

Dear Colleagues,

On 10 August, we were all disheartened by the confirmation of an outbreak of polio in Nigeria, a country that has worked hard to stop the virus and had not reported a case since July 2014. Two children in northeast Borno State have been infected by wild poliovirus type one. These two infections occurred in Gwoza and Jere, both of which have been difficult to reach due to insecurity. Genotyping revealed that the closest link was to a 2011 case from Borno, indicating that the virus has been circulating undetected for years. This outbreak is a strong reminder that access remains a challenge in certain areas, and every country needs to remain vigilant by strengthening surveillance systems and vaccinating all children against polio.



As recently as 2012, Nigeria accounted for more than half of all polio cases worldwide, but after four years of intensified and focused efforts, almost all of the country stopped transmission of the virus. This progress has been the result of concerted efforts by all levels of government, civil society, religious leaders, thousands of dedicated health workers, and hundreds of thousands of community volunteers. Despite these efforts, unique challenges persist, causing the transmission of polio to continue in northeastern Nigeria. More than seven million people from this area have limited access to basic health and other essential services, with deadly consequences. This crisis has resulted in a humanitarian crisis, and the World Health Organization declared the situation a Grade 3 emergency on 19 August.

The Nigerian polio eradication program is intensifying its efforts, with an immediate vaccination campaign that has already reached 800,000 children and much larger responses to follow in the coming weeks. The Nigerian Ministry of Health, supported by the Global Polio Eradication Initiative, is finalizing a detailed risk analysis of the potential extent of this outbreak and levels of population immunity. Surveillance and immunization activities, including a multi-country vaccination response, will be further evaluated and strengthened in Nigeria and neighboring countries. Mobilizing and securing additional resources and funds for these activities is essential.

It is not unexpected to find polio transmission in the last stages of eradication. This recent discovery does not discount the gains made in Nigeria or on the African continent, but rather underscores the importance of surveillance. **Every country in Africa and elsewhere needs to assess areas with limited access to find out if there are other pockets where the virus is hiding, preying on neglected and isolated children and families.** Although this outbreak changes Africa's timeline for regional certification, it does not immediately affect our overall global certification timeline.

Thank you for your continued commitment and support to end polio once and for all. Your continued advocacy and support is needed now more than ever.

A handwritten signature in black ink, reading "Thomas R. Frieden". The signature is fluid and cursive.

Thomas R. Frieden, MD, MPH
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Chairman, Polio Oversight Board