

Dear polio eradication supporter,

This November, as we approach two years into the Polio Endgame Plan, experts on polio eradication continue to track progress towards major milestones and to scale up efforts to overcome the last remaining challenges. Firstly, we celebrated the exciting news that another strain of wild poliovirus (WPV), type 3, may have been eradicated. This would leave just one remaining strain, type 1, to eradicate. Secondly, the Director General of the World Health Organization (WHO) reiterated this month that the international spread of polio remains a Public Health Emergency of International Concern, and stated that more steps need to be taken to minimize the risk of international spread, particularly from Pakistan. Finally, the Strategic Advisory Group of Experts on immunization (SAGE) confirmed that plans to switch from trivalent to bivalent oral polio vaccine (OPV) in early 2016 – an important part of the eradication programme – are on track.

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ONE MORE STRAIN OF POLIOVIRUS MAY HAVE BEEN ERADICATED

The Center for Disease Control and Prevention (CDC) and WHO released a report this month announcing that one of the three strains of wild polio, WPV type 3, has not been detected anywhere in the world for more than two years. This means that WPV3 may have been eradicated. WPV3 would be the second strain of wild polio to be eradicated (WPV 2 having not been seen since 1999), which would leave just one remaining strain of wild poliovirus (WPV1) to tackle before we achieve complete eradication.

[Read more](#) about the possible eradication of WPV 3.

POLIO REMAINS A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

The Emergency Committee under the International Health Regulations (IHR) met for a third time this November, six months after the Director General of WHO first declared the international spread of polio a Public Health Emergency of International Concern in May 2014. At the November meeting, the committee, which is composed of a range of



Internally displaced children from North Waziristan, Pakistan, receiving the oral polio vaccine at IDPs camp in Bannu ©UNICEF/PAK 2014/Waseem Niaz

POLIO IN NUMBERS

Wild poliovirus in 2014

- Global Total: **306 (347)** ↓
- Global WPV1: **306 (347)** ↓
- Global WPV3: **0 (0)**

Endemic: 287 (123) ↑

- Afghanistan: **21 (9)** ↑
- Nigeria: **6 (50)** ↓
- Pakistan: **260 (64)** ↑

Importation Countries: 19 (224) ↓

- Cameroon: **5 (4)** ↑
- Equatorial Guinea: **5 (0)** ↑
- Ethiopia: **1 (6)** ↓
- Iraq: **2 (0)** ↑
- Kenya: **0 (14)** ↓
- Somalia: **5 (183)** ↓
- Syria: **1 (17)** ↓

As of **26 November 2014**. Numbers in brackets represent data at this time in 2013.

[Current case map](#)

independent international health experts, recommended that the Temporary Recommendations made in May stay in place for another three months. The committee also concluded that the risk of spread from Pakistan has increased since its last meeting, and recommended that Pakistan should restrict at the point of departure the international travel of any resident lacking documentation of appropriate polio vaccination.

[Read more](#) about the Temporary Recommendations made under the IHR.

POLIO IN THE NEWS

[Science: Just one poliovirus left to go?](#)

[Forbes: Can We, Should We, Really End Polio?](#)

FUNDING UPDATES

This month, Norway contributed NOK 50 million for polio eradication efforts to WHO as part of their Vaccine Summit pledge.

Germany provided 5 million euros to ensure the security of polio workers in Nigeria.

Ireland disbursed 1 million euros to WHO for polio eradication as part of the fulfilment of its vaccine summit pledge.

PLANS TO SWITCH TO A BIVALENT ORAL POLIO VACCINE IN EARLY 2016 ON TRACK

At the end of October, the SAGE (an independent expert body that advises WHO) met to assess progress toward polio eradication. The group concluded that preparations are on track to switch from trivalent to bivalent OPV in routine immunisation programmes. This is an important step in eradication efforts as, on very rare occasions, the weakened forms of



A mobile polio vaccination team delivers OPV in Agra, Uttar Pradesh, India, where bivalent OPV was crucial in achieving eradication.

the virus in OPV can lead to cases of circulating vaccine-derived poliovirus (cVDPV), particularly in communities where children have a very low level of immunity. Trivalent OPV contains weakened forms of all three strains of the poliovirus. Since circulation of WPV2 hasn't been detected since 1999, preparations are now underway to begin using only bivalent versions of OPV that protect against WPV1 and WPV3. This transition is crucial, as bivalent OPV does not contain the type 2 component which accounts for 90% of cVDPV cases worldwide. Recent cases of vaccine-derived poliovirus in South Sudan and Madagascar, and ongoing outbreaks in Nigeria and Pakistan, highlight the importance of removing OPV (beginning with the type 2 OPV) in addressing the very small but real risk of vaccine-derived poliovirus.

[Read more](#) about the trivalent to bivalent oral polio vaccine switch.

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