

# POLIO INDIA FACT SHEET

Cases in 1985: 150,000

Last case of poliovirus type 1 (WPV1) case: 13 January 2011, Howrah, West Bengal

Last case of poliovirus type 2 (WPV2) case: October 1999, Aligarh, Uttar Pradesh

Last case of poliovirus type 3 (WPV3) case: 22 October 2010, Pakur, Jharkhand

- **India has made remarkable progress against polio in 2012. On 24 February 2012, the World Health Organization removed India from the list of polio endemic countries after we completed a full year without reporting any case of polio.** This progress is unprecedented as India was always considered by experts as the most difficult place to stop polio.
- India has not reported any polio case since 13 January 2011, when a two-year-old girl was paralyzed by poliovirus in Panchla Block of Howrah district, West Bengal.
- The progress follows concerted efforts of the Government of India, State Governments, polio partners WHO-National Polio Surveillance Project, UNICEF, Rotary and others, in identifying and addressing challenges and improvising and innovating strategies to reach each and every child up to the age of 5 years with polio vaccine to protect the children against the debilitating disease and stop poliovirus transmission.
- An important contribution to this progress has been of the frontline health workers – the vaccinators and community mobilisers who braved tough conditions – extreme weather, community hostility, access compromised areas etc to reach children with polio vaccine.
- Key strategies in the recent years that helped India achieve this progress : -
  - Migrant strategy: - Identifying, tracking and immunizing people on the move who miss immunization due to their transient nature and remain vulnerable to polio. Migrants are tracked for polio immunization both within the traditional polio reservoir states of Uttar Pradesh and Bihar, and outside - in Punjab, Haryana, Chandigarh, Rajasthan, Gujarat, Maharashtra and Uttarakhand.
  - 107 Block strategy: - Identifying and focusing on the last bastions of polio in Uttar Pradesh and Bihar. Creating community acceptance for polio immunization and at the same time addressing polio associated risk factors by promoting routine immunization (that protects against life threatening diseases and is also available free of cost at all health centres), diarrhea management with zinc and ORS, hygiene, sanitation and exclusive breast feeding up to the age of six months.
  - Kosi river plan: Deploying additional resources in the access compromised Kosi riverine area in Bihar to reach children with OPV.
  - Newborn tracking: - Systematic tracking of the most vulnerable newborns in UP and Bihar for at least eight polio doses before they complete one year of age.
  - Mobile strategy : Immunising children on the move – at major road inter-sections, bus stands, market areas, railway stations, even running trains and international borders.
  - Mobilising communities: – Effective strategies to address unfounded fears in the community about polio and polio vaccine, promoting community ownership of the programme and building strong advocates for the programme such as **MEDIA**.
  - Use of most effective vaccines – the bivalent oral polio vaccine (bOPV) since January 2010 and the monovalent oral polio vaccines since 2005.

**However, the job is not finished yet. The risk of polio persists as long as polio transmission continues anywhere in the world.** Nigeria and close neighbors Pakistan and Afghanistan continue to be polio endemic.

**Programme challenges & way forward:** - India needs to continue with the 'zero polio' status to be declared polio free in February 2014. Existing efforts must continue until polio is eradicated globally. All children up to 5 years of age should continue to be protected with OPV in all polio campaigns and routine immunization.

**Routine Immunization** :We need to ensure that all children take routine immunization vaccines that protect against seven life threatening diseases – TB, Diphtheria, Whooping cough, Tetanus, Hepatitis, Measles and polio. Before completing one year of age, a child is administered these vaccines in four visits to the health centre. The vaccines are available free of cost at the health centres. Some children could have slight fever after vaccination. We need to create awareness among parents of the benefits of RI. They should not fear the mild fever that some children may develop after vaccination. Parents must complete the entire vaccination schedule for their children.

#### **THE POLIO PROGRAMME:**

Two polio National Immunization Days (NIDs) and on an average six Sub-National Days (SNIDs) are held each year. The SNIDs cover the traditional endemic states of UP and Bihar, and high-risk states such as West Bengal, Jharkhand, Delhi and surrounding areas and Mumbai and neighboring areas. Migrant and mobile populations in Punjab, Haryana, Chandigarh, Rajasthan and Gujarat are also covered in the SNIDs.

During each NID, around 175 million children under 5 years of age across the country are vaccinated with Oral Polio Vaccine (OPV) and during each SNID around 50 to 70 million children are vaccinated.

In India, the polio partnership is led by the Government of India, with continued support from WHO National Polio Surveillance Project (NPSP), Rotary International, the US Centre for Disease Control and Prevention (CDC) and UNICEF.

#### **Media can help spread these messages among the community : -**

- **The risk of polio persists** as long as there is poliovirus anywhere in the world, unprotected children are at risk of getting the disease. All efforts to protect children up to the age of 5 years **MUST** continue till polio is eradicated.
- **Polio paralyses for life and even kills. Polio has no cure.**
- **Polio can be prevented** by administering two drops of oral polio vaccine (OPV) to children in every available opportunity – polio campaigns and Routine Immunization.
- **OPV is safe** and effective and used all over the world. It is safe to give OPV to a child with minor illness such as cold, cough, mild fever and diarrhea.
- **It is important to take OPV dose each time it is offered – in polio campaigns as well as in routine immunization.** Each additional OPV dose boosts the child's protection against polio.
- **Routine Immunization (RI) is a must to protect children against life threatening diseases such as TB, diphtheria, measles, tetanus, whooping cough, hepatitis and polio.**
- **Do not fear the mild fever that some children develop after vaccination. Do not drop out of RI due to fear of fever post vaccination.**
- Good hygiene and sanitation, exclusively breastfeeding children up to 6 months and managing diarrhea through ORS and Zinc supplementation helps improve child's health and immunity to fight diseases, including polio.
- Polio vaccination is available free of cost during NIDs/ SNIDs and at government health facilities along with other vaccines under RI to protect children against life threatening diseases.
- Outside the traditional polio endemic and high-risk states, polio immunization campaign is held only twice a year – the National rounds. **In 2013 the rounds will be on 20 January and 26 February. Parents in these States MUST ensure that all children up to the age of 5 years get OPV.**

#### **About Polio :**

- Polio is a crippling disease caused by a highly contagious virus that is spread primarily through the fecal-oral route. The virus can attack the central nervous system, weaken muscles and cause paralysis and even death.

For more information please contact: - Shamila Sharma, Communication Specialist, Polio,  
UNICEF India Country Office, Email: [shsharma@unicef.org](mailto:shsharma@unicef.org) Mob: 09818595937