Overview of the Polio Country Situation
• global polio situation

• polio in endemic countries

• international spread of polio, 2013
  • Horn of Africa
  • Middle East
  • Central Africa

• current priorities
Polio Cases, last 6 months

Virus concentrated in poor access areas

Substantial new international spread

Central Africa Outbreak

Middle East Outbreak

Horn of Africa Outbreak
Polio-paralyzed children, 2013

![Bar chart showing the comparison of total cases between Jan-Oct 2012 and Jan-Oct 2013. The chart indicates a significant increase in cases from 2012 to 2013.]
Polio, type 3 cases

- 2007: 1000 cases
- 2008: 600 cases
- 2009: 1100 cases
- 2010: 100 cases
- 2011: 50 cases
- 2012: 10 cases
- 2013: 0 cases
Endemic Countries
Endemic Polio Cases, last 6 months

- 50% decline in cases ('12 vs. '13)
- No virus in 3 of 7 'reservoirs'
- No endemic virus in AFG
North Waziristan: ban on vaccination

Khyber Agency: military operations

Peshawar/KP: attacks/intimidation

> 500,000 children unreached with OPV
Pakistan Priorities

- area-specific access plans
- transit site vaccination
- religious scholars initiative (with Saudi Arabia)
- elders negotiation
- Pakistan military engagement (with UAE)
- provision of physical security
- operationalize Prime Minister's Cell
Kano
Weak oversight

Programme focus

- LGA (district chairman engagement)
- new tactics: '4 x 4' strategy
- systematic 'pluses'
- multi-pronged comms strat.
Borno
Insecurity

Number of inaccessible children in Borno
Mar - Oct 2013

Target Population  Inaccessible Children
Estimated inaccessible children (<5) Oct SIA = 346,885

No. of inaccessible children, July

<table>
<thead>
<tr>
<th></th>
<th>cVDPV2(n=1)</th>
<th>WPV1(n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>108,987</td>
</tr>
</tbody>
</table>

Location names:
- Borno
- Insecurity
International Spread
Highest risk areas
2013

Risk = immunity gap + probability of importation
Reducing Vulnerability

- AFP surveillance (AFP rate >2 at prov/gov level)
- routine immunization/EPI coverage
- early IPV introduction
- OPV campaigns (NIDs or SNIDs)
- vaccination of travellers
  (per WHO *International Travel & Health*)
International Spread of Polio

- Afghanistan re-infected
- Egypt, Israel, Palestine sewage
- Horn of Africa re-infected
- Syria re-infected
- Cameroon re-infected
Polio, Eastern Mediterranean (EMR)

Jan-Oct 2012

Jan-Oct 2013

75% of global polio cases
Horn of Africa
Horn of Africa

Polio Outbreak Response 'Zones' & Zone-Specific Strategies

(May 2013)
Outbreak/Amplifier Zone:
- whole population
- short-interval additional dose strategy
- 6-8 rounds
- 4 month target to stop transmission
- IPV (north Kenya)

Historic Spread Zone:
- expanded age groups (eg. < 10 years)
- 4 rounds
- reduce reinfection

Inaccessible Zone:
- expanded age groups (eg. < 10 years)
- delink to UN/Gov't; transit site/border vaccination
- local access negotiation (Red Cres, NGOs, private sect)
- Permanent Vaccination Posts (PVPs)
Horn of Africa, 2013
Impact to date

May

July

Sept

>500,000 inaccessible children
OPV Campaigns Conducted & Planned
May 2013-March 2014
# Enhancing Coverage in Inaccessible Areas

<table>
<thead>
<tr>
<th>Negotiate access</th>
<th>Govt. &amp; relevant 3rd parties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Islamic Advisory Group</td>
</tr>
<tr>
<td></td>
<td>countries with influence</td>
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<thead>
<tr>
<th>Engage communities</th>
<th>tailored communications</th>
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<tr>
<td></td>
<td>PolioPlus</td>
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</tbody>
</table>

<table>
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<tr>
<th>Adapt tactics &amp; tools</th>
<th>short interval dosing, short duration SIA</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>optimum vaccine mix (mOPV1)</td>
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<tr>
<th>Establish new platforms</th>
<th>transit point vaccination</th>
</tr>
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<tr>
<td></td>
<td>Permanent Polio Teams, NGOs</td>
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</table>

<table>
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<tr>
<th>Strengthen management</th>
<th>dedicated outbreak/area managers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>optimized staffing</td>
</tr>
</tbody>
</table>
Immediate Priorities, Horn of Africa

• scale-up proven initiatives in south/central Somalia

• continue new access initiatives in south/central Somalia

• sustained OPV campaigns across HoA

• strengthen coordination, Nairobi
Middle East & Syria
Confirmed Polio in Syria

- 10 confirmed cases
- onset Aug - Oct
- probably EGY/PAK origin
- response plan ongoing
Wild Poliovirus in Environmental Samples

*Feb - Oct 2013*

- found in Israel in May
- historic samples +ve from Feb
- linked to Egypt, Dec 2012
- bOPV response ongoing
- detected in West Bank (Jul, Sept) & Gaza Strip (Aug)
' Declares the new international spread of wild poliovirus an emergency for all Eastern Mediterranean Member States....'
• Oman: US$ 5 million in new funding

• Saudi Arabia: facilitate role of religious scholars

• UAE: scale-up engagement in FATA/Pakistan

• SYR, LEB, JOR, IRQ, EGY, oPT: coordinated outbreak response
## Multi-country Response

### TENTATIVE SIA PLANS – TO BE CONFIRMED

<table>
<thead>
<tr>
<th>Round</th>
<th>Place</th>
<th>Proposed Date</th>
<th>Vaccine</th>
<th>Amount &lt;5y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round 1</td>
<td>Syria</td>
<td>24 Oct</td>
<td>tOPV</td>
<td>1.6 m</td>
</tr>
<tr>
<td>Round 2</td>
<td>Deir Al Zour</td>
<td>27 Oct</td>
<td>tOPV</td>
<td>100,000</td>
</tr>
<tr>
<td>Round 2</td>
<td>7 countries</td>
<td>by 15 Nov</td>
<td>bOPV tOPV</td>
<td>20 m</td>
</tr>
<tr>
<td>Round 3</td>
<td>7 countries</td>
<td>by mid Dec</td>
<td>bOPV tOPV</td>
<td>20 m</td>
</tr>
</tbody>
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### Map

- **SUSPECTED POLIO CASES**
- **REFUGEE CAMP**
- **ZONE 1 (KNOWN INFECTED AREA)**
- **ZONE 2 (AREA AT IMMEDIATE RISK)**
- **ZONE 3 (OTHER PARTS OF COUNTRY)**
Optimizing Coverage within Syria

- detailed mapping & engagement with humanitarian actors
- detailed mapping of access, conflict & actors
- actively exploring all options with Govt of Syria & UN system
Middle East Outbreak

*Operations Management*

<table>
<thead>
<tr>
<th>Location</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amman</td>
<td>- multi-country/agency coordination</td>
</tr>
<tr>
<td></td>
<td>- senior team leader deployed</td>
</tr>
<tr>
<td>Damascus</td>
<td>- expert team on-site</td>
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<tr>
<td></td>
<td>- microplanning/humanitarian pauses</td>
</tr>
<tr>
<td>Gaziantep</td>
<td>- support to southern Turkey/NGOs</td>
</tr>
</tbody>
</table>
Positive Factors to Limit Int'l Spread

• very strong vaccination culture

• very high coverage before crisis

• pre-planned campaigns for Nov-Dec

• heading into cold/low-transmission season

• very strong leadership, government, UN & humanitarian system support (OCHA, UNHCR, NGOs...)
Cameroon & Central Africa
'Orphan' Poliovirus, Cameroon

- 10 year old child
- fully vaccinated (3 doses)
- date of paralysis 1 Oct 2013
- 'orphan' virus: last seen in Chad nearly 3 years ago
- multi-country investigation & response plans ongoing
Polio Surveillance Sensitivity
Cameroon & Surrounding countries

Non Polio AFP Rate
- < 1
- 1 – 1.99
- 2 - 3.99
- >= 4

Sample Adequacy
- < 50%
- 50 – 79.99%
- >= 80%
- No Data

Maps show the distribution of Non Polio AFP Rate and Sample Adequacy across different regions.
Summary
Stop ongoing outbreaks:
- Syria
- Somalia
- Cameroon

Reduce vulnerability:
- Middle East
- Horn of Africa & Central Africa

Enhance access: Pakistan & Nigeria
Ongoing WHO Initiatives (ex.)

DG-led Polio Endgame Mgmt Team

Senior staffing of Amman & Nairobi hubs

15 additional posts in Geneva

Dedicated 'access' unit

Convening IHR Expert Committee
• absence of Type 3 virus opens the doors to enhanced tools (i.e. mOPV1)

• reinfection in areas of vaccination bans is increasing community demand for OPV

• influential parties increasingly offer to assist with access & negotiations

• fast-track IPV introduction will enhance eradication capacity & reduce vulnerability
Over-riding priority: establish access in all infected & highest risk areas in advance of the 2014 low-season.