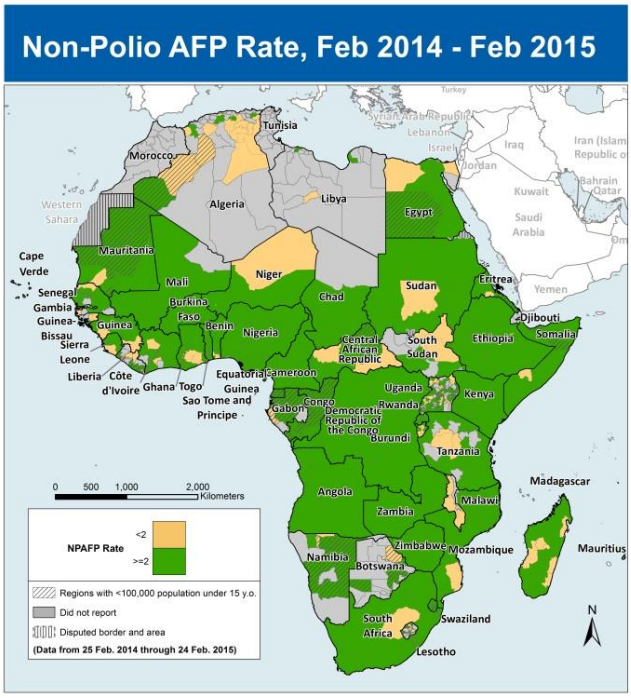
April 30, 2015

Dear Colleagues,

The most recent cases of polio in Africa occurred more than 6 months ago—August 2014 in Somalia and July 2014 in Nigeria. This is reason for cautious optimism, but we still have much work to do before Africa is certified polio-free. As you know, certification is a 36-month process of sustaining population immunity through high-quality supplementary immunization activities (i.e., vaccination campaigns), routine immunization services, and highly sensitive surveillance.

In Nigeria, although no wild poliovirus has been detected since July 2014, partners in country remain on the lookout for both wild poliovirus and circulating vaccine-derived poliovirus (cVDPV); both can paralyze children. The most recent cVDPV case in Nigeria was detected in November 2014 in Yobe. Although the Horn of Africa outbreak appears to be over, an estimated more than 300,000 children remain unreached by polio vaccine in Somalia because of insecurity. The Central Africa outbreak also appears to over, but many children remain at risk because of low levels of immunity and weak surveillance in the Central African Republic, Equatorial Guinea, and Gabon.



Certification-standard performance is defined as the achievement of a non-polio AFP rate of at least one non-polio AFP case per 100 000 population aged <15 years, with adequate stool specimens collected from at least 80% of cases.

Surveillance is the bedrock of all we do in public health; surveillance systems for polio need to be at certification-standard performance throughout Africa. Although most countries meet the minimum national criteria for acute flaccid paralysis (AFP) surveillance, there are districts and provinces reporting below the standard performance level needed for certification. To improve surveillance quality, Global Polio Eradication Initiative partners worked with ministries of health to conduct trainings in Cameroon, Equatorial Guinea, Nigeria, and the Democratic Republic of the Congo. Community-based surveillance, in which community health workers and local leaders report AFP cases, is ongoing, and plans exist to expand it in many countries. For example, in Ethiopia, working with nomadic groups in the Somali Region where the 2013–2014 outbreak occurred, community-based surveillance identified AFP cases that had not been detected through the existing AFP surveillance system. These efforts are ongoing and have been enhanced. The Bill & Melinda Gates Foundation is planning to fund local non-governmental organizations to work with the World Health Organization and ministries of health to enhance AFP case detection at the subnational level in 10 African countries in 2015.

In addition, supplementing AFP surveillance with expanded environmental surveillance will be important to detect polioviruses circulating in environmental sewage to monitor for transmission as the case count approaches zero. In Africa, environmental surveillance is currently used in Angola, Egypt, Kenya, and Nigeria, with expansion planned to Cameroon and Chad in 2015. In October 2013, environmental surveillance documented ongoing circulation of wild poliovirus in Nairobi, Kenya, although no polio cases were identified through AFP surveillance in Kenya after July 2013.

Vigilance is critical after the last polio case has been identified in a country. High-quality surveillance systems can help ensure that countries remain polio-free while supplementary immunization activities are conducted to close the immunity gaps. With highly sensitive surveillance for poliovirus fully implemented, we have the best opportunity of certifying that Africa is polio free in 2017.

Thank you for all you do to protect children's health.

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