

## Endemic Wild Poliovirus

Endemic countries		WPV History		Major Process Indicators		Risk Assessment		
		Date of last WPV	weeks since last WPV	Immunization	Surveillance	Immunization performance (strong, intermediate, weak)	Surveillance performance (strong, intermediate, weak)	Overall risk of failure to detect and interrupt WPV transmission (risk / trend)
				Country-specific**	# 2: NPAFP rate > 2 achieved at sub-national level (Yes /No)			
1	Afghanistan*	23-May-10	6	#11 - No	Yes	Weak	Intermediate	High: <i>stable</i>
2	India*	14-Jun-10	2	#12 - Analysis expected 4th quarter	No	Strong	Strong	Moderate: <i>decreasing</i> ***
3	Nigeria	01-Apr-10	13	#13 - No	Yes	Weak	Intermediate	High: <i>decreasing</i>
4	Pakistan*	24-Jun-10	1	#14 - No #15 - No	No	Weak	Intermediate	High: <i>increasing</i>

\* Country reported at least 1 case with a July onset as of 16 August 2010

\*\* GPEI country specific process indicators:

# 11	Afghanistan: <10% missed children during at least 4 SIAs in each of the 13 conflict-affected districts with persistent transmission in the Southern Region
# 12	India: >95% population immunity to type 1 polio sustained in the persistent transmission areas of western Uttar Pradesh, and achieved in the persistent transmission areas of central Bihar.
# 13	Nigeria: <10% 0-dose children (per NP AFP data) in each of the 12 high-risk states (including the 8 persistent transmission states)
# 14	Pakistan: <15% missed children during at least 8 SIAs in every district of the Quetta area and the persistent transmission districts and agencies of NWFP and FATA
# 15	Pakistan: <10% missed children during at least 4 SIAs in every town of Karachi

\*\*\* Three or more states have had virus in the last 6 months (refer to methods section)

### AFGHANISTAN

#### Epidemiologic Situation:

In Afghanistan, poliovirus transmission during January–June 2010 predominantly occurred in the 13 high-risk districts in the conflict-affected South Region; 12 WPV cases (4 WPV1 and 8 WPV3) have been confirmed in 2010, compared with 13 (12 WPV1 and 1 WPV3) during the same time period in 2009. The number of districts affected by WPV have remained largely unchanged from the same period in 2009 (11) to 2010 (10). Two cVDPV2 cases have been identified in Afghanistan during 2009–2010.

#### Immunization Performance:

The Major Process Indicator target is <10% missed children during at least 4 SIAs in each of the 13 conflict-affected districts with persistent transmission in the Southern Region. SIA monitoring data available for the 13

high-risk districts indicate that in all 13, the target of <10% missed children has consistently not been reached in 2010 SIAs.

The reported immunization status of children with NPAFP 6–35 months of age indicates high coverage viewed nationally (1% 0-dose children) and sub-nationally (all provinces having <10% 0-dose children). The overall proportion of children 6–35 months of age with 4+ doses of OPV (94%) is consistent with the WHO/UNICEF estimate of Pol3 coverage (83%). However, these data mask substantial differences in high-risk districts of the south region. Because of the emphasis on SIA monitoring data in high-risk districts in assessing program progress, immunization performance is weak.

Surveillance Performance:

The Major Process Indicator target for all endemic, re-established transmission and “importation belt” countries is NPAFP rate >2 in all sub-national levels (GPEI#2). Overall AFP surveillance performance indicators generally meet targets nationally and sub-nationally, despite access problems in the conflict-affected districts. Adequate specimen collection from children with AFP is <80% in one province. Surveillance performance is strong by these indicators; recently, however, virologic analysis has indicated a genetic linkage which is distant, indicating missed chains of transmission and intermediate surveillance performance in some areas.

Risk Assessment:

While the number of WPV1 cases has decreased during 2010 compared to the same time period in 2009, WPV3 cases have increased and therefore the total number of WPV cases reported in Afghanistan has not substantially changed

Afghanistan has a high, stable risk of failure to detect and interrupt WPV transmission by the end of 2011 because both WPV1 and WPV3 continue to circulate in insecure districts in the south region. Additionally, two cVDPV2 cases have been identified in Afghanistan during 2009–2010 suggesting ongoing limitations in routine immunization and a need to balance mOPV/bOPV use in SIAs with at least two tOPV SIAs per year.

**Afghanistan has a high, stable risk of failure to detect and interrupt WPV transmission by the end of 2011 because of ongoing problems in accessing children in insecure southern areas.**