Indonesia is a part of South East Asia Region countries which will reach “Certification of Polio Eradication by the year 2008” through high quality of Acute Flaccid Paralysis (AFP) Surveillance, beside high coverage of Routine Immunization and Polio National Immunization in 1995, 1999, 1997 and sub Polio National Immunization in 1998, 1999, 2000. The last viruses were found in 1995 from Central Java, East Java, South Sumatra and North Sumatra province.

- Then 1 April 2005 Wild Polio Virus (WPV) cases type 1 (date of paralysis onset : 13 March 2005) was published from Giri Jaya village, Cidahu sub district, Sukabumi district, West Java province, close to Jakarta province (concerning many experts from the world who come to Indonesia) and immediately was responded by local Outbreak Response Immunization (ORI). Then a case of female 1 year 9 months was reported in Jakarta who already infected by WPV from her family's home town in Sukabumi and came to Jakarta caused of the illness; was also responded by ORI directly.

- It were confirmed as Wild Polio Virus cases differ from Vaccine Polio Virus (VPV) by the National Laboratory then were identified as “Imported Virus” by Mumbai, WHO Laboratory. According the onset cases that were reported by the countries could identify the journey of the transmission to detect where it came from in the world since January 1 – July 1, 2005: Data countries which were still endemic and countries which were attacked imported virus 2004-2005 in Africa and Asia.

Wild Polio Virus*, 04 May 2004 to 03 May 2005

- May 2005 the number expanded to 13 cases; that's why Ministry of Health decided to do Mopping-up Immunization 2 rounds in 31 May and 28 June 2005 at the closes provinces: West Java, Banten and Jakarta.
- The coverage of Jakarta province Mopping-up Polio throughout 6 districts was 922,963 under-5 years children in 1st round and only 798,593 in 2nd round (87% compare with 1st round), caused by black campaign from a NGO and television relay who associated some sick children happened after the vaccination, reverse as we know that Polio vaccine is very safe and nothing post vaccination cases occurred were proofed by the local and national expert committee.

- From January 2005 until the 29th week, Jakarta province AFP Surveillance have got 61 AFP cases, with average 1-2 cases/week then became 2-5 cases/week start from the 19th week. The positive laboratory results (beside the 1 child from Sukabumi), there were 3 cases of Virus Polio Vaccine type P3 usually are derived from Polio Vaccine and 3 cases of WPV sequenced one case each month, in May female 1 year 5 months, June female 1 year 4 months and July female 4 years old (after mopping-up); with none of routine immunization history and fortunately the condition now are good with no sequelae of paralysis

- Management Policy of AFP Cases in Jakarta Province :
  - AFP case which could be found by HC s, private physicians or hospitals should be reported to District Health Office in 1 x 24 hours
  - AFP out patients should be referred to hospital in 1 x 24 hours
  - The District Health Office takes AFP case’s specimen to be examined in National Laboratory
  - If the result is positive then the case should be isolated in the hospital if there is any facility. But if not it should be referred to National Infectious Hospital
  - All are free of charge because are paid by the government
  - During 2 x incubation period from the onset the patient can leave hospital with particular message about: faeces treatment with chlorine and hygiene at all activities in the family who take care

- Since the cases are still increasing as we found on August 5, 2005 there were 205 cases of WPV spread from 13 districts in 5 provinces: West Java, Banten, Jakarta, Central Java and Lampung then Polio National Immunization should be conducted and it was being done 30 August, 2005 round 1st and 27 September, 2005 round 2nd

- The consequence against Regional Certification is if Indonesia couldn’t stop the spread of WPV within 6 months, then from “No WPV country” Indonesia could become “Re-established Endemic country”

- Conclusion :
  To Combat Infectious Diseases needs:
  1. Inter – sectoral network for communication dissemination and participation
  2. National decision for policy and supporting
  3. International information and sharing in prevention, alert and controlling
  4. Beside new emerging infectious diseases we should still on guarding re-emerging infectious diseases