

SAGE Meeting November 2012

Issues to be discussed

"The polio session at the 6-8 November meeting of SAGE will include presentations on 'Major developments since the April 2012 SAGE meeting', on the draft Polio Endgame Strategy, Legacy and Budget 2014-2018, and presentations by the SAGE Polio Working Group on the role of IPV in OPV cessation, and by the secretariat on 'Accelerating polio emergency eradication efforts: expanding the target age groups for bOPV campaigns and/or including IPV in campaigns'.

The introductory presentation will set the context for the whole afternoon session and will provide an overview on the current status polio eradication, progress, challenges and risks. GPEI expects that SAGE might bring up additional issues that should be addressed or considered in stopping WPV transmission, the polio endgame strategy, and towards optimizing the legacy of the GPEI.

The presentation by the SAGE Working Group will inform SAGE on their review and deliberations on OPV2 cessation as the first step towards phased removal of SABIN/OPV viruses. SAGE has already recommended that all countries should consider introducing 1 IPV dose into the routine vaccination programme to mitigate the risks associated with OPV2 cessation. The WG will present additional information that was requested by SAGE in its last meeting on affordable IPV options, supply, delivery routes and impact on mucosal immunity.

A decision will be requested from SAGE on whether the current SAGE recommendation on OPV2 cessation should be revised. Suggested revised recommendations include: a) a universal recommendation that all countries should introduce at least 1 IPV dose into the routine immunization programme; additional measures such as a 2 dose IPV schedule and/or catch-up campaigns should be considered in areas at high risk of VDPV emergence; b) both IPV dose-sparing options (intramuscular adjuvanted IPV and intradermal fractional dose IPV) should be pursued to achieve 'affordable IPV' options, c) countries should plan to continue at least 1IPV dose through at least 5 years after cessation of all OPV use (bOPV cessation), d) synchronized OPV2 cessation should be planned during 2015-2016.

SAGE's view will be sought on two strategies that potentially could accelerate cessation of wild poliovirus transmission; 1) the role for expanding the target age group for OPV campaigns and 2) the role of IPV campaigns in endemic countries."