
Update on the ongoing public health emergencies of international concern

Report by the Director-General

Poliomyelitis

1. Successfully securing a lasting poliomyelitis-free world depends upon reaching the remaining zero-dose children (children who are either un- or undervaccinated) in subnational most consequential geographical areas,¹ which are now the engines for poliovirus transmission. Many of these areas are currently affected by different complex humanitarian emergencies, requiring the polio programme to adapt its operations in order to deliver polio vaccines within a broader humanitarian context.

2. In 2023, wild poliovirus type 1 continued to be detected in parts of Afghanistan and Pakistan, the last two remaining countries where the virus is endemic. Cases of poliomyelitis are now primarily restricted to endemic areas in both countries, namely the Nangahar province in the eastern region of Afghanistan; and seven districts in the southern Khyber Pakhtunkhwa province of Pakistan. The increase in detections of wild poliovirus type 1 from environmental samples, in the last quarter of 2023, from outside of these remaining endemic areas, particularly from Peshawar, Karachi and the Quetta block in Balochistan province, Pakistan, demonstrates multiple new introductions into these areas with an increased risk of re-establishment of transmission.

3. Significant challenges remain in finding and vaccinating the remaining zero-dose children in the Nangahar province of Afghanistan. Throughout 2023, the quality of supplementary immunization activities continued to improve, resulting in a reduction in the proportion of zero-dose children. However, further sustained efforts are required to interrupt transmission successfully and action must be taken to implement risk mitigation strategies in the highest-risk polio-free areas, notably Kandahar, must be continued. Supplementary immunization activities are now expanded to children under 10 years of age, in response to the non-standard age profile of paralysed children, and the prior history of inaccessibility in eastern Afghanistan. In Pakistan, the genetic diversity of wild poliovirus type 1 transmission remains at a historic low, with two strains remaining active in 2023. Six cases were reported in 2023, including four from two districts in the southern Khyber Pakhtunkhwa province and two from a single district of Karachi in Sindh province.

4. In both countries, each newly detected virus from anywhere and from any source will be responded to as a national public health emergency. A specific risk categorization will be given based on programmatically distinct district/zone; endemic zones/districts; outbreak response zones/districts;

¹ Eastern Afghanistan; eastern Democratic Republic of the Congo; Madagascar; north-western Nigeria; the southern Khyber Pakhtunkhwa province of Pakistan; the southern and central areas of Somalia and northern Yemen.

very high-risk zones/districts; and all other/maintenance zones/districts. This approach aims to ensure that resources are prioritized and activities tailored to each area based on the respective assessed needs and relevant programmatic requirements.

5. In 2022, one case of wild poliovirus type 1 was reported from Lilongwe in Malawi (with onset of paralysis in 2021) and eight from the Tete province of Mozambique. Thanks to a subregional, multi-country emergency response across five countries of the subregion, no wild poliovirus type 1 has been detected since 10 August 2022. At the same time, outbreak responses to both circulating vaccine-derived poliovirus type 1 and circulating vaccine-derived poliovirus type 2 are continuing. An independent outbreak response assessment in November 2023 in Malawi and Mozambique, conducted in order to review the current epidemiology and appraise the quality of surveillance and immunization activities, concluded that wild poliovirus type 1 transmission has most likely stopped in both countries. The assessment also identified remaining risks and areas for improvement to inform further outbreak responses in 2024 in order to urgently stop outbreaks of all strains.

6. The areas with the most intense force of circulating vaccine-derived poliovirus type 2 are now well known, and are located in: north-western Nigeria; eastern Democratic Republic of the Congo (affected by the co-circulation of type 1 and type 2); south-central Somalia; and northern Yemen. Additionally, Madagascar continues to be affected by persistent transmission of circulating vaccine-derived poliovirus type 1. Emergency outbreak response efforts are continuing in all of these areas. However, the quality of outbreak response continues to be affected by the prevailing, local geopolitical situation/broader complex humanitarian emergency. In 2023, outbreak response activities trebled compared with 2022, with more than 460 million doses administered for type 2 (during 76 supplementary immunization activities), and 187 million doses administered for type 1 (during 22 supplementary immunization activities). The planned outbreak response in the first half of 2024 will consist of approximately 280 million doses administered against both serotypes.

7. The global effort to eradicate poliovirus remains a public health emergency of international concern, as per the advice of the Emergency Committee under the International Health Regulations (2005) on the international spread of poliovirus. The Director-General, on the advice of the Emergency Committee, has issued temporary recommendations addressed to countries infected with poliovirus or those that remain vulnerable to reinfection.¹

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¹ See statement of the thirty-seventh meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus (<https://www.who.int/news/item/22-12-2023-statement-following-the-thirty-seventh-meeting-of-the-ihc-emergency-committee-for-polio>, accessed 1 March 2024).