

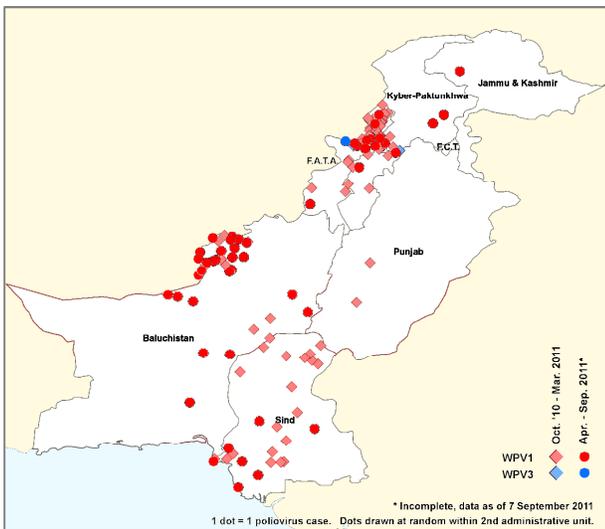
PAKISTAN

| Immunization | | | | | Surveillance | | | | |
|--------------------------------------|---------------------------------|---|-----------|------------|--------------------------|-------------------------------------|------------------------|------------|--------------------------|
| 12-month immunization indicator | | | National | | Immunization Performance | Percent of states / provinces with: | | Virology | Surveillance Performance |
| District: % missed children in SIAs* | % children with > 6 OPV doses** | Overall 12-month immunization indicator | POL3 | 0-dose | | NPAFPR >= 2*** | Adeq. Stools >= 80%*** | | |
| Weak | Weak | Weak | 88 | 2.3 | | Weak | 100 | 100 | Some |

* 12-month district immunization indicator: Based upon Pakistan's 2011 MPI for immunization (% missed children in SIAs) but using SIAs conducted during the previous 12 months (8 Sept 2010 – 7 Sept 2011). Additional details in the 3rd Quarter 2011 Progress Report of the GPEI Process Indicators for 2011 and Methods Supplement.

** >6 dose immunization indicator: Based upon Pakistan's 2011 MPI for immunization (>6 OPV dose) but using OPV dose information within NPAFP surveillance data from the previous 12 months (8 Sept 2010 – 7 Sept 2011). Additional details in the 3rd Quarter 2011 Progress Report of the GPEI Process Indicators for 2011 and Methods Supplement.

*** based on the upper 90% confidence limit



Pakistan has a high risk of failure to detect and interrupt WPV transmission by the end of 2011. After a WPV3 case on 18 November 2010, the only subsequent WPV3 case detected since had onset 9 June 2011, suggesting that WPV3 transmission could be interrupted in the near future; limited surveillance would nonetheless hamper interpretation. However, circulation of WPV1 in January–September 2011 has increased compared to the same period in 2010. Assessment of SIA monitoring during the last 12 months met the MPI criteria in Peshawar, Khyber Pakhtunkhwa (KP), but not elsewhere in KP or in FATA and the Quetta area of Balochistan. Dose history in children with NPAFP in Sindh and Punjab also did not meet the MPI criteria. Therefore immunization performance remains weak. Outside the house monitoring data have not been

reported for secure areas in Punjab, Sindh and Balochistan. Surveillance indicators meet standards at national and state levels; however, performance is assessed to be intermediate because of virologic evidence of chains of transmission missed by AFP surveillance, including analysis of isolates from environmental surveillance. Despite the absence of recent WPV cases detected in Punjab, environmental surveillance continues to detect WPV1 transmission. The risks of missing children in sub-populations during SIAs and through surveillance are high. Emergency response plans are being implemented to address the serious weaknesses in immunization and surveillance performance in Pakistan, but have yet to be fully implemented down to the District and Union Council levels. The extensive circulation of WPV1, suboptimal surveillance and the lack of evident progress in SIA implementation indicate that Pakistan poses a high risk to the success of the GPEI to interrupt all WPV transmission by end-2012.

| Current Quarter | 2nd Qrt. Report |
|--|--|
| Overall risk of failure to detect and interrupt WPV transmission | Overall risk of failure to detect and interrupt WPV transmission |
| High | High |

| | | |
|-----------------|----------|--|
| GPEI MPI | end-2010 | <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 |
| | end-2010 | <10% missed children during at least 4 SIAs in every town of Karachi |
| | end-2011 | <10% missed children during at least 8 SIAs in the Quetta area and in the persistent transmission districts and agencies of NWFP and FATA |
| | end-2011 | >90% of children with >6 doses of OPV in Sindh and Punjab |