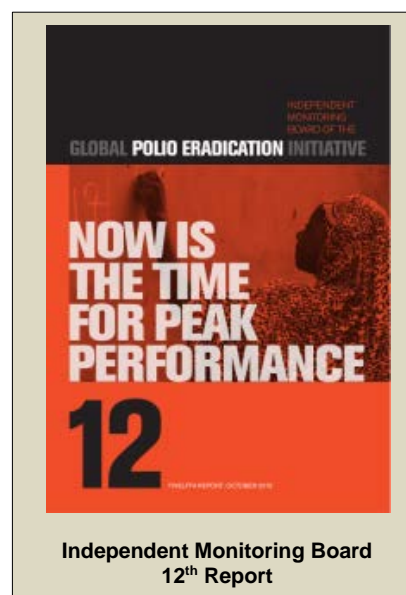


December 2015

Dear Colleagues,

The world is in a stronger position to eradicate polio than ever. No wild poliovirus (WPV) cases have been reported in Africa since August 2014, and Nigeria was removed from the list of polio-endemic countries in September 2015. Only one of the three wild poliovirus strains is likely still circulating—type 2 poliovirus was declared eradicated in September 2015 and type 3 has not been detected since November 2012 in Nigeria. Afghanistan and Pakistan are the only countries where polio remains endemic. In 2016, the Global Polio Eradication Initiative (GPEI) will partner with and support Afghanistan and Pakistan until polio's final reservoirs are extinguished. In October 2015, the Polio Independent Monitoring Board (IMB) released its [12<sup>th</sup> Report](#). Both the IMB and the Polio Oversight Board believe eradication is possible in 2016, if the program's performance in Pakistan and Afghanistan continues to improve rapidly and we sustain its global gains to date. In 2016, the three key focal areas are achieving peak performance, securing gains, and ensuring global coordination.



To achieve peak performance, much work remains for Pakistan and Afghanistan in 2016. Pakistan's Emergency Operations Center implemented new strategies, including health camps to provide polio vaccines and other health services to people in high-risk areas and inactivated polio vaccine (IPV) to boost the immunity provided by oral polio vaccine (OPV). The number of inaccessible children has declined to just 35,000 compared with 300,000 in 2014. However, widespread transmission continues, and Pakistan must improve immunization protection of children and surveillance. Peak performance in Afghanistan requires establishing an effective Emergency Operations Center, involving key organizations in eradication efforts, and improving performance and management. Continued political commitment and strengthened collaboration are needed to stop transmission in 2016.

In addition, we must secure gains in the African and Eastern Mediterranean regions. To be certified polio-free, we must strengthen surveillance and immunization systems. In April 2016, all countries using OPV are participating in the globally-coordinated switch from trivalent to bivalent OPV for routine and supplementary immunization. This switch will remove type 2 component, which will prevent this strain of vaccine-derived polio from emerging. To finish the job by 2019, GPEI needs to raise an additional US \$1.5 billion. We have made significant gains to stop polio transmission and cannot afford to go backward.

In 2015, the world also contained the West Africa Ebola epidemic. There are three key lessons that apply to eradicating both Ebola and polio. First, rapid detection of outbreaks and an immediate, robust response can stop transmission. Second, collaboration between the country's government, community leaders, and national and international partners is critical. Third, frontline workers are crucially

important, and we need to protect and support them so they can do their jobs. Thank you to all of the vaccinators committed to reaching every child and to all of the staff performing surveillance in the field.

As always, thank you for your contributions to protecting the world's children.



Thomas R. Frieden, MD, MPH  
Director, U.S. Centers for Disease Control and Prevention  
Chairman, Polio Oversight Board

