

POLIO GLOBAL
ERADICATION
INITIATIVE

ERADICATION
WITHIN REACH...



Published by the World Health Organization (WHO) on behalf of the Global Polio Eradication Initiative.

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Cover photo: A child proudly displays her fingermark, proving she has been vaccinated against polio. © WHO Afghanistan

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ACRONYMS

bOPV	Bivalent oral polio vaccine
CCS	Containment certification scheme
CDC	US Centers for Disease Control and Prevention
cVDPV	Circulating vaccine-derived poliovirus
DFID	UK Department for International Development
EOC	Emergency Operations Centre
GAPIII	WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use
GCC	Global Commission for the Certification of the Eradication of Poliomyelitis
GPEI	Global Polio Eradication Initiative
IPV	Inactivated polio vaccine
OPV	Oral polio vaccine
OPV2	Oral polio vaccine type 2
PPG	Polio Partners Group
SAGE	Strategic Advisory Group of Experts on immunization
tOPV	Trivalent oral polio vaccine
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAPP	Vaccine-associated paralytic poliomyelitis
VDPV2	Vaccine-derived poliovirus type 2
WHO	World Health Organization
WPV	Wild poliovirus
WPV2	Wild poliovirus type 2



EDITOR'S NOTE

September 2016

The GPEI Annual Report 2015 provides a historical record and epidemiological summary of the global polio eradication effort during the calendar year 2015. As referenced in the report, Nigeria was removed from the list of endemic countries in September 2015, following no detection of wild poliovirus cases since July 2014.

In August 2016, three new cases due to wild poliovirus type 1 (WPV1) were detected from Borno state, Nigeria. Genetic sequencing of the isolated viruses indicate they are most closely linked to WPV1 last detected in Borno in 2011, indicating the strain has been circulating without detection since that time. The Government of Nigeria immediately launched an aggressive outbreak response and declared the outbreak a national public health emergency. The country declared the outbreak to be a national public health emergency. At the same time, additional measures are being implemented to strengthen subnational surveillance sensitivity. The response is part of a broader regional outbreak response within the context of the humanitarian emergency in the region, coordinated with neighbouring countries, in particular the Lake Chad sub-region, including Chad, northern Cameroon, southern Niger and parts of Central African Republic. At the Regional Committee for Africa on 21 August 2016, Health Ministers declared the polio outbreak to be a regional public health emergency for countries in the Lake Chad sub-region. Detection of these cases underscores the risk posed by low-level undetected transmission, and of the urgent need to strengthen subnational surveillance everywhere.

Although confirmation of these cases falls outside of the 2015 reporting period of this report, the editors felt its importance warranted an editorial note, placing the epidemiological situation in 2015 in the context of 2016. For more and up-to-date information on the evolving situation, please visit www.polioeradication.org.



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WHAT WE WANT YOU TO TAKE AWAY FROM THIS REPORT...

Global Polio Eradication Initiative – The worldwide eradication of a disease

- Polio is a devastating disease, which paralyses children for life.
- There is no cure for polio – but a simple and effective vaccine protects a child for life.
- In 1988, a global movement was started to ensure that every child is vaccinated against polio.
- At that time, every year more than 350 000 children were paralysed by the disease, in more than 125 countries.
- In 2015, only 74 cases were reported, from just 2 countries: Pakistan and Afghanistan.
- The world has never been closer to being polio-free. But if we do not succeed, polio will come roaring back. Within ten years, 200 000 children could again be paralysed all over the world – every single year!
- Please help us eradicate polio once and for all. For just US\$ 0.50, you can protect a child for life against this terrible disease.

*Together, let's achieve
something historic!*

*Let's make sure that
no child will ever again
be paralysed by polio.*



EXECUTIVE SUMMARY

ANOTHER YEAR CLOSER TO A POLIO-FREE WORLD

Progress in 2015 laid the groundwork for a final push towards a polio-free world.

Looking back on 2015, that year may well be seen as the time the tide irreversibly turned on polio. From the removal of Nigeria from the list of polio endemic countries, to the declaration of wild poliovirus type 2 (WPV2) eradication, to the closure of several outbreaks, progress against polio has accelerated in its remaining strongholds. The finishing line is in sight.

Wild poliovirus (WPV) is more geographically constrained than it has been at any point in recorded history. In 2015, 74 WPV cases were reported from the only two remaining polio endemic countries, Pakistan and Afghanistan, compared to 359 cases reported in nine countries in 2014.

POLIO-FREE NIGERIA

In 2015, the three remaining polio endemic countries were reduced to two.

Nigeria reached one year without WPV on 24 July 2015 and was removed from the endemic country list in September. August 2015 marked one year without any WPV across the entire African continent (the most recent case occurred in Somalia). The hard work must continue if Africa is to remain polio-free; in Nigeria and other at-risk countries in Africa, the focus must shift from stopping transmission to building resilience. The risk of reinfection remains high until the remaining endemic reservoirs in the world also achieve success.

PROGRESS IN AFGHANISTAN AND PAKISTAN

Cases in Afghanistan remained low in 2015, with a total of 20 cases compared to 28 in 2014.

While in 2014 most cases in Afghanistan came from cross-border transmission from Pakistan, this year saw endemic cases in areas of the south and east. Vast improvements were seen in Pakistan, with more than 80% fewer cases in the country than in 2014. In part, this is thanks to the establishment of Emergency Operations Centres (EOCs) at all levels, operating under the auspices of the National Emergency Action Plan overseen by the Prime Minister's office, and which serves as a platform for increased government ownership of the polio programme.

POLITICAL COMMITMENT

In May, the Sixty-eighth World Health Assembly adopted a landmark resolution to end polio once and for all. This puts into place all the necessary building blocks to complete the Polio Eradication & Endgame Strategic Plan 2013-2018 (the Endgame Plan) and urges all Member States to fully implement and finance it.

SECURING A LASTING POLIO-FREE WORLD

THE SWITCH

To reach a polio-free world, all types of polioviruses must be stopped. While WPV cases are at an all-time low, circulating vaccine-derived polioviruses (cVDPVs) are increasingly significant in the Endgame Plan.

In 2015, WPV2 was declared eradicated; no case had been reported anywhere in the world since 1999. However, the type 2 virus continues to paralyse children – not due to the wild virus, but to the vaccine-derived strain.

This was one of the factors that enabled the Strategic Advisory Group of Experts on immunization (SAGE) to give the go-ahead for the globally synchronized switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) in April 2016. The switch plays an important role in preventing the emergence of new cVDPVs.

In 2015, six countries were affected by cVDPV outbreaks: Guinea, Lao People's Democratic Republic, Madagascar, Myanmar, Nigeria and Ukraine. These outbreaks underline the fact that populations continue to be under-immunized. In the same year, more countries were affected by cVDPVs than by WPVs, giving them a greater precedence and illustrating the importance of the 2016 tOPV to bOPV switch.

CONTAINING POLIOVIRUSES

With WPV2 officially declared eradicated, countries continue to intensify efforts to implement the appropriate containment of polioviruses in facilities that need to retain them. As type 2 is an eradicated pathogen, the priority is to ensure the containment of this strain, but countries are implementing containment requirements for all strains as outlined in the *WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use* (GAPIII).

TRANSITIONING THE GLOBAL POLIO ERADICATION INITIATIVE

Planning also continued to ensure that the polio infrastructure will pay dividends for other health programmes once polio has been eradicated. Over the last 26 years, the Global Polio Eradication Initiative (GPEI) has mobilized and trained millions of health-care workers and volunteers, accessed households untouched by other health initiatives and established a global surveillance and response capacity that has huge potential to contribute to future health objectives. Countries with a strong polio eradication presence have begun to plan for the transition of the polio infrastructure to other programmes; at the same time, the polio infrastructure has already strengthened routine immunization and reached remote children with other health services, and it was integral in fighting Ebola in western Africa.

LOOKING AHEAD

In the home stretch, it is more important than ever to maintain the momentum that has brought such achievement. To fully eradicate poliovirus and remove the burden of polio from all future generations, high immunization coverage is essential. Surveillance must be improved even further to ensure polio is rooted out from all existing reservoirs. Funding must continue until every last case is found.

The year 2015 saw remarkable progress in the fight against polio. With continued drive and commitment, even more can be achieved in 2016.

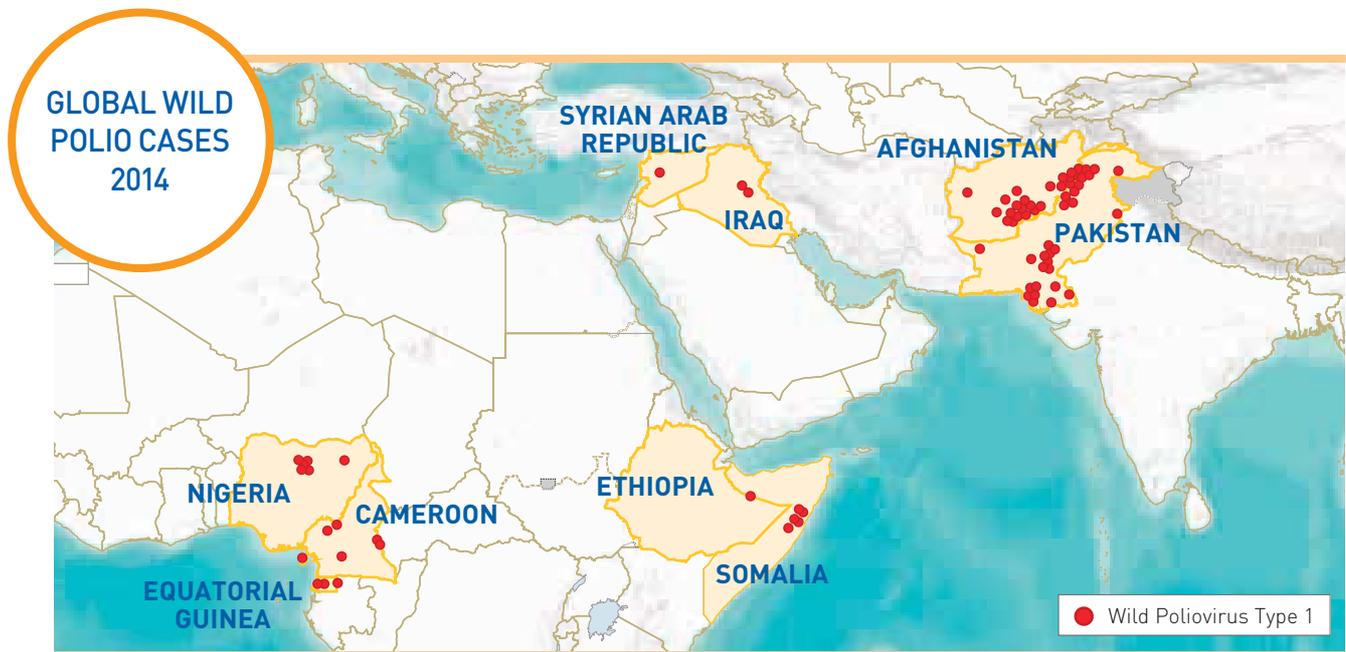


STOPPING POLIO TRANSMISSION

CURRENT SITUATION – PROGRESS IN 2015 LAID THE GROUNDWORK FOR A FINAL PUSH TOWARDS A POLIO-FREE WORLD.

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only two remaining polio endemic countries, Pakistan and Afghanistan, compared to 359 cases reported in nine countries in 2014.



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