

Tajikistan Polio Outbreak and Regional Response

Summary

As of 1 August 2010, Tajikistan had reported 452 laboratory-confirmed cases of wild poliovirus type 1, with 20 deaths (4.4%). The latest confirmed poliomyelitis (polio) cases had disease onset on 4 July 2010. Seven cases had been laboratory confirmed for wild poliovirus type 1 in the Russian Federation.

Kyrgyzstan conducted its first round of national immunization days (NIDs) on 19–23 July. In total, 630 598 children under the age of 5 were immunized, representing 98% coverage of this target population. Four rounds have been held in Tajikistan and three in Uzbekistan. Both countries reported extremely high coverage, which independent monitors confirmed. In Turkmenistan, the first round of NIDs was conducted on 12–18 July, targeting all children aged 0–5 years.

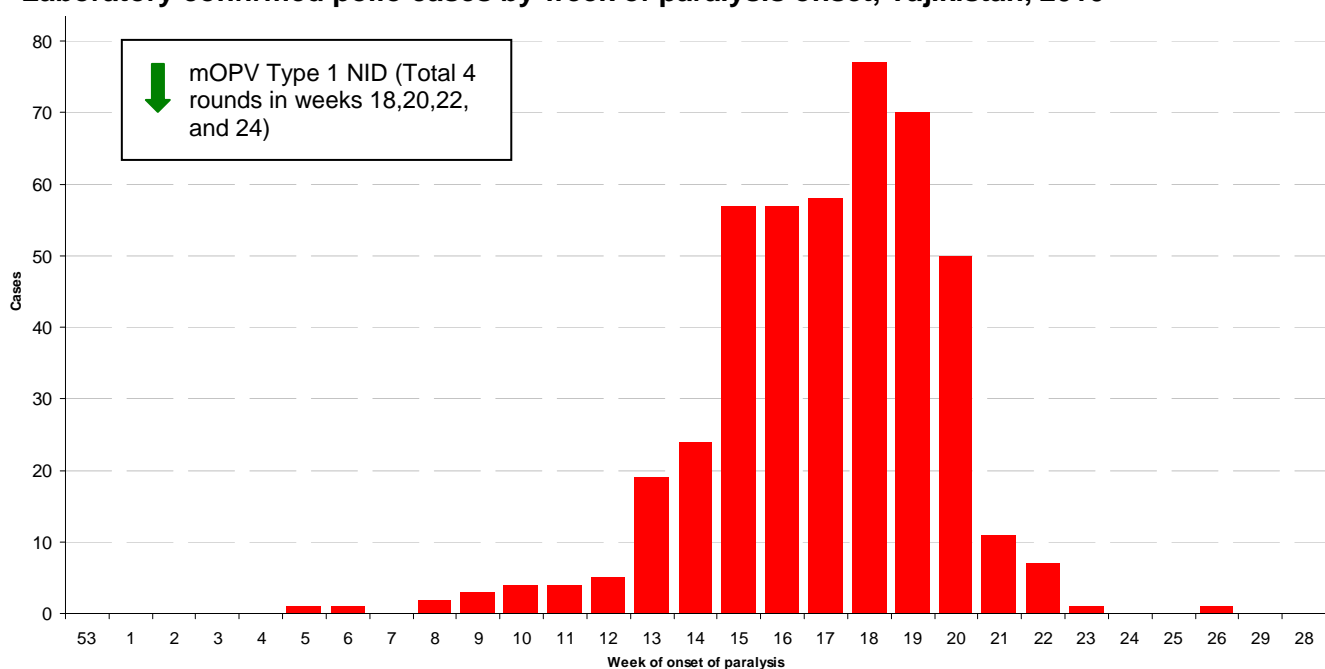
The WHO European Region has experienced the first importation of wild poliovirus since it was certified as polio free in 2002. As of 1 August 2010, Tajikistan had reported 452 laboratory-confirmed cases of wild poliovirus type 1 (Fig. 1).

These cases were reported from 32 of 61 administrative territories (58 districts and 3 cities – Dushanbe, Khudjand and Kurgan-Tube). There was no evidence of transmission to the Gorno-Badakhshan Autonomous oblast (GBAO).

There have been 20 deaths among the confirmed polio cases (4.4%): 4 in infants (aged under 1 year), 8 in children aged 1–5 years, 6 in children aged 6–14 and 2 in people aged 15 or older. Of the 452 confirmed cases, 89 (20%) were in infants (aged under 1 year), 223 (49%) in children aged 1–5 years, 88 (19%) in children aged 6–14 and 52 (12%) in people aged 15 or older.

In addition, seven acute flaccid paralysis (AFP) cases have been laboratory confirmed for wild poliovirus type 1 in the Russian Federation (Fig. 2). The latest

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Laboratory confirmed polio cases by week of paralysis onset, Tajikistan, 2010*



Note: Total 452 confirmed wild poliovirus type 1

*Data as of 1 August 2010

reported case was confirmed in a girl aged almost 6 months, in Khabarovsk, with a date of onset of 2 July. Case investigation is continuing.

Distribution of laboratory-confirmed imported polio cases by Oblast, Russian Federation, 2010



• = 1 case (Total 7 cases as of 30 July, 2010)

In Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan, WHO continues to provide technical assistance in strengthening AFP surveillance for possible polio cases. At this stage, surveillance is critical to ensure that any spread of poliovirus is rapidly detected, and to show the effectiveness of aggressive control measures to interrupt transmission.

WHO/Europe conducted a rapid assessment of AFP surveillance in Tajikistan on 26–30 July 2010. Four field teams travelled to 4 regions and 15 districts/cities for 3 days of field visits to review AFP surveillance practice at all levels. The teams concluded that the AFP surveillance in Tajikistan is currently sensitive enough to detect most cases, and cases are reported and investigated through the system.

NIDs

In Tajikistan, preliminary administrative reports from all four rounds of supplemental immunization activities (SIAs) show very high nationwide coverage: 99.3% or higher, ranging from 90.6% in the Rasht valley for the third round to 99.8% in many districts for all four rounds. Final monitoring reports from rounds 3 and 4 are under preparation. For all rounds, subsequent monitoring will assess coverage in officially targeted age groups only. Further rounds of SIAs with monovalent oral polio vaccine type 1 (mOPV1) will be considered following consideration of the epidemiological data on the outbreak and laboratory results for specimens taken from AFP cases in May and July.

Three rounds of SIAs with mOPV1 were conducted in Uzbekistan in June–July, with high nationwide coverage reported. Final reports show nationwide coverage of over 100% during each round. Reported administrative coverage in the regions was 99.8–106.7%.^a Independent monitoring data show similarly high results.

In addition, the Ministry of Health of Uzbekistan vaccinated with mOPV1 42 963 of 61 108 refugees younger than 15 years of age on the border or in refugee camps. Documenting these vaccination activities (immunization cards for refugees) was not performed.

In Kyrgyzstan, the first round of NIDs (scheduled for 19–23 July) was extended to 27 July. Awareness was high and the public and medical professionals welcomed the campaign. It deployed 103 mobile teams to hard-to-reach areas. Each vaccinated child was provided with a special vaccination card, also to be used in the second round (on 23–27 August). United Nations Children's Fund (UNICEF) and WHO staff, as well as officials of the Ministry of Health, conducted field monitoring all over the country. According to the Ministry, the campaign achieved 98% coverage nationwide.

In Turkmenistan, the first round of NIDs started on 12 July, targeting all children aged 0–5 years. Major cities (Ashgabat and Turkmenbashi) started immunization activities earlier, on 24 May, and preliminary reported nationwide vaccination coverage was 99%. The second round of NIDs will be carried out on 16–22 August 2010, targeting children aged 0–15 years. With the Ministry of Health and Medical Industry, the WHO Country Office, Turkmenistan is developing a budget and estimating the demand for vaccine. As with the other country campaigns, WHO/Europe, WHO headquarters and UNICEF have worked with partners to raise the necessary funds and provide vaccine.

The Government of Kazakhstan has approved a decree to conduct one round of nationwide SIAs with trivalent oral polio vaccine (tOPV). The dates of the campaign are being discussed.

^a Coverage over 100% means that more people were vaccinated than in the catchment area. This is usually due to an under-estimation of the population size, or due to migration of populations.

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