

Risk Assessment:

Substantial reductions in the number and extent of identified WPV1, WPV3, and cVDPV2 cases and affected districts during January–June 2010 compared with the same period in 2009 in Nigeria suggests marked improvements in coverage during SIAs since early- to mid-2009.

Within high-risk northern states, a high proportion of children remain at risk as a result of focal areas with low routine immunization and SIA coverage and high birth rates. Because there are uncertainties in the quality of AFP surveillance by the virologic evidence and because there are decreased but still sizable subpopulations of missed children, Nigeria has a high, decreasing risk of failure to detect and interrupt WPV transmission by the end of 2011. Furthermore, potential disruptions in services during the state and federal elections planned for early 2011 could limit program progress.

If progress in Nigeria can be sustained, WPV transmission in Nigeria could be interrupted in the near future. However, with a high proportion of 0-dose children in some areas, Nigeria has a high, decreasing risk of failure to detect and interrupt WPV transmission by the end of 2011.

PAKISTANEpidemiologic Situation:

In Pakistan during January–June 2010, 31 WPV cases (15 WPV1 and 16 WPV3) have been confirmed in 2010, compared with 22 (14 WPV1 and 8 WPV3) during January–June 2009. The number of districts affected by WPV have remained largely unchanged from 2009 (17) to 2010 (19) and are located in the northern transmission zone (most of Khyber Pakhtunkhwa [formerly North West Frontier Province] and the federally administered tribal areas [FATA], bordering eastern Afghanistan), and the southern transmission zone (bordering south Afghanistan, extending into Pakistan through Balochistan into the towns around Karachi, Sindh).

Immunization Performance:

The Major Process Indicator targets are <15% missed children during at least 8 SIAs in every district of the Quetta area and the persistent transmission districts and agencies of Khyber Pakhtunkhwa and FATA and <10% missed children during at least 4 SIAs in every town of Karachi. Of the five SIA rounds in 2010, house-to-house SIA independent monitoring indicated <10% missed children in most districts in most rounds. The target of <15% missed children has been reached in all SIA rounds in Peshawar district in Khyber Pakhtunkhwa, the monitored districts of FATA, and one of three monitored districts in Balochistan. Among the 18 monitored towns of Karachi, house-to-house SIA independent monitoring indicated <10% in five for all five SIA rounds to date; no other town had results from at least 4 rounds meeting the criterion.

The reported immunization status of children with NPAFP 6–35 months of age suggests high coverage viewed nationally (2% 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 generally consistent with the WHO/UNICEF estimate of Pol3 coverage of 85% except in Khyber Pakhtunkhwa, where <80% of children

6–35 months of age with NPAFP have 4+ doses of OPV. However, these data mask the substantial differences that still are apparent in the high-risk districts in both transmission zones. Because of the emphasis on SIA monitoring data, 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 Khyber Pakhtunkhwa Province. However, only 86% of provinces meet the target NPAFP rate. Among supplemental data, the initiation of sewage sampling (environmental surveillance) and genomic sequence analysis of WPV isolates from AFP and environmental surveillance have indicated apparent weaknesses in AFP detection, investigation, specimen collection and/or transport in some areas of the country. Surveillance performance is intermediate.

Risk Assessment:

Circulation of both WPV serotypes persists in high-risk districts in both transmission zones. WPV1 cases have remained relatively unchanged during 2010 compared to the same time period in 2009 however, WPV3 cases have increased. Although Pakistan did not meet SIA monitoring targets in all locations, there were many areas where the targets had been met. With the humanitarian disaster that has occurred with the recent massive flooding, all immunization and surveillance services will be seriously disrupted throughout Pakistan, but particularly in the specific areas of most severe flooding, where WPV has been circulating. Pakistan has a high, increasing risk of failure to detect and interrupt WPV transmission by the end of 2011.

Because of long-standing weakness in immunization performance and the additional uncertainty of the long-term impact of the flooding crisis, Pakistan has a high, increasing risk of failure to detect and interrupt WPV transmission by the end of 2011.

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