EUROPE

Regional Committee for Europe
Sixtieth session

Moscow, 13–16 September 2010

Provisional agenda item 6(1)

EUR/RC60/16 Add.1
10 September 2010
102583
ORIGINAL: ENGLISH

Poliomyelitis eradication in the WHO European Region: situation update

This paper provides up-to-date information on the situation with regard to the outbreak of imported poliomyelitis in the WHO European Region as of 10 September 2010. It replaces paragraphs 18–22 of document EUR/RC60/16 (updated material is shown in bold typeface).

WORLD HEALTH ORGANIZATION • REGIONAL OFFICE FOR EUROPE
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark Telephone: +45 39 17 17 17 Fax: +45 39 17 18 18
Electronic mail: postmaster@euro.who.int World Wide Web address: http://www.euro.who.int

Update on the outbreak in Tajikistan and the response to date

18. Since being informed of an increase in cases of acute flaccid paralysis (AFP) in Tajikistan in early April 2010, the WHO Regional Reference Laboratory in Moscow has confirmed a large polio outbreak (wild poliovirus type 1 related to virus from Uttar Pradesh, India). **As of 10 September 2010, 705 AFP cases have been reported by Tajikistan, with 456 laboratory-confirmed and 147 negative for wild poliovirus. The last confirmed polio case in Tajikistan had a date of onset of 4 July.** In response to the outbreak, WHO deployed a multidisciplinary team of experts to conduct an outbreak investigation and implement rapid response measures. **Four rounds of nationwide supplementary immunization activities (SIAs) have been conducted: two rounds in children aged <6 years and two in children aged <15 years. The short-interval additional dose strategy was implemented using monovalent OPV type 1 (mOPV1) vaccine to rapidly enhance population immunity and stop transmission. Reported vaccine coverage for the four rounds has been over 98% nationally. Tajikistan will conduct a mop-up campaign using mOPV1 vaccine in 34 districts from 13 to 17 September 2010, and two additional nationwide rounds of immunization with trivalent oral polio (tOPV) vaccine are planned for 4–8 October and 8–12 November 2010 to cover susceptible populations aged 15 years or younger. From 1 January to 10 September 2010, the Russian Federation reported 251 AFP cases; 12 were laboratory-confirmed cases of wild poliovirus type 1. The latest reported polio case was confirmed in a child aged 2 years in the Chechen Republic, with a date of onset of 10 August 2010. Turkmenistan has reported 37 AFP cases in 2010; three cases were laboratory-confirmed for wild poliovirus type 1, 33 were negative. All three confirmed poliovirus cases were reported from Lebap *oblast,* with a date of paralysis onset in June 2010. Two rounds of nationwide SIAs have been conducted: the first targeted all children aged 0–5 years with tOPV vaccine, while the second targeted persons aged 15 years or younger with mOPV1 vaccine. There will be a third round in September targeting all persons aged 15 years or younger.**

19. In response to the outbreak, WHO alerted all Member States, as required under the International Health Regulations, and has provided regular updates through the reporting system. WHO asked all European Member States to strengthen surveillance for polio to be able to detect any importation on time, to review immunization status at subnational levels, with a focus on high-risk geographical areas and population groups, and to be prepared for an immediate response in case of an importation. There were no recommendations for restrictions on international travel and trade. However, WHO recommended vaccination of travellers to and from the polio-infected area until the polio outbreak is determined to be interrupted.

20. The Regional Office also conducted a rapid and comprehensive risk assessment including an analysis of surveillance, laboratories, and immunization for ten countries, on the basis of which it defined high-risk areas and provided recommendations for an appropriate response.

21. The first priority is to stop the outbreak in the Region; the second is to prevent further spread. **This risk has been shown to be real, with cases imported into the Russian Federation and Turkmenistan. Neighbouring countries have accordingly prepared or already conducted SIAs: Uzbekistan (three nationwide rounds, one mop-up in 7 districts of Surkhandarya and one more nationwide round planned), Kyrgyzstan (two nationwide rounds), and Kazakhstan (one nationwide round).** Thereafter, AFP surveillance needs to be strengthened in countries not meeting certification-standard surveillance and evidence for interrupting the transmission should be provided. These actions are short-term and long-term efforts for the next 12–18 months.