

Dear Colleagues,

As we enter the final quarter of 2016, four areas are top of mind for action. First, recognition that poliovirus has continued to circulate endemically in Nigeria highlights the importance of improving surveillance and the need to rapidly stop transmission. The humanitarian crisis in the Lake Chad region adds to the urgency of implementing top quality surveillance and control. Second, improvements in in Afghanistan and Pakistan put us on the cusp of interruption, but we must redouble our efforts to ensure success. Third, while focusing on interrupting the virus, we must also strengthen transition planning so polio assets are used to promote and protect health. Fourth, we need to contain the virus to minimize the risk that polio is re-introduced after eradication.

Genetic analysis shows that wild polio virus was circulating undetected in the Borno region of Nigeria for nearly five years. For much of that time, some or all of this area was inaccessible, leading to gaps in surveillance and immunization. With migration patterns, the virus in Nigeria could easily circulate among Niger, Chad, Cameroon, and the Central African Republic. Five rounds of supplemental immunization activities (SIAs) are scheduled in the region; two rounds have been completed. Early results suggest inadequate coverage to protect children in areas that are hard to reach for security or other reasons. All efforts need to be taken to strengthen vaccine delivery in these settings. In Nigeria, the partnership is linking with the United Nations humanitarian emergency response to improve outcomes. All of Africa needs to rigorously review surveillance to identify places polio may be continuing to spread undetected.

The Afghanistan and Pakistan programs are improving collaboration efforts by synchronizing SIAs, providing cross-notification of acute flaccid paralysis cases, and implementing joint microplanning. Quality improvement and case detection and response in each of the remaining reservoirs are critical. Nigeria highlights the danger of surveillance blind spots in inaccessible areas, and this is a particular concern for Afghanistan.

While we close in on wild poliovirus, countries need to accelerate transition planning so polio assets continue to detect, respond, and prevent vaccine-preventable diseases and other threats to child survival. Resources will continue to strengthen surveillance for polio but also need to improve a range of disease detection, response, and prevention activities, particularly accelerated action to eliminate measles. This will require careful planning by countries with partner engagement.

Finally, we need to accelerate polio containment. Containment requires that every country assess and address the potential presence of polio-containing specimens in every laboratory and follow the global guidance and timelines for their disposal or secure storage.

Thank you for all you do to protect the world's children.



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