

## Current major event

### The twenty seventh polio IHR Emergency Committee and EMR polio events/outbreaks

Based on the current situation regarding wild poliovirus type 1 (WPV1) and circulating vaccine-derived poliovirus (cVDPV), and the reports issued by affected countries, the WHO Director-General determined on 19 February 2021 that the situation continues to constitute a Public Health Emergency of International Concern (PHEIC).

### Editorial note

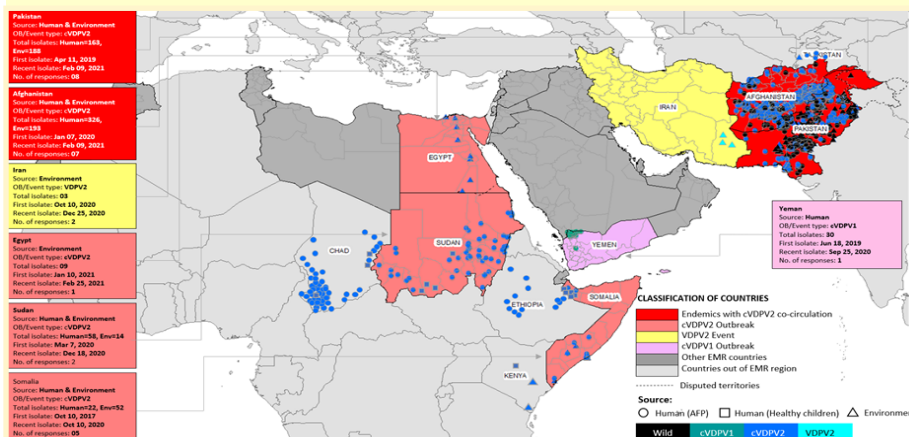
The twenty-seventh meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus was convened by the WHO Director-General on 19 February 2021. The Emergency Committee reviewed the available data on WPV1 and cVDPV, and concluded that the risk of international spread of both WPV1 and cVDPV2 appear to be currently very high.

There are three serotypes of WPV: type 1 (WPV1), type 2 (WPV2) and type 3 (WPV3), and immunity to one serotype does not confer immunity to the other two. WPV2 was declared eradicated in September 2015, with the last virus detected in India in 1999. WPV3 was declared eradicated in October 2019. It was last detected in November 2012. Only WPV1 remains. cVDPVs are strains of poliovirus sometimes found in populations that are poorly vaccinated and under-immunized. cVDPVs are a changed form of a strain originally contained in oral polio vaccine (OPV) (which contains a live, weakened form of poliovirus) that may genetically change to the point where it regains the ability to cause paralysis.

The transmission of WPV1 in EMR persists in the core reservoirs of Karachi and Quetta Block in Pakistan and in Southern Afghanistan. It has also expanded to previously polio-free areas such as North Sindh and South Punjab in Pakistan and the western and northern regions of Afghanistan. The Committee noted that there were instances of international spread of WPV1 from Pakistan to Afghanistan with increased vulnerability in countries where routine immunization and polio prevention activities had been adversely affected by the COVID-19 pandemic.

The committee was also concerned that cVDPV2 continues to spread rapidly, with global numbers consistently being greater

## EMR polio event/outbreak countries 2020 and 2021



than numbers of WPV1 cases. Evidence obtained in EMR for the third quarter of 2020 pointed to the exportation of cVDPV2 from Pakistan to Afghanistan; Sudan to Egypt; Afghanistan to Iran; Afghanistan to Pakistan; Chad to Sudan; Somalia to Ethiopia; and Ethiopia to Somalia. More recently, cVDPV2 has been exported to Egypt from Sudan with sewage virus being detected in Alexandria, Anwan, Giza and Qena.

The committee noted that the novel oral polio vaccine type 2 (nOPV2) has now received interim recommendation for use under WHO's emergency use listing (EUL) to enable rapid field availability and wider role out. Concerns were raised that COVID-19 continues to have a negative impact on polio eradication efforts at many levels including through interrupted surveillance and slow shipments, and during the handling and reporting of laboratory samples for polio testing. Other factors contributing to the risk include weak routine immunization systems especially in fragile states; sizeable populations lacking access to polio vaccine for prolonged periods; and population movements across borders.

The Global Polio Eradication Programme (GPEI) that includes WHO and other partners recommends countries to ensure strong routine immunization using the inactivated polio vaccine (IPV) and to maintain strong disease surveillance in order to minimize the risk and consequences of any poliovirus introduction or emergence. Member States at high risk of cVDPV2 introduction should ensure strong outbreak response readiness, and implement preventive supplementary immunization activities (SIA) with an appropriate OPV. They should also take steps to prepare for nOPV2 use for cVDPV2 outbreak response. Countries experiencing outbreaks should fully implement cVDPV2 outbreak response plans using appropriate type-2-containing vaccine.

## Update on outbreaks

in the Eastern Mediterranean Region

### COVID-19 in 22 EMR countries

### Current public health events of concern

[cumulative N° of cases (deaths), CFR %]

### Coronavirus disease 2019 (COVID-19): 2019-2021

Afghanistan	[56 153 (2464), 4.4%]
Bahrain	[135 326 (498), 0.4%]
Djibouti	[6518 (63), 1%]
Egypt	[194 771 (11 557), 5.9%]
Iran (Islamic Republic of)	[1 793 805 (61 724), 3.4%]
Iraq	[789 390 (13 969), 1.8%]
Jordan	[526 666 (5788), 1.1%]
Kuwait	[217 933 (1215), 0.6%]
Lebanon	[436 575 (5715), 1.3%]
Libya	[151 605 (2506), 1.7%]
Morocco	[491 463 (8763), 1.8%]
occupied Palestinian territory (oPt)	[249 421 (2656), 1.1%]
Oman	[149 135 (1620), 1.1%]
Pakistan	[626 802 (13 843), 2.2%]
Qatar	[173 206 (272), 0.2%]
Saudi Arabia	[384 653 (6602), 1.7%]
Somalia	[9968 (419), 4.2%]
Sudan	[31 282 (2003), 6.4%]
Syrian Arab Republic	[17 240 (1153), 6.7%]
Tunisia	[245 706 (8546), 3.5%]
United Arab Emirates	[438 638 (1433), 0.3%]
Yemen	[3282 (738), 22.5%]