

GLOBAL POLIO ERADICATION INITIATIVE (GPEI) STATUS REPORT; 3RD QUARTER 2012

24 OCTOBER 2012

ANNEX

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Districts with wild poliovirus cases by country in 2011 and 2012

Country classification	total districts in infected countries ³	2011 total infected districts	01 Jan - 09 Oct ²							Date of most recent case
			2011 districts Infected			2012 districts Infected				
			W1	W3	Total	W1	W3	W1+W3	Total	
Endemic										
Pakistan	142	57	38	1	38	26	1	1	26	25-Sep-12
Afghanistan	329	34	15		15	13			13	20-Sep-12
Nigeria	774	42	18	7	24	40	15		52	12-Sep-12
India*	645	1	1		1					13-Jan-11
Total	1890	134	72	8	78	79	16	1	91	
Re-established transmission										
Chad	61	30	24	1	25	3			3	14-Jun-12
DRCongo	509	38	36		36					20-Dec-11
Angola	164	2	1		1					07-Jul-11
Total	734	70	61	1	62	3	0	0	3	
Outbreak										
Niger	42	3	1	1	2					22-Dec-11
CAR	24	1	1		1					08-Dec-11
China	3092	4	2		2					09-Oct-11
Guinea	38	2		2	2					03-Aug-11
Kenya	153	1	1		1					30-Jul-11
Côte d'Ivoire	102	23		23	23					24-Jul-11
Mali	60	6		6	6					23-Jun-11
Congo	30	1	1		1					22-Jan-11
Gabon	51	1	1		1					15-Jan-11
Total	3592	42	7	32	39	0	0	0	0	
Global total	6216	246	140	41	179	82	16	1	94	

¹ Empty cells indicates no districts infected. ²Data in WHO/HQ as of 11 Oct 2011 for 2011 data and as of 09 Oct 2012 for 2012 data. ³ Source: WHO/UNICEF 2011 Joint Reporting Form (as of May 2012). *As of 28 February 2012, India is no longer considered to be a polio-endemic country.

Data as of 9 October 2012

Standard surveillance indicators in 2011 and 2012 *

AFGHANISTAN

NPAFP Rate and Stool Adequacy

NPAFP rate

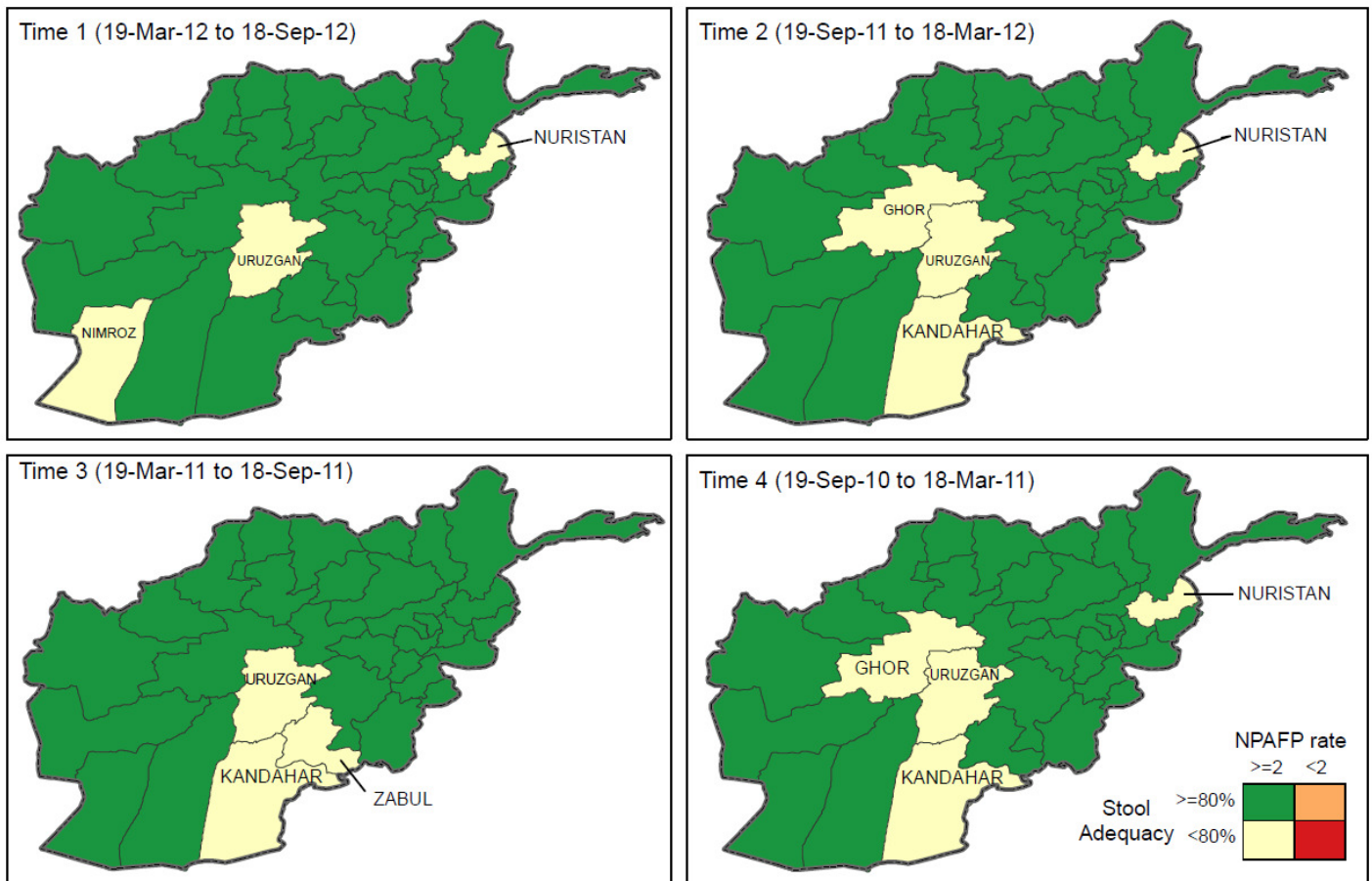
NPAFP rate		% prov. with ≥ 2 NPAFP rate
National	Sanctuary*	
9.9	10.6	100.0

Percent adequate stool

% adequate stool		% prov. with $\geq 80\%$ adequate stool
National	Sanctuary*	
91.4	90.6	90.6

* Includes Farah, Helmand, Kandahar, Nimroz, Uruzgan, and Zabul provinces.

Trends in NPAFP rate and percent adequate stool



Notes:

*For NPAFP rates, NPAFP cases among children aged 6-35 months from 19 Sep 2011 to 18 Sep 2012 (as of 18-Sep-12) are included. Stool adequacy is calculated as 2 stools collected within 14 days of paralysis onset and in "good" condition as reported by the receiving laboratory...

Immunization (0-dose and ≥4-doses OPV)

Percent children with 0-dose OPV

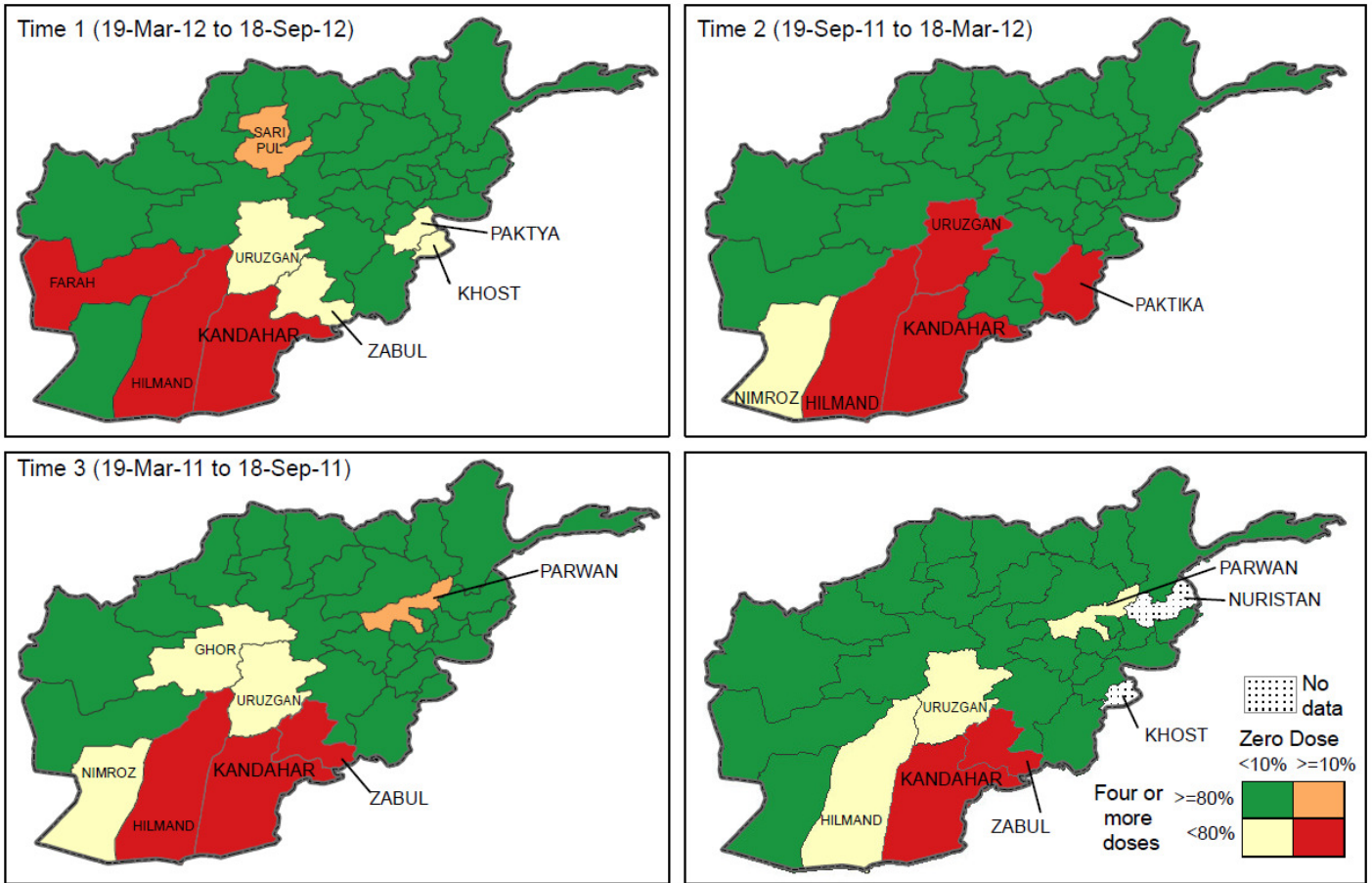
% 0-dose children		% prov. with <10% 0-dose children
National	Sanctuary*	
4.7	17.7	84.4

Percent children with ≥4-doses OPV

% ≥4-dose children		% prov. with ≥80% ≥4-dose children
National	Sanctuary*	
86.0	55.9	81.3

* Includes Farah, Helmand, Kandahar, Nimroz, Uruzgan, and Zabul provinces.

Trends in percent 0-dose and ≥4-dose children



PAKISTAN

NPAFP Rate and Stool Adequacy

NPAFP rate

NPAFP rate					% prov. with ≥ 2 NPAFP rate
National	Sanctuary*				
	FATA	Karachi area	KP province	Quetta area	
6.1	6.7	n/a	7.6	n/a	100.0

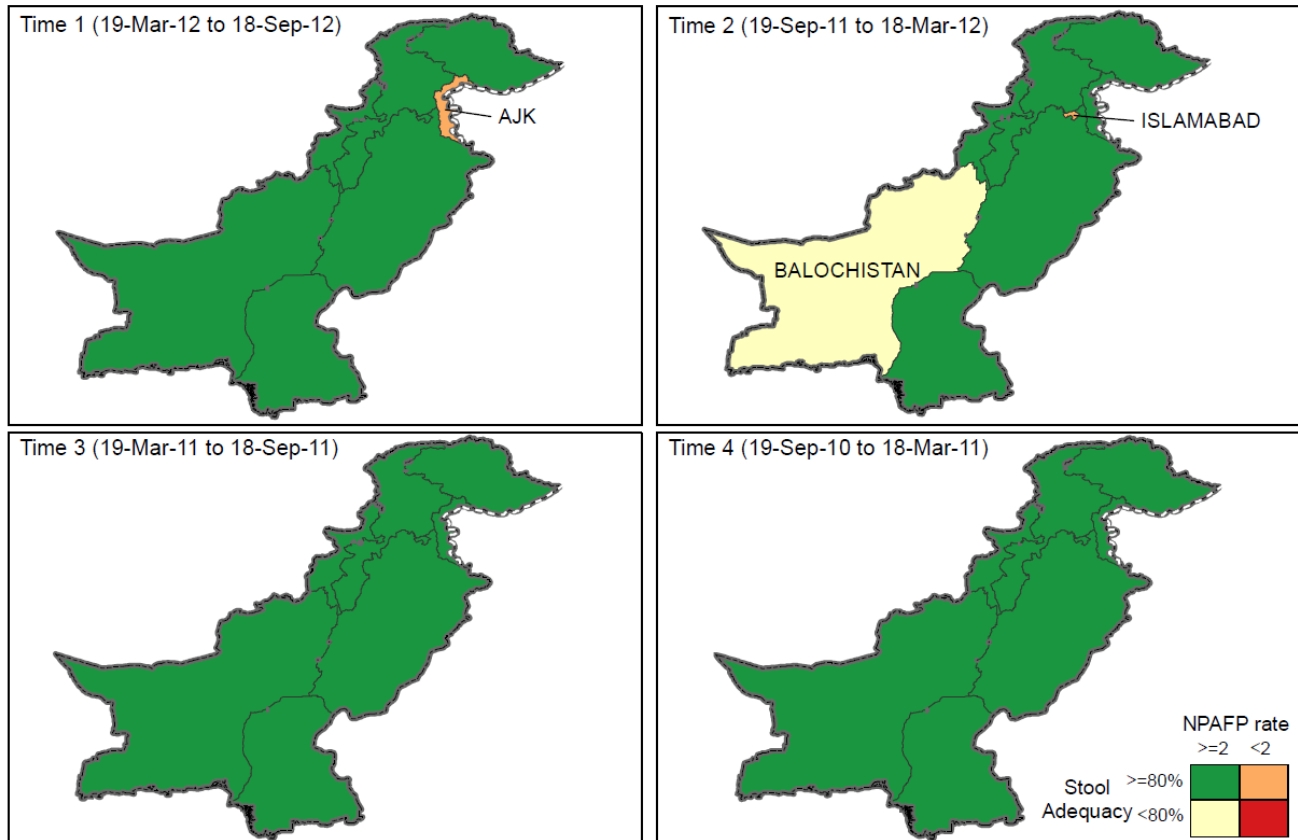
Percent adequate stool

% adequate stool					% prov. with $\geq 80\%$ adequate stool
National	Sanctuary*				
	FATA	Karachi towns	KP prov.	Quetta area	
88.2	84.8	n/a	85.2	n/a	87.5

*Karachi sanctuary includes the three high-risk towns of Baldia, Gadap, and Gulshen Iqbal; Quetta sanctuary includes the three high-risk districts of Quetta, Killas Abdullah, and Pishin.

n/a: Not available - sanctuary is defined at the sub-province level, due to small numbers these data are not reported.

Trends in NPAFP rate and percent adequate stool



Immunization (0-dose and ≥4-doses OPV)

Percent children with 0-dose OPV

National	% 0-dose children				% prov. with <10% 0-dose children
	Sanctuary				
	FATA	Karachi area	KP province	Quetta area	
2.2	28.4	n/a	1.7	n/a	77.8

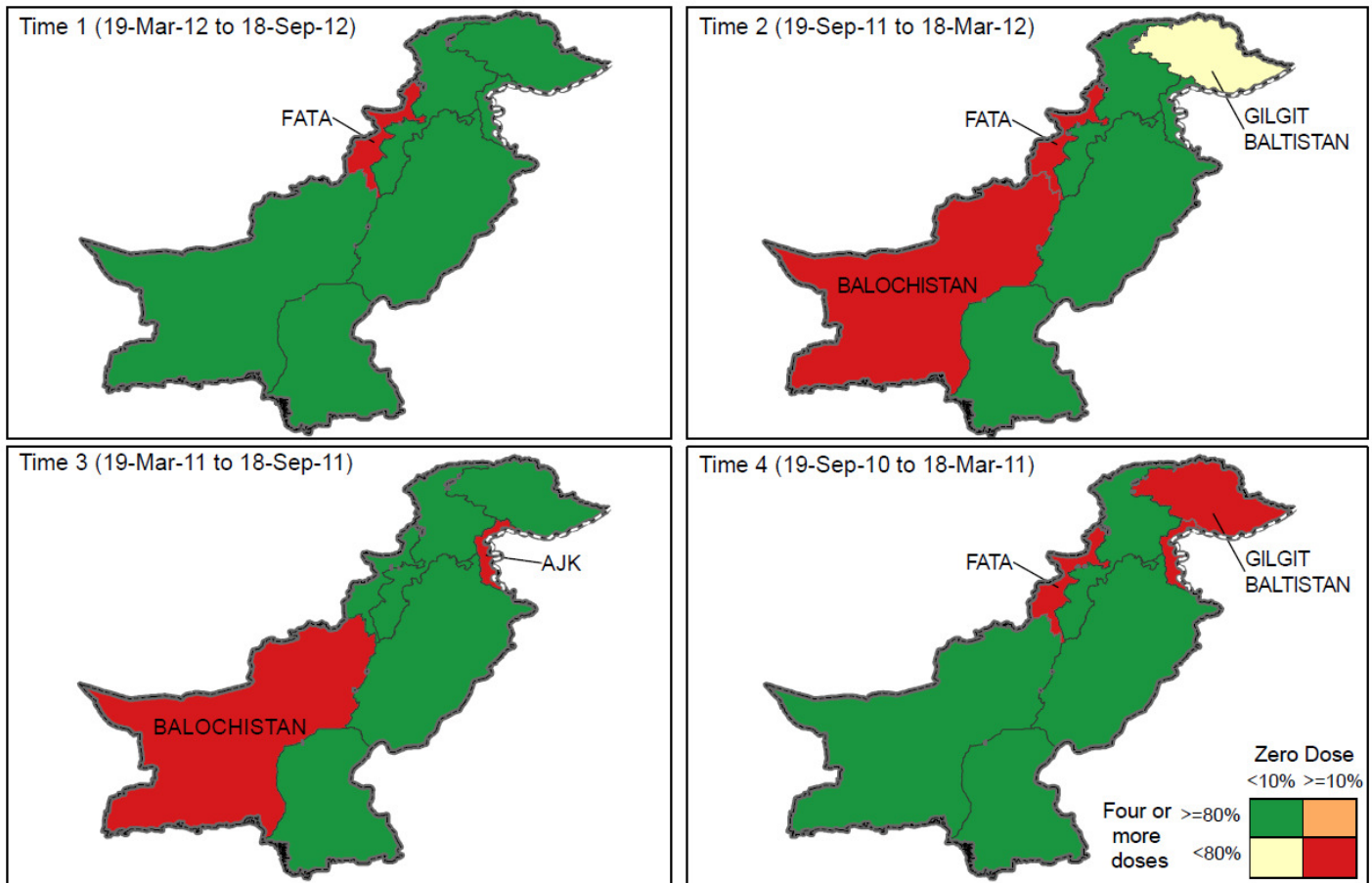
Percent children with ≥4-doses OPV

National	% ≥4-dose children				% prov. with ≥80% ≥4-dose children
	Sanctuary				
	FATA	Karachi area	KP province	Quetta area	
94.9	56.7	n/a	94.8	n/a	77.8

*Karachi sanctuary includes the three high-risk towns of Baldia, Gadap, and Gulshen Iqbal; Quetta sanctuary includes the three high-risk districts of Quetta, Killas Abdullah, and Pishin.

n/a: Not available - sanctuary is defined at the sub-province level, due to small numbers these data are not reported.

Trends in percent 0-dose and ≥4-dose children



NIGERIA

NPAFP Rate and Stool Adequacy

NPAFP rate

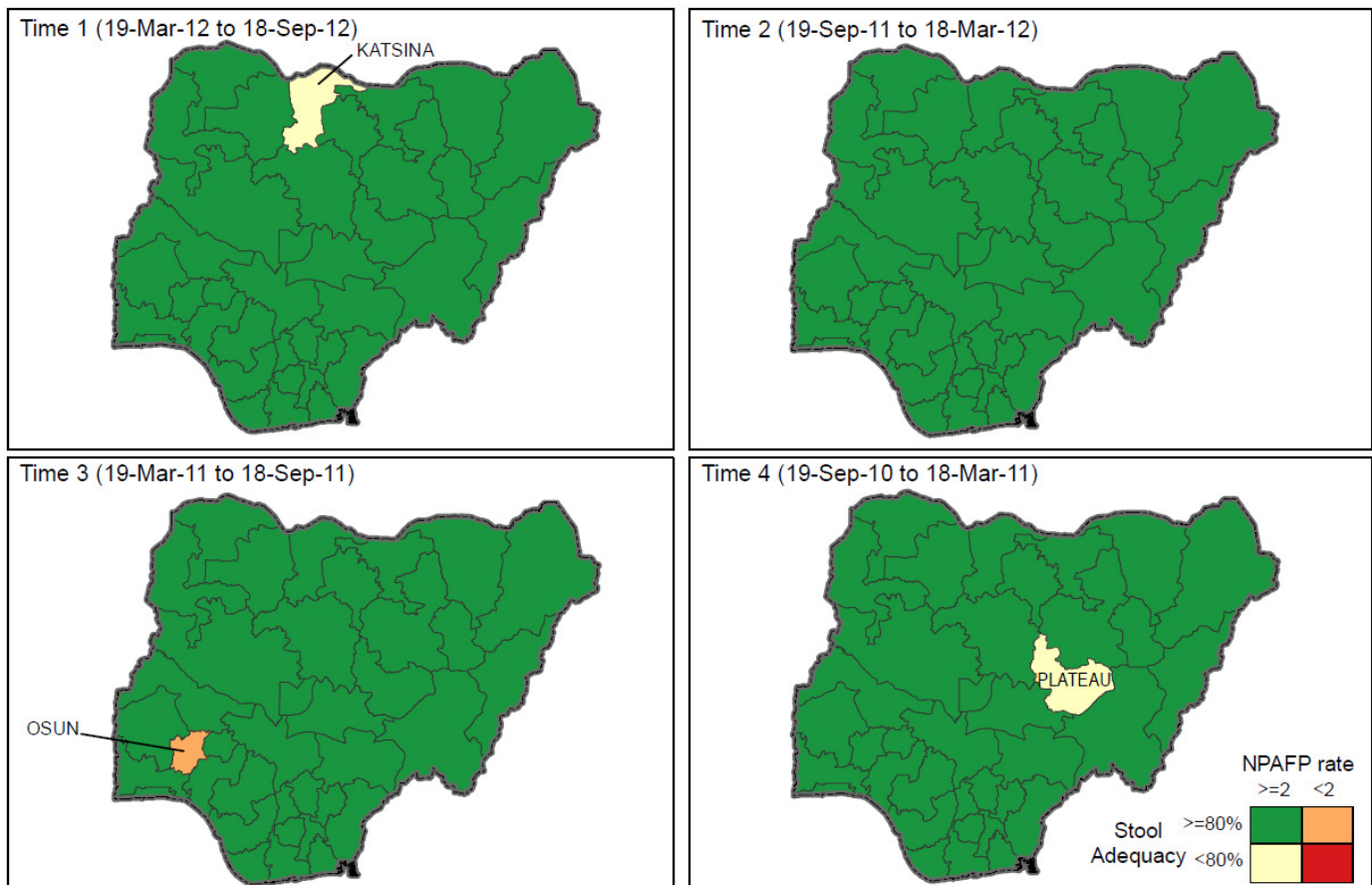
NPAFP rate				% states with ≥2 NPAFP rate
National	Sanctuary*			
	North-west	North-central	North-east	
7.8	10.2	6.5	7.0	100.0

Percent adequate stool

% adequate stool				% states with ≥80% adequate stool
National	Sanctuary*			
	North-west	North-central	North-east	
94.0	91.3	86.5	95.5	97.3

* Northwest includes Borno and Yobe; North Central includes Kano, Katsina, Jigawa, and Kaduna; Northwest includes Sokoto and Zamfara.

Trends in NPAFP rate and percent adequate stool



Immunization (0-dose and ≥4-doses OPV)

Percent children with 0-dose OPV

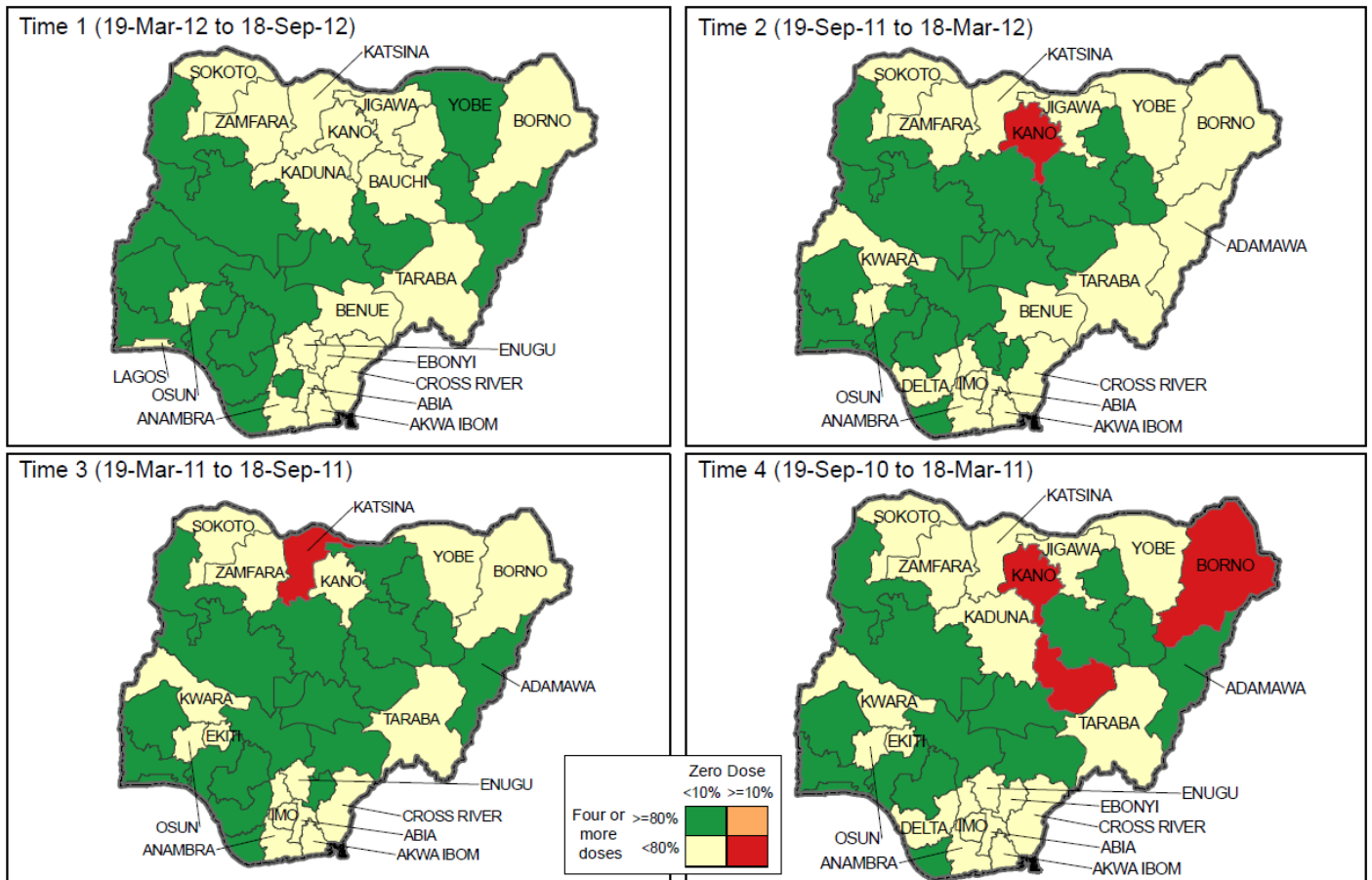
National	% 0-dose children			% states with <10% 0-dose children
	Sanctuary*			
	North-west	North-central	North-east	
2.0	4.2	5.2	0.7	100.0

Percent children with ≥4-doses OPV

National	% ≥4-dose children			% states with ≥80% ≥4-dose children
	Sanctuary*			
	North-west	North-central	North-east	
76.5	62.0	68.8	71.1	51.4

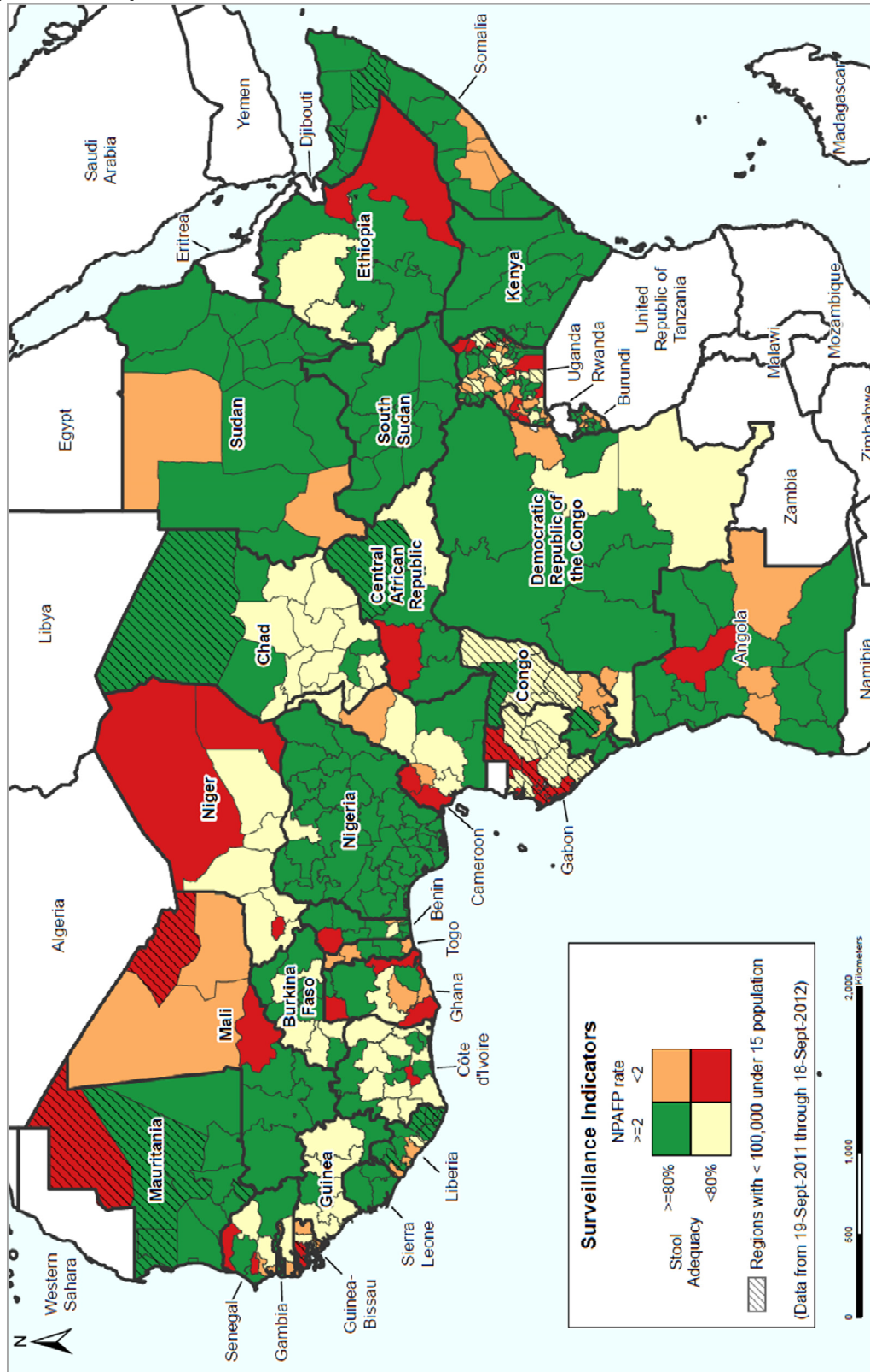
* North-west includes Borno and Yobe; North-central includes Kano, Katsina, Jigawa, and Kaduna; North-west includes Sokoto and Zamfara.

Trends in percent 0-dose and ≥4-dose children



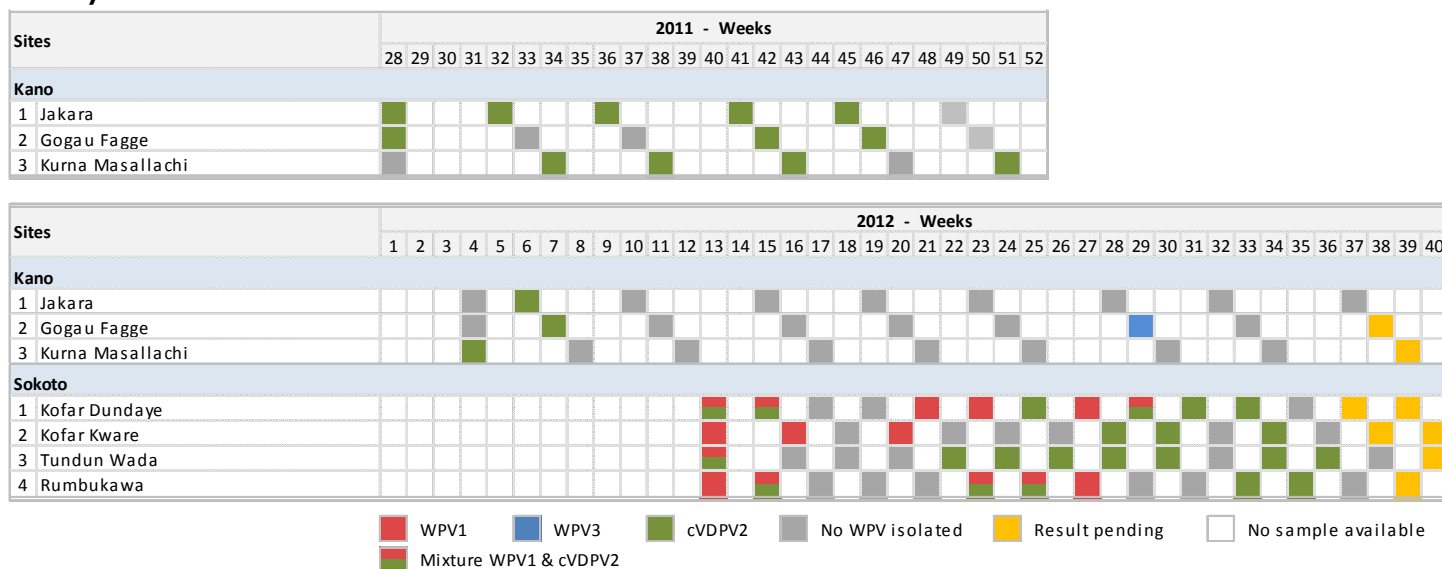
AFFECTED AND IMPORTATION BELT COUNTRIES

NPAFP rate and percent adequate stool



NIGERIA

Weekly environmental surveillance results



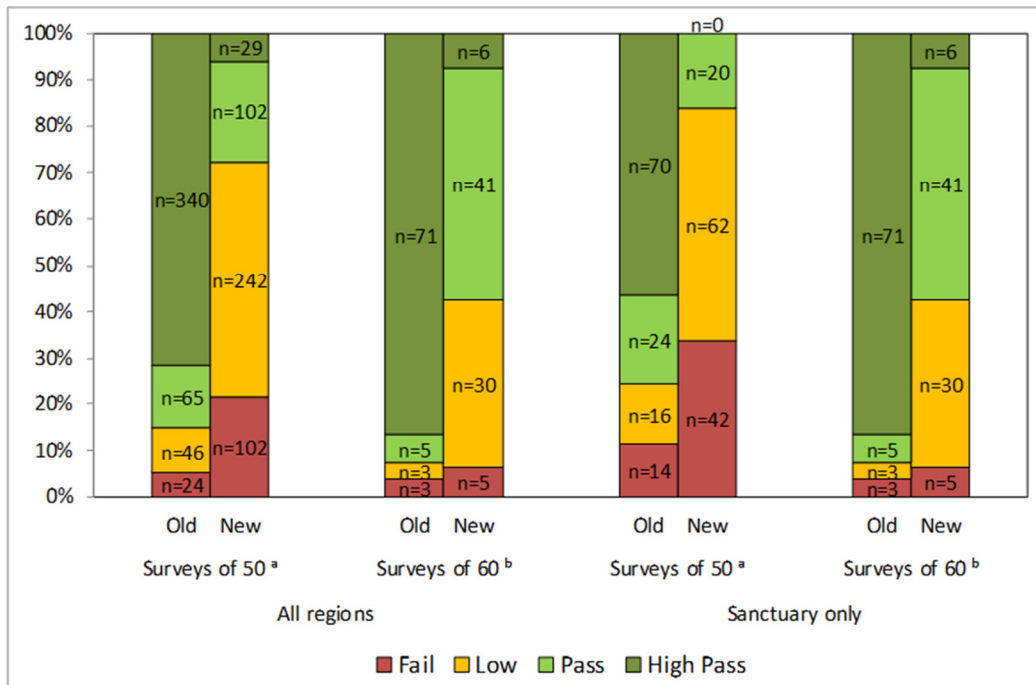
Supplementary Immunization Campaigns in 2012

Campaigns conducted for endemic and re-established countries

Status	Country	Vaccine	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Endemic	Afghanistan	OPVb												
		OPVt												
	Pakistan	OPVb												
		OPVm1												
		OPVt												
Nigeria	OPVb													
	OPVt													
Re-established	Angola	OPVb												
		OPVt												
	Chad	OPVb												
		OPVt												
	DR Congo	OPVb												
OPVt														
OPVm1	OPVb													
		OPVt												

Lot Quality Assurance Sampling (LQAS) surveys

Lot quality assurance sampling (LQAS) surveys provide an assessment of SIA quality through a sample obtained from random cluster sampling. The original interpretation of LQAS surveys¹ in Nigeria and Pakistan overstated SIA quality. Guidelines developed by WHO with other GPEI partners in 2012 provide updated decision rules² (WHO 2012 criteria not yet officially released) that allow for a more accurate assessment of SIA quality. These updated criteria have been applied in Nigeria (all LQAS Nigeria results shown in this report use the 2012 rules) but have not been applied in Pakistan. LQAS performed at the union council (UC) level in Pakistan WPV sanctuaries and elsewhere prior to April were based on a sample of 50 children; since April they are generally based on a sample of 60 children. The decision rules currently used in Pakistan were intended to set a higher quality target than the original WHO plan; unfortunately the chosen decision rules also overstate SIA quality. The diagrams below compare LQAS results in Pakistan overall and in sanctuaries using original criteria (“old”) with updated 2012 criteria (“new”). Using old criteria, the majority of UCs overall are classified at the highest quality level; using new 2012 criteria, relatively few assessments meet the highest level of quality. WHO intends to publish the revised LQAS guidelines in late 2012; in the interim, GPEI partners recommend applying 2012 criteria of SIA quality to better identify and track those UCs needing further improvement. With the 2012 criteria, the highest threshold of LQAS can be used to assess whether SIA quality over time is approaching the levels needed to reach the national Emergency Action Plan target.



^a Old cut off points are 0-5 (High pass), 6-7 (Pass), 8-12 (Low), and 13+ (Fail).

New cut off points are 0 (High pass), 1-2 (Pass), 3-6 (Low), and 7+ (Fail).

^b Old cut off points are 0-5 (High pass), 6-7 (Pass), 8-12 (Low), and 13+ (Fail).

New cut off points are 0 (High pass), 1-3 (Pass), 4-8 (Low), and 9+ (Fail).

¹ Current decision rules of 5, 7 and 16 are being used for samples of five clusters of 10 children (50) and six clusters of 10 (60) for testing thresholds of 95%, 90% and 80%. These decision rules result in very large type I errors (alpha) under the assumption of moderate variability in cluster-level coverage; leading to a high likelihood of falsely assessing high SIA quality.

² Recommended decision rules of 0, 2, and 6 for sample sizes of 50; 0, 3, and 8 for sample sizes of 60 provide a more reasonable assessment of 95%, 90% and 80% thresholds for programmatic purposes under the same assumption of moderate variability in cluster-level coverage. It should be noted that under the current design, these rules are still not adequate to make statements about coverage.

Campaign awareness in 2012

Results from house-to-house independent monitoring

AFGHANISTAN

Trends in % caregivers aware of polio campaigns and source of information

Month	% caregivers aware of campaigns	% source of information*		
		Mass media	Health service worker	Interpersonal
March	48	66	12	15
April	55	59	9	13
June	67	62	7	20

Includes 13 high risk districts.

*% does not add up to 100 because caregivers could provide more than one source of information.

PAKISTAN

Trends in % caregivers aware of polio campaigns and source of information

Area	Month	% caregivers aware of campaigns	% source of information*		
			Mass media	Health service worker	Interpersonal
FATA	April	67	43	26	16
	July	72	11	27	17
KP	April	73	51	38	14
	June	68	69	27	9

*% does not add up to 100 because caregivers could provide more than one source of information.

NIGERIA

Trends in % caregivers aware of polio campaigns and source of information

Month	% caregivers aware of campaigns	% source of information*		
		Mass media	Health service worker	Interpersonal
March	96	21	11	19
May	97	21	3	18
July	96	20	3	19

Includes 13 northern states

*% does not add up to 100 because caregivers could provide more than one source of information.