Weekly epidemiological record
Relevé épidémiologique hebdomadaire

18 SEPTEMBER 2009, 84th

– PCC) recommendation that transmission had been interrupted there. The 3-year PTS period to detect transmission recrudescence began in 2008. If the PTS HYDOXDWLRQ LV IDYRXUDEOH &RORPELD ZRXOG EH WKH ÀUVW FRXQWU\ LQ WKH $PHULFDV WR UHTXHVW FHUWLÀFDWLRQ IURP PAHO/WHO in 2011 (Fig. 1).

Ecuador has a single endemic focus in Esmeraldas Province (the Esmeraldas–Pichincha focus), which IDLOHG WR UHDFK WKH FRYHUDJH JRDO GXULQJ WKH ÀUVW treatment round of 2008. UTG coverage was only 76.6% due to failure to reach 9 endemic communities (out of a total of 84). The programme recovered treatment operations during the second round and reached 93.8% UTG coverage; overall, the programme provided a combined total of 27 372 treatments in 2008 of the UTG(2) of 32 118, thereby managing to achieve a treatment cov- HUDJH RI GHWXSOLFDWHG WUHDWPHQWV

mala focus. In the other 2 foci, the coverage goal has been surpassed for the seventh consecutive year by providing 234 745 ivermectin treatments in 2008, 92% of a UTG(2) of 253 928. Based on epidemiological evaluations conducted in 2008 in the Huehuetenango focus, the PCC concluded that onchocerciasis transmission had been interrupted and recommended to the Guatemalan Ministry of Health that treatment could be halted in that focus in 2009. The Ministry of Health announced at IACO 2008 that it had accepted that recommendation.

Mexico

Ecuador's failure to reach the 85% coverage goal in the ÀUVW URXQG RI ZDV GXH WR GHOD\V LQ JRYHUQPHQW IXQG UHOHDVH ,W ZDV WKH ÀUVW WLPH WKDW WKH (FXDGRULDQ programme had missed its treatment goal in 14 consecutive treatment rounds spanning from 2001 to 2007.

At the end of 2008, of the original 13 endemic foci in the region, transmission had been interrupted in half (6.5 foci, the half-focus being the Río Santiago in Ecuador), all of which have now started the 3-year period of PTS. However, it is only in Colombia where the entire tn2012.5()-10 -90 0.0 0.5 scn /GS1 gs /C0_0 TD f -1Tc 13 0 0 13 92.1374 78.9588d m <0037> 0 -10 0 1 scn /GS0 gs /TT1 TD f -.01 FRXQWU\ LV XQGHU 376 ÐQG VR FRQVWLWXWHV WKH ÀUVW FRXQ-try in the region to have achieved country-wide interruption of the transmission of the parasite. As such, the PTS period is actually (in the terminology of WHO certification guidelines) a "pre-certification period" after which the country may request formal certification procedures. Fig. 1 shows the proposed time line leading to such a request to WHO by each endemic country. Based on the progress being made, and the projections of time needed to achieve interruption of ttually (in <n 7ach PT7(e)-8((micaing)-4916f)7(o)-14(ci 6(us)65( )-15(6f)IA)40(CO-15(6f)08,)-15 PTBrazi V0(o5)-10(ndeezuela-18608n7(o)-14(ci i65( )-15(08n)-59(08n5(r)8(o)8(j)-7(e)-8(c)-14(t)-1e)-8(d)-1860t)7(o)-1380t)-14(e

Vaccine-derived polioviruses

C D S D B S D C Đ V N Q K C V H C D Đ) @ M T @ Q X Đ m

June 2009

In 1988, the World Health Assembly resolved to eradicate poliomyelitis worldwide. Since then, the Global Polio Eradication Initiative (GPEI) has succeeded in reducing both the global incidence of polio associated with wild polioviruses (WPVs), from an estimated 350000 cases in 125 countries in 1988 to 1651 reported cases in 2008, and the number of countries never interrupting WPV transmission to 4 (Afghanistan, India, Nigeria and Pakistan)[1]. However, because vaccine-derived polioviruses (VDPVs) can generate poliomyelitis outbreaks in areas with low rates of coverage with Sabin oral poliovirus vaccine (OPV) and can replicate IRU \HDUV LQ LPPXQRGHÀFLHQW LQGLYLGXDOV HQKDQFHG strategies are needed to limit the emergence of VDPVs and stop all use of OPV once WPV transmission has been eliminated[2]. This report updates previous sum--

Table 1 5@ B B H M D C D Q H U D C Đ O N K H N U H Q T R D R Đ 5#/5R ĐC D S D B S D C Đ V N Q K C V H C D Đ m

Tableau 1 Poliovirus dérivés de souches vaccinales (PVDV) détectés dans le monde, 2005-2009

Category – Catégorie[a]	Country – Pays	Year(s) detected – Année(s) de détection[b]	Source	Serotype – Sérotype	No. of isolates: cases (contacts) [samples] – Nombre d'isolements: cas (contacts) [échantillons][b]	% VP1 divergence from Sabin OPV strain – % de divergence de la VP1 par rapport à la souche de VPO Sabin	Routine coverage with 3 doses of polio vaccine – Couverture systématique par 3 doses de vaccin antipoliomyélitique oral[c]	Estimated duration of VDPV replication – Durée estimée de la réplication du PVDV[d]	Current status (date of last outbreak case, last patient isolate, or last environmental sample) – Situation actuelle (date du dernier cas de l'année, du dernier isolement effectué ou du dernier échantillon environnemental)
cVDPV – PVDVc[e]	Nigeria[f] – Nigéria[f]	2005–2009	Outbreak: 292 cases[g] – Flambée: 292 cas[g]	2	292	0.5–5.1	61%	5 years – 5 ans	27 June 2009 – 27 juin 2009
	Guinea – Guinée	2009	Importation: 1 case[h] – Importation: 1 cas[h]	2	1	3.5	71%	–	12 May 2009 – 12 mai 2009
	Democratic Republic of the Congo – République démocratique du Congo	2005–2009	Outbreak: 20 cases[i] – Flambée: 20 cas[i]	2	33	1.0–2.0	68%	4 years – 4 ans	7 March 2009 – 7 mars 2009
	Ethiopia – Éthiopie	2008–2009	Outbreak: 4 cases – Flambée: 4 cas	2	4	1.2	75%	1 year – 1 an	16 February 2009 – 16 février 2009
iVDPV –	Argentina – Argentine	2009	AFP patient (XLA)[j] – Sujet PFA (XLA)[j]	1	1	3.6–3.8	94%	t15 months – t15 mois	

D ! \HDU KLVWRU\ RI FRPPRQ YDULDEOH LPPXQRGHÀciency developed ascending paralysis in all limbs and UHVSLUDWRU\ LQVXIÀFLHQF\ 6KH GLHG LQ 0DUFK IURP

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2) Il existe également un service d'abonnement permettant de recevoir chaque semaine par courrier électronique la table des matières du REH ainsi que d'autres bulletins épidémiologiques. Pour vous abonner, merci d'envoyer un message à listserv@who.int en laissant vide le champ du sujet. Le texte lui même ne devra contenir que la phrase suivante: subscribe wer-reh.

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