West Bengal

India’s last case of wild poliovirus was recorded in West Bengal on 13 January 2011, when a two-year-old girl from Howrah District, near Kolkata, was infected (see case study above). Subsequent laboratory testing showed that this wild poliovirus was most closely genetically related not to a recent polio outbreak in nearby Murshidabad, but to a sewage sample collected in five months before in north Delhi, more than 1000 kilometres away. This link clearly highlighted both the ability of the wild poliovirus to travel quickly across large distances, and the transient nature of the population in West Bengal. Both these factors underlined the importance of reaching mobile and migrant groups with polio vaccination every time it was offered.

Programme Structure

The polio programme in West Bengal is focused in four highest-risk districts: Howrah, Murshidabad, Kolkata Municipal Corporation and South 24 Parganas. UNICEF has partnered with nine non-government organisations in these districts, with more than 1000 Field Volunteers trained to conduct social mobilization to increase immunization coverage and tackle resistance to the oral polio vaccine. This army of social mobilizers are supervised by four District Extenders, three Training Coordinators and a State Coordinator. Prior to an immunization round the mobilizers are responsible for counselling families to have their children vaccinated, contacting and mapping influencers, contacting mosques to generate announcements advertising the polio campaigns and appeal to the Imams to open the polio booths and assist in tackling resistance, and with accompanying house-to-house vaccination teams.

For more detail on activities in the lead up and during a polio immunization round click here.

Polio Immunization Campaigns

In West Bengal, polio immunization rounds are launched on a Sunday Booth Day, where children are invited to attend fixed site booths, followed by four days of house-to-house campaigns, where vaccinators and social mobilizers go door-to-door to every house to immunize all children <5 years of age. In West Bengal, traditional media has been employed to tackle resistance to OPV, with special ‘talking doll’ puppet shows held to raise community awareness, as well as local theatre shows and magic shows. Other social mobilization activities include mothers’ meetings, youth club meetings, visits with religious leaders to generate support among Muslim communities, polio classes in primary schools, school rallies and ‘miking’ autorickshaws.

Challenging Conditions

Many of the conditions that have allowed poliovirus to flourish in Uttar Pradesh and Bihar are prevalent in West Bengal. With a population of 91 million, it’s the fourth most populous state in India. Like elsewhere in India, poor, marginalised Muslim communities have been disproportionately hit by polio; while Muslims make up around a quarter of the state population, all except for one of the 101 polio cases in West Bengal over the last decade have been Muslim
children. While Routine immunization rates in West Bengal are comparatively high (with more than 60% of one-year-olds fully immunized), in the highest-risk blocks of the state full RI coverage can be as low as 18%. Open defecation is common. Rural villages are dotted with ‘pukurs’ or traditional water ponds, where communities use the same often putrid water for bathing, cleaning utensils, going to the toilet and washing dirty nappies. West Bengal’s poorest communities are often highly mobile, moving to and from other states like Gujarat, UP, Bihar and Maharashtra looking for manual work such as tailoring or embroidery, agriculture, or working in the brick kiln or construction industry.
India's Last Case - Rukhsar's Story

"When polio is eradicated it will be good for me, good for other children, good for other parents. I am confident it will happen."

– Rukhsar's father Abdul Shah

In the front yard of her family's mud brick and bamboo hut, Rukhsar Khatoon looks at first like most of the other small children in the rural village of Shapara, one hour's drive from Kolkata. But four-year-old Rukhsar walks with a limp and she cries if she tries to run. “It hurts in the left ankle when she walks. She can't run, she goes slow,” says her father, Abdul Shah.

Rukhsar is the last child in India to have been paralyzed by polio. When the oral polio drops had been offered in a national immunization round, Rukhsar’s older brother was immunized, but she and her older sister missed out. Rukhsar had an all-too-common bout of diarrhea at the time and her parents had received the incorrect message that the vaccine should not be given. Not long afterwards she was taken to hospital in Kolkata with a swollen left leg, and on 13 January 2011, Rukhsar’s case was officially confirmed as wild poliovirus. Funding from Rotary International ensured Rukhsar received two months of physiotherapy which has helped her to walk. But her mother, Zubeida Bibi, is still haunted by regret: “Had I known, then I wouldn’t have made this mistake,” she says.

Rukhsar’s father has become an advocate for polio vaccination. During immunization campaigns he goes from house to house in the village, trying to convince parents to vaccinate their children. “I go and explain to everyone that what happened to my child should not happen to any child again,” says Abdul Shah. Since Rukhsar’s case, noticeably more children in the immediate area are being immunized against all seven vaccine-preventable childhood diseases. In January 2011, 48% of one year olds in Shapara were fully immunized. Two years later it’s more than 61%.

There’s been little improvement, however, in the underlying conditions in this underserved area that make it all too easy for diseases to spread. Open defecation is common, drinking water is pumped from shallow bores and is often contaminated. There are few health services. The same ponds of dirty water on which ramshackle outhouses sit over are used for washing dirty nappies, for bathing or a cool dip, or cleaning dishes. The Imam at the local mosque in Shapara does his bit, encouraging parents to take part in the polio immunization rounds, but he’s clearly frustrated: “We help you with polio vaccination. I shout over the microphone, ‘Get your child polio drops, get vaccination!’ We do all your work but what do you do for us?” says the Imam Sharafat Ali Molla, waving his hands in the air.

Rukhsar’s illiterate parents remain poor. Her father Abdul Shah supports his family of six by working at home as a manual embroiderer, making the intricately designed fabric used for saris

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and women's suits. On good weeks, he earns US $30 a week. “It's my destiny to suffer,” he says, although heartened, at least, about the prospects of polio being wiped out around the world. “I feel happy that this is the last case,” he says. “When polio is eradicated it will be good for me, good for other children, good for other parents. I am confident it will happen.”