POLIO OUTBREAK RESPONSE – COTE D'IVOIRE AND NEIGHBOURING COUNTRIES
(as of 12 April 2011)

Background and current situation:

On 5 April 2011, the World Health Organization (WHO) received advance notification of a WPV3 case in Côte d'Ivoire (with onset of paralysis on 27 January 2011, in Bas Sassandra province, in the southwest of the country). Subsequently, advance notification of two additional WPV3 cases from the same province was received. Genetic sequencing of the isolated viruses show that they are linked to WPV3 last detected in mid-2008 in northern Nigeria. It is the first WPV3 found in Côte d'Ivoire since 1999. Côte d'Ivoire was in 2008-2009 affected by the west Africa WPV1 outbreak.

Advance notification was also received of a new WPV3 in Mali (with onset of paralysis on 8 February 2011, in Mopti province, near the borders with Burkina Faso and Niger). Genetic sequencing of this latest WPV3 indicates it is closely related to WPV3 from 2010 in Nigeria, Niger and Mali.

An intensive investigation is ongoing to more clearly identify suboptimal subnational surveillance deficits in the region, including among mobile, migrant and underserved populations. Historical evidence of international spread of polio indicates that virus moves regularly from Nigeria, into Niger and Burkina Faso, and onward into other areas of west Africa (including Côte d'Ivoire and Mali).

Implications:

The implication of the identification of WPV3 in Côte d'Ivoire is three-fold:

1. it is the first time since 2000 that WPV3 has been recorded in this part of west Africa (WPV3 transmission has been limited to northern Nigeria and parts of Niger, and since 2008 also in parts of Mali and one case in Benin);
2. globally, WPV3 transmission is at its lowest level in history, with only five cases reported worldwide in 2011 - efforts to rapidly interrupt all remaining chains of WPV3 transmission a key priority for the global polio eradication effort; and,
3. detection of these cases linked to WPV3 circulating in 2008 underscores the risk suboptimal subnational surveillance poses to the global polio eradication effort.

Next steps:

- The overriding priority is to urgently stop the WPV3 outbreak in Côte d'Ivoire and Mali, while maintaining high population immunity across west Africa to WPV1.
- In Mali, National Immunization Days (NIDs) will be launched on 29 April, following NIDs on 25 March, in synchronization with 15 countries across west Africa (except Côte d'Ivoire, see points below). In 13 of these countries, including in Mali, the new bivalent OPV (containing type 1 and 3 serotypes) was used, to boost immunity to both WPV1 and WPV3.

Burkina Faso, Mali and Niger all recently conducted SIAs with bivalent OPV (since November 2010). Most areas will use trivalent OPV during the 29 April SIAs.

- A further outbreak response is currently being planned in six countries. This will likely entail further multi-country, synchronized SIAs. It is currently being discussed to bring planned SIAs (scheduled for Q4) forward to earlier in the year.
- In Côte d'Ivoire, which is not participating in the March/April SIAs due to the current security situation, planning is underway to ensure capacity (ie technical, vaccine, operational) is in place to launch an emergency response at the earliest possible date. A rapid assessment is being carried out in the southwest of the country, and in Liberia, to determine access in particular to displaced populations. WHO HQ and WHO's Regional Office for Africa are coordinating with the humanitarian response units (who are currently supporting activities in Côte d'Ivoire), and who are in contact with other UN organizations. Coordination is ongoing with other UN organizations and NGOs operating in Côte d'Ivoire and neighbouring countries (in particular Liberia, which may be receiving large numbers of displaced populations), to ensure OPV is added to any planned immunization activities. An intensive immunization response in the affected district (and province) will be carried out as soon as is practically possible.
- As soon as the security situation allows, three full NIDs will be carried out in rapid succession, using a combination of bivalent OPV and monovalent OPV type 3. Ongoing transmission will be monitored, and mop-ups implemented as epidemiology dictates.
- A series of urgent measures to strengthen subnational surveillance are now being planned and will be implemented. Focus will be in particular to more effectively mapping mobile, migrant and underserved populations. In a first instance, epidemiological reviews will be immediately implemented to more clearly identify subnational surveillance deficits. Focus will be across the 'WPV importation belt' of sub-Saharan Africa, but with particular emphasis on Burkina Faso, Côte d'Ivoire, Mali, Niger and Nigeria. Field missions to areas with identified gaps by technical experts will elucidate the reasons for deficits and how these will be addressed. Longer-term technical assistance will be scaled-up to areas with major performance concerns, with priority given to areas with weak health system capacity.

COTE D'IVOIRE: ESTIMATED EXTERNAL FINANCIAL RESOURCE REQUIREMENTS, 2011

Excluding programme support costs (all figures in US$)

	2011	Emergency Round	Total 2011
OPV for SIAs (UNICEF)	$ 3,462,962.00	$ 1,110,146.00	$ 4,573,108.00
Operations for SIAs (WHO)	$ 3,094,309.00	$ 983,561.00	$ 4,077,870.00
Communication and social mobilization (UNICEF)	$ 497,770.00	$ -	$ 497,770.00
Surveillance (WHO annual)	$ 290,000.00	$ -	$ 290,000.00
Technical Assistance (annual / UNICEF)	$ 70,000.00	$ -	$ 70,000.00
Technical Assistance (annual / WHO)	$ 1,040,000.00	$ -	$ 1,040,000.00
GRAND TOTAL	**8,455,041.00**	**2,093,707.00**	**10,548,748.00**