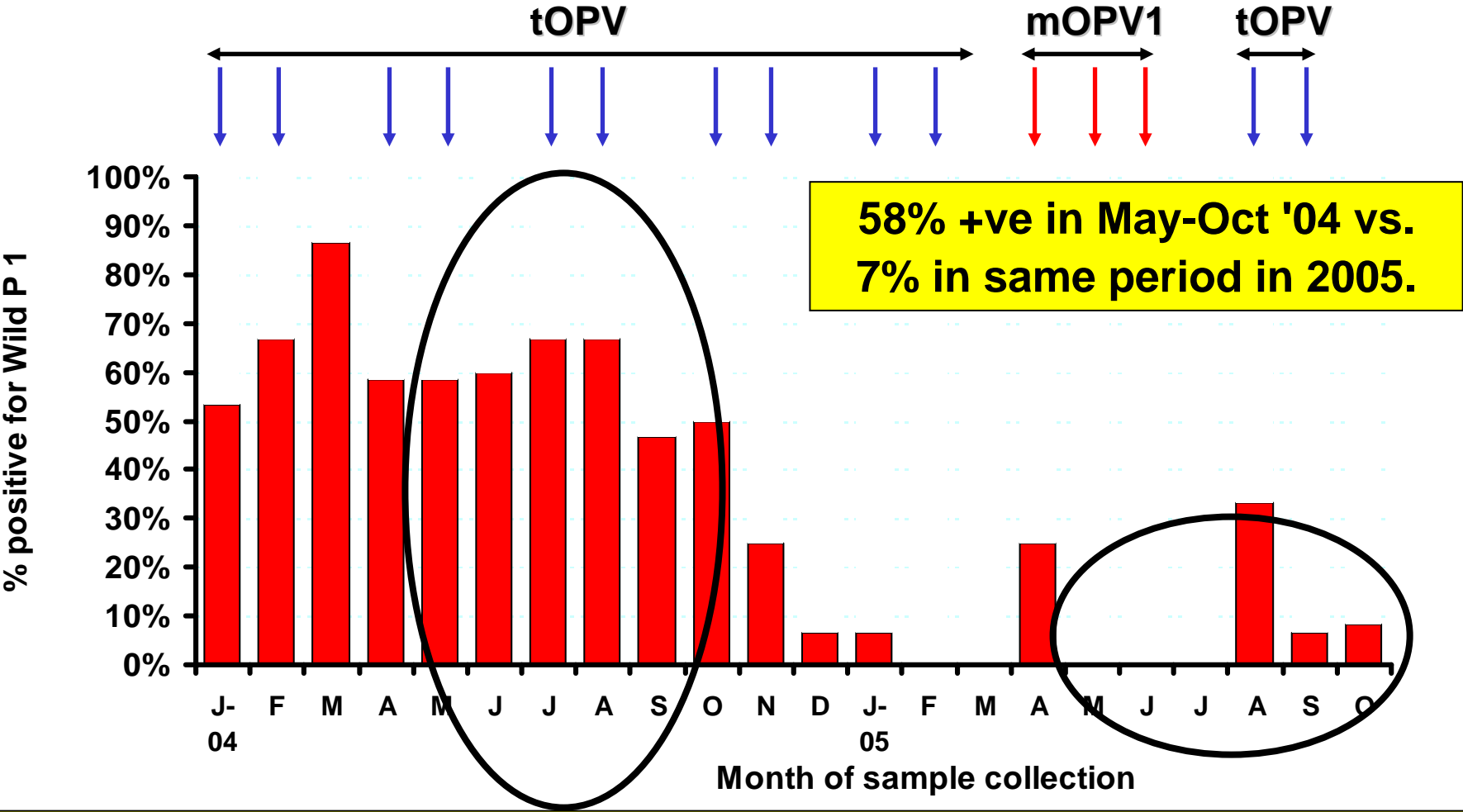
300 m doses used  
in Apr-Nov 2005

# Number of Polio cases, India



# WPV1 Positive Mumbai Sewage Samples

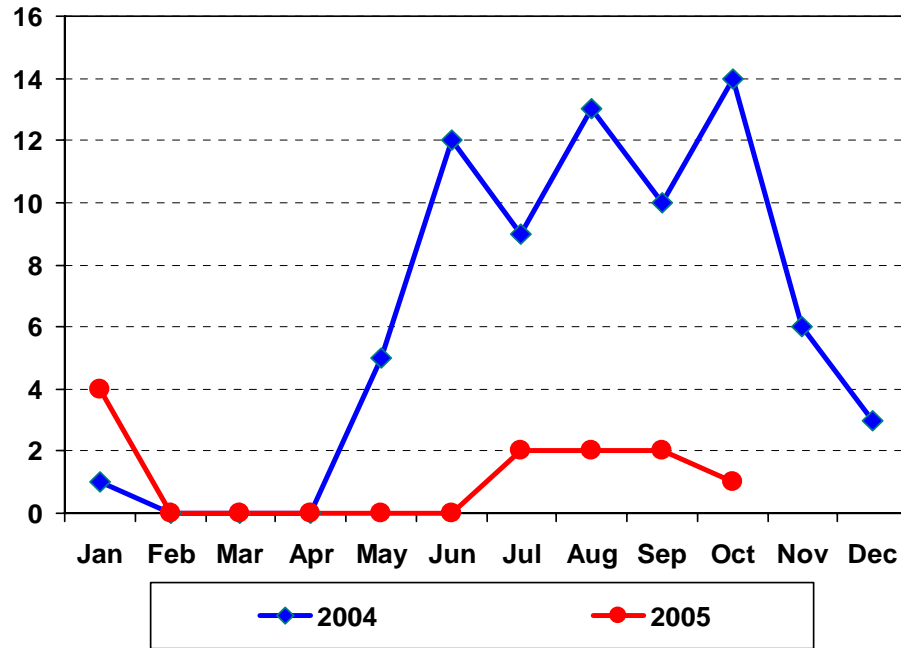
Jan'04 – Oct'05



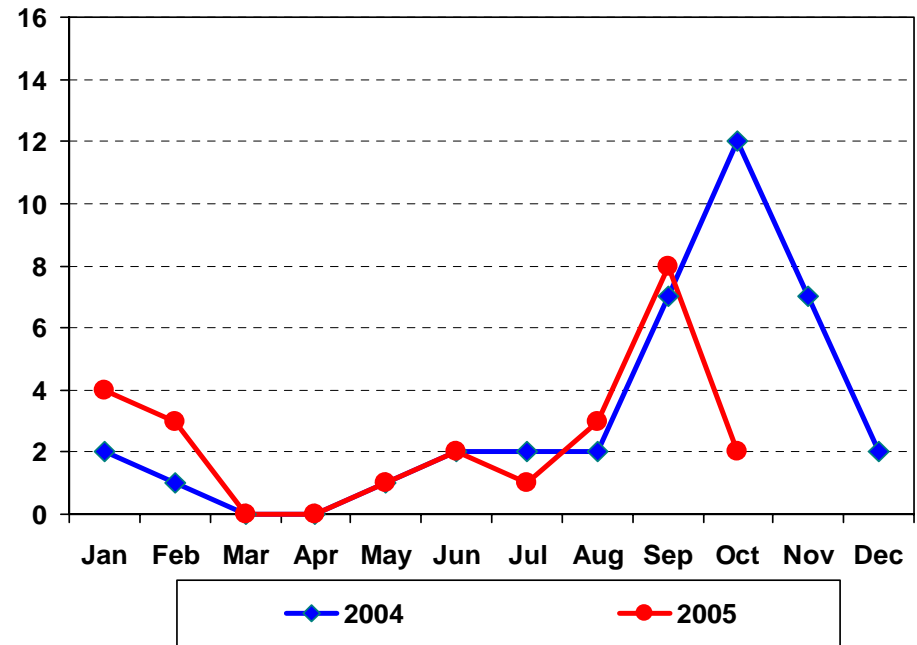
**August, September, October isolates are importations**

# P1 wild, 2004-2005

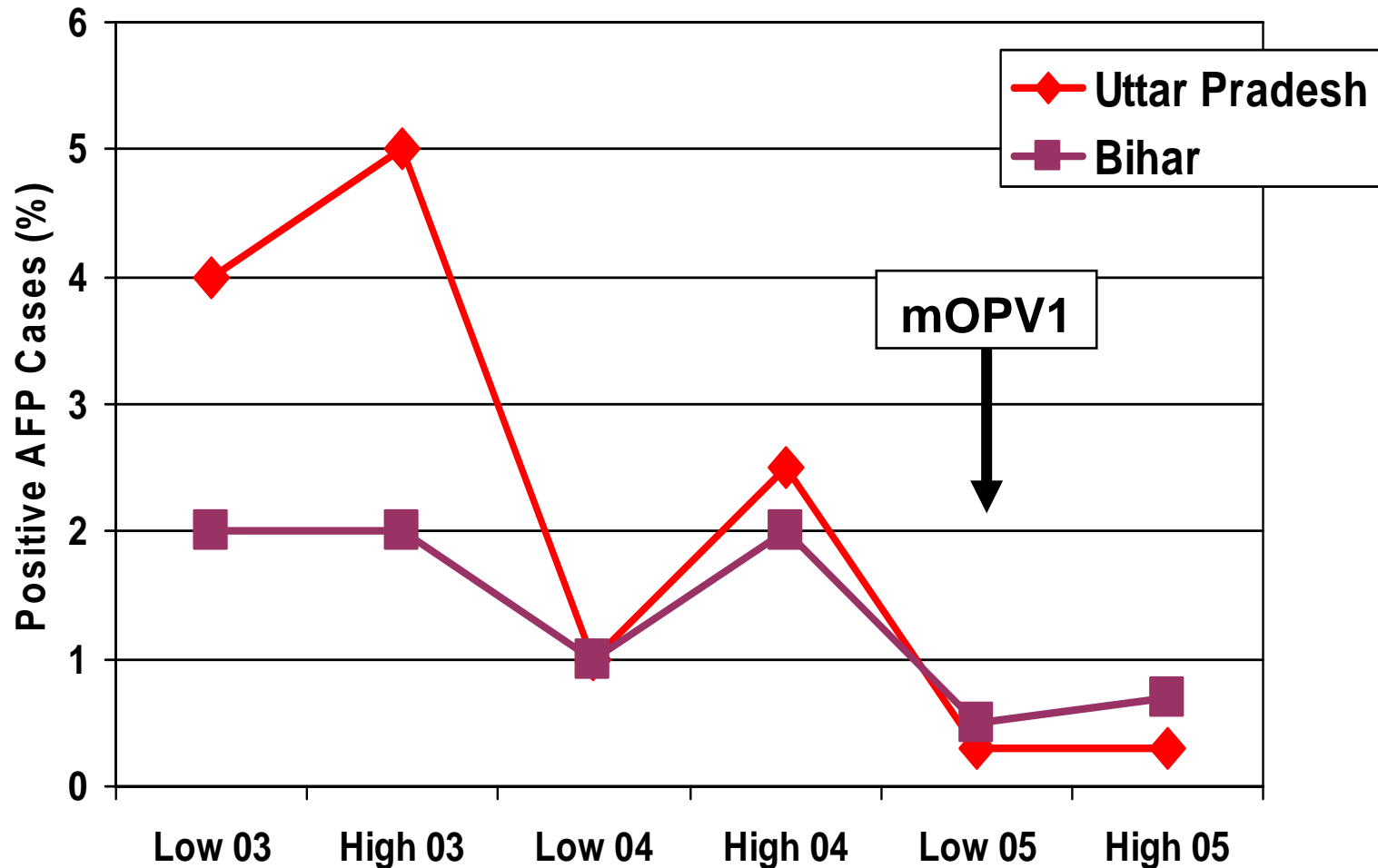
## 13 high risk districts-UP



## Bihar



# Proportion of AFP with Wild Poliovirus by season & state, 2003-2005



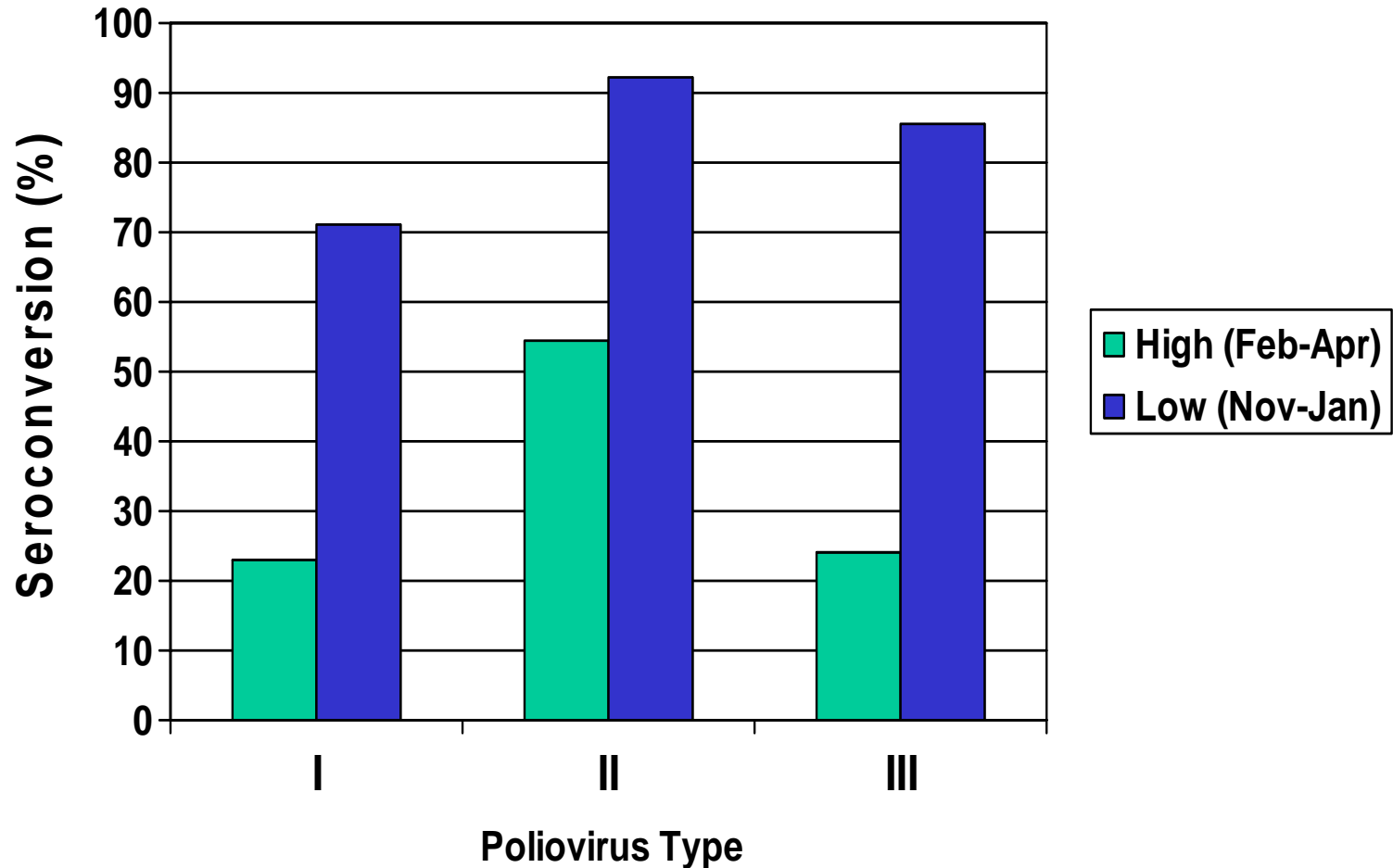
# Summary

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- **Introduction of mOPV1 & innovative SIA approaches has reduced polio to lowest incidence and geographic extent ever.**
- **Progress is fragile, and Bihar now poses highest risk, as evidenced by recent exports to Jharkhand, Punjab and Nepal.**
- **The enhanced impact of mOPV1 during the low season could stop all polio in early-2006.**

# tOPV Immune Response & Season \*

Mumbai, India, 1977



\* Pangi NS, Master JM, Dave KH. Ind Ped XIV(7); 1977.



# Recommendations

# Programme Priorities

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**Bihar:** districts in north east, north west & Patna are the highest priority due to:

- high case numbers,
- geographic extent,
- exportations to polio-free areas,
- suboptimal SIA quality.

**Uttar Pradesh:** western districts remain very high priority due to ongoing WPV1 transmission & last type 3 isolations.

# State Government Oversight

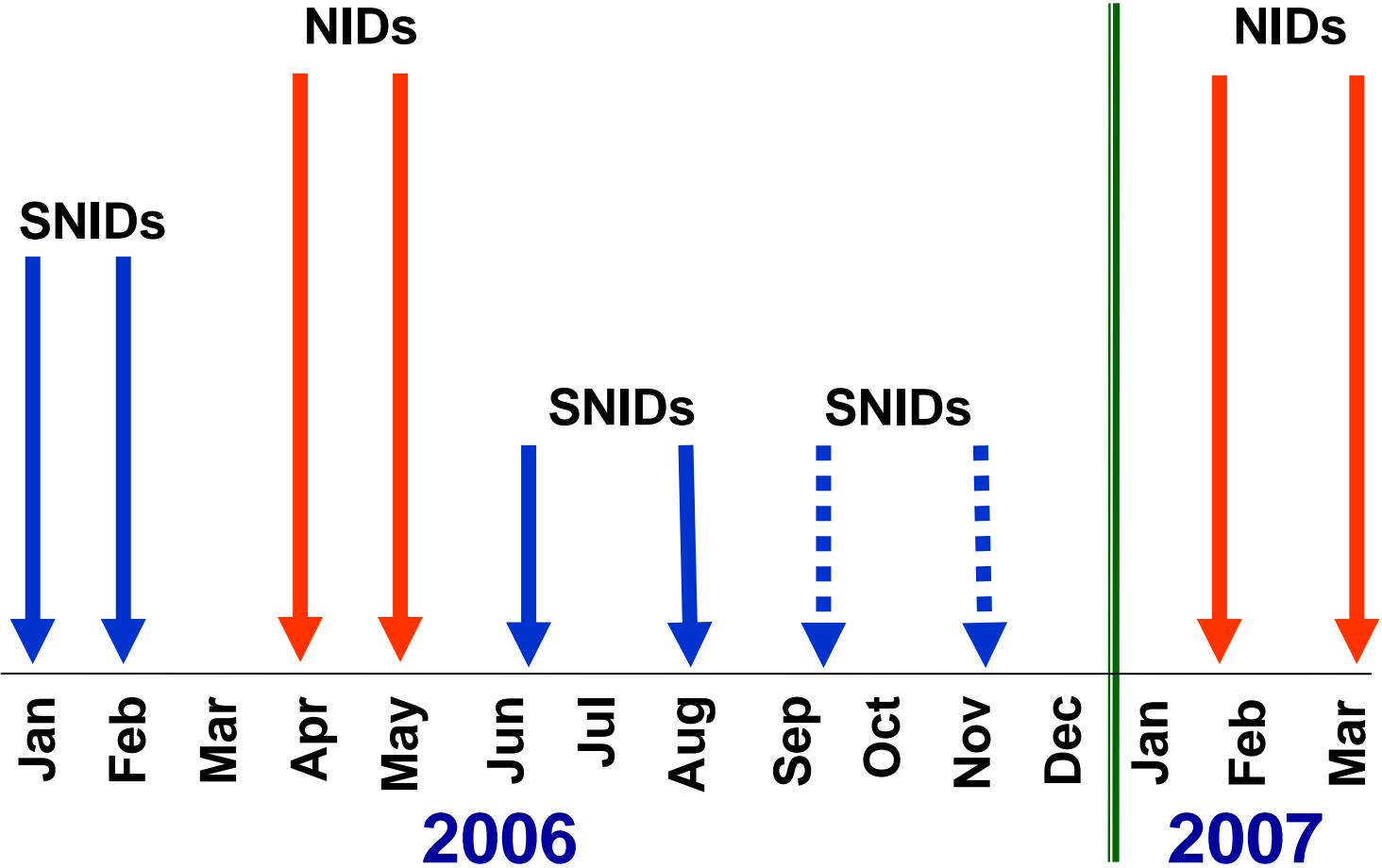
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## **Bihar:**

- Build on engagement of new Chief Minister with full polio briefing, as soon as possible.
- Propose biweekly CM briefing during the critical 3 month period through end-Feb.
- CS to consider (a) weekly oversight of Jan/Feb preps (esp. high priority districts) and (b) establish Polio Task Force & Polio Cell.

**UP:** sustain high level State Government & District Administration oversight of eradication activities.

# Recommended SIA Schedule



# SNIDs Jan-Feb 2006

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- **Extent:** all of UP, Bihar, Delhi, Greater Mumbai/Thane & selected districts of Jharkhand and Uttaranchal.
- **Vaccine:** mOPV1 in WUP, Bihar & Greater Mumbai; elsewhere tOPV.
- **International Coordination:** with infected areas of Nepal.

# Vaccine

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- **mOPV1:** use in all SIAs in all areas of known type 1 transmission & at highest risk.
- **tOPV:** use for all routine immunization activities and SIAs in polio-free states.
- **mOPV3:** use in all SIAs responding to WPV3; in absence of WPV3, and if feasible, mOPV3 could be used in at least 1 rd in WUP districts at highest risk of WPV3.

# Enhancing SIA Impact 1

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## **Continue Recent Innovations:**

- High Risk Area (HRA) approach.
- Underserved strategies.
- Transit sites (incl. railway plan).

**Deploy as many SMOs as possible to HRAs (esp. in Bihar), to facilitate SIA planning, monitoring, etc in Jan/Feb.**

**Expand SM Net as proposed in Bihar & ensure adequate resources for same.**

# Enhancing SIA Impact - Bihar

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- ***State government:*** consider assigning a senior IAS Officer on Special Duty to oversee day-to-day operations with CS & Secretary for FW.
- ***District & Block Administrations:***
  - Ensure existing/acting DMOs & MOICs fully involved in block level planning/preps; DM to monitor engagement.
  - if positions vacant, immediately assign DMO & MCIO polio responsibilities to other, existing staff.
- ***December Planning Meeting:*** review & enhance mechanisms for reaching missed children (i.e. X houses, revisiting, children outside households)



# Surveillance

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- NPSP should continue current approach to monitor & address state & sub-state surveillance issues.
- During the detailed investigations of 'hot cases' and virus-confirmed cases, the IEAG reaffirms the importance of also reviewing the history of compatible cases in the area.

# Routine Immunization

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IEAG notes the work to implement national & state routine EPI plans and recommends:

- Enhanced work, under the NTAG, to link the monitoring of outreach sessions to coverage data.
- High priority districts in WUP & Bihar should be targeted for intensive efforts to improve routine immunization.
- Consideration should be given to expanding external monitoring activities to other states.

# Summary

# Summary

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- **Introduction of mOPV1 & innovative SIA approaches has reduced polio to lowest incidence and geographic extent ever.**
- **Progress is fragile, and Bihar now poses highest risk, as evidenced by recent exports to Jharkhand, Punjab and Nepal.**
- **Enhanced impact of mOPV1 during low season could stop all polio in early-2006.**
- **Strong partner support to Gol is essential.**