
**Urgent action to address the escalating polio emergency that
now threatens all Eastern Mediterranean Region Member States**

Situation analysis

1. An escalating polio emergency in the Eastern Mediterranean Region is now putting all Member States at risk of this devastating disease and putting the end-2014 target date for global eradication at risk. Reversing this situation requires urgent action to stop poliovirus transmission in areas which have never before stopped the virus (i.e. endemic areas), to interrupt new outbreaks in previously polio-free areas, and to reduce the vulnerability of polio-free areas that remain at high risk of re-infection.

2. As of 27 October 2013, wild poliovirus has been confirmed in 4 Member States of the Region, with 228 paralyzed children to date, compared with just 2 infected countries and 73 cases at the same point in 2012. Of particular concern, in 2013 the Region accounts for 75% of the world's burden of acute polio cases, the highest proportion in history from this Region. The 3-fold increase in polio cases in the Eastern Mediterranean Region in 2013 is primarily the result of persistent endemic transmission in Pakistan (46 cases to date) and an explosive outbreak in Somalia (174 cases to date) following importation of a wild poliovirus from west Africa. Poliovirus has also spread from Pakistan into eastern Afghanistan resulting in the 8 cases to date in that country in 2013.

3. In addition to the polio cases caused by international poliovirus spread in 2013, virus that originated in Pakistan was detected in environmental samples in Egypt in December 2012 and in Israel and Palestine in 2013. Of even greater concern, in early October 2013 the Government of the Syrian Arab Republic reported a cluster of more than 20 suspect polio cases from the Governorate of Deir ez Zur. Initial laboratory results, epidemiology and clinical findings are consistent with a polio outbreak in this previously polio-free Member State.

Risks and challenges

4. In Pakistan, polio continues primarily in the Federally Administered Tribal Area (FATA) (34 cases to date) and the neighbouring province of Khyber Pakhtunkhwa (KP) (7 cases). In FATA, transmission is driven by large pockets of unimmunized children in North Waziristan agency (14 cases), where a commander has instituted a ban on immunization for over 12 months, and Khyber agency (14 cases) where military operations impede access to children. In KP, ongoing intimidation and attacks on vaccinators and health workers, combined with persistent gaps in oversight of vaccination teams by district authorities, has compromised polio campaign coverage.

5. In Afghanistan, no polio cases have been reported from the last endemic area in the southern region provinces of Kandahar and Helmand since November 2012 due to improvements in coverage during oral polio vaccine (OPV) campaigns in 2012. All 8 cases reported in 2013 have been in the eastern region, due to polioviruses which genetic sequencing has demonstrated originated in Pakistan. In Afghanistan, the primary challenge is to maintain high OPV coverage in the eastern provinces, especially Kunar, to prevent re-establishment of the virus imported from Pakistan.

6. In Somalia, the explosive outbreak of over 170 cases that began in April 2013 appears to have peaked, with cases declining each month since July, and no cases detected in Mogadishu and the surrounding province of Banadir since August. This is the result of intensive eradication activities and

new tactics including the use of bivalent OPV (bOPV), expanded target age groups, and short-interval immunization rounds (i.e. initially 10-14 days apart). However, large areas of south-central Somalia remain unvaccinated, with up to 600 000 unimmunized children, due to an ongoing ban against vaccination campaigns in Al Shabab controlled areas.

7. In the Syrian Arab Republic, declines in immunization coverage over the past 24 months, combined with the known circulation of virus from Pakistan in other countries of the Region, put the country at very high risk of a polio outbreak even prior to the suspected cases in Deir ez Zur. Extraordinary action will be required to rapidly contain and stop this outbreak, using a combination of bivalent OPV, cross-line provision of vaccines, and, initially, rapid, short interval mass campaigns. Based on the Global Polio Eradication Initiative's 25 years of experience with such outbreaks, mass campaigns will be required at least monthly for the next 6-8 months to stop transmission.

8. In addition to Member States with known or suspected polio cases, all Member States are at markedly higher risk of polio importations and outbreaks due to the new outbreaks, uncontrolled transmission in some areas, and ongoing large-scale population movements. At particular risk are Egypt, Iraq, Jordan, Lebanon, Palestine and Yemen, and, potentially, Gulf Cooperation Council countries, where urgent action is required to conduct OPV campaigns, heighten surveillance for acute flaccid paralysis (AFP) cases and strengthen routine immunization systems.

9. The Regional Office has substantially enhanced support to Member States for polio eradication in 2013, with the Regional Director undertaking advocacy missions to infected areas, establishing a high-level Islamic advisory group, reaching out to religious leaders and Islamic institutions across the Region, convening emergency consultations to align partner support, and providing additional direct financial and technical support to enhance eradication activities in infected areas.

Action by Member States

10. All Member States with known or suspected wild poliovirus transmission – especially Afghanistan, Pakistan, Somalia and the Syrian Arab Republic – should immediately declare it a public health emergency and initiate action from the highest levels of government to ensure that all children are accessed and vaccinated as a matter of urgency.

11. Recognizing that the inability to vaccinate children in large areas of Pakistan and Somalia now constitutes an escalating grave and international health risk to the entire Region, all Member States should give urgent attention to assisting the Government of Pakistan in negotiating access to children in the FATA agency of North Waziristan and Peshawar, the capital of KP, and the Government of Somalia to access all children in all south-central districts.

12. The Government of the Syrian Arab Republic should establish mechanisms to ensure all Syrian children can be reached with bivalent OPV during a series of large-scale mass vaccination campaigns. Consideration should be given to providing vaccine through cross-line activities and utilizing humanitarian pauses in the conflict to reach all children if needed. Mechanisms should also be established – potentially with the help of the Regional Office – to ensure specimens collected from all AFP and suspect polio cases in any part of the country can be rapidly transferred to an accredited regional laboratory for analysis.

13. Member States affected by the Syrian crisis, including Egypt, Iraq, Jordan, Lebanon and Palestine, should immediately initiate planning for two large-scale, ideally synchronized, mass OPV vaccination campaigns in early November and December 2013 to boost immunity against possible virus importation.

14. All Member States should urgently enhance surveillance for all AFP cases to identify any undetected poliovirus importations and transmission. By end-2013, all Member States should be

achieving a minimum rate of 2 non-polio AFP cases per 100 000 population aged less than 15 years, at the province/state or governorate level.

15. All Member States should review and, where appropriate, apply the World Health Organization's recommendations for vaccination of travellers to and from polio-infected areas, as outlined in the WHO publication *International Travel and Health*.

16. As part of the *Polio eradication and endgame strategic plan 2013-2018*, all Member States that are currently using only OPV in their routine immunization programmes should fast-track planning for the introduction of at least 1 dose of the inactivated poliovirus vaccine (IPV) and prepare for the eventual replacement of trivalent OPV with bivalent OPV for routine immunization purposes.

17. All Member States should assist the Regional Office in engaging and mobilizing regional Islamic institutions and religious leaders to ensure all leaders, communities and parents understand the importance and obligation of vaccinating all children in the Region against polio.

18. All Member States should consider contributing financial and human resources to assist the regional effort to establish a full emergency response to interrupting wild poliovirus transmission across the Region by end-2014 at latest.

19. Member States should consider an extraordinary consultation in early-2014 to ensure that the regional eradication effort is on an emergency footing, that surveillance has been enhanced across the Region, that all children in the Region are being reached with OPV, and that corrective actions are being identified and implemented as needed.