



## Key Points: Containment of Poliovirus Type 2 Materials

### 01 April 2016

Please note: the symbol ► indicates a new talking point or an existing one that has been significantly changed from the previous version.

- Wild poliovirus type 2 (WPV2) is the first of three wild poliovirus types to be eradicated. The Global Commission for the Certification of Poliomyelitis Eradication (GCC) declared this in September 2015.
- It is important that all remaining poliovirus type 2\* is destroyed or safely and securely contained so the virus is not released from facilities that retain it, to again cause paralysis or death.
- WHO is strongly encouraging Member States to destroy all poliovirus type 2 unless it is needed for critical functions, such as vaccine production. The best way to prevent these viruses from being released is to destroy them.
- WHO asked Member States to report, by end-2015, on the identification of facilities that handle or store WPV2 or vaccine-derived poliovirus type 2 (VDPV2) materials†, the destruction of unneeded materials, and the designation of poliovirus-essential facilities to retain needed viruses.
  - As of April 01, 2016, 165 Member States and territories reported to WHO that they no longer hold any WPV2 or VDPV2, and 14 have designated poliovirus-essential facilities to retain poliovirus type 2 materials.
  - Of the remaining Member States and territories, 17 have submitted reports for which more information is still being collected. All remaining Member States are expected to report the missing data shortly.
- By end-July 2016, Member States must identify facilities that handle or store OPV2 and Sabin2 materials‡, destroy unneeded materials, and designate poliovirus-essential facilities to retain needed Sabin2 viruses. This deadline is set three months after the last trivalent OPV use, planned for April 2016. By end-July 2016, it is expected that Sabin2 shedding will have stopped, and a single detection of these viruses thereafter will require an emergency response.
- Designated poliovirus-essential facilities are expected to implement the requirements described in the WHO Global Action Plan for poliovirus containment (GAPIII) and engage in the containment certification process. Member States are responsible for certifying facilities against GAPIII.
- WHO is aware of concerns regarding specific requirements described in GAPIII. WHO is also aware that facilities conducting research or other functions unrelated to polio but using potentially infectious materials that may contain type 2 polioviruses, including faecal and respiratory secretion samples, may be reluctant to destroy, transfer, or contain such materials. WHO recommends that such facilities follow GAPIII guidance for handling, storing, and retaining these samples, to minimize the consequences of an inadvertent or deliberate release of infectious poliovirus type 2 into the community. In first quarter-2016, WHO will convene a group of experts to review the concerns and consider additional guidance to ensure continued progress towards appropriate poliovirus containment.
- WHO's current activities to support containment efforts include:
  - engaging and sharing information with WHO Regions, Member States, and partners to increase awareness of the need for poliovirus containment and drive implementation of GAPIII requirements,
  - developing a containment certification scheme (CCS) to certify designated poliovirus-essential facilities against GAPIII,
  - providing information for designated poliovirus-essential facilities to apply for GAPIII certification, and
  - conducting workshops on GAPIII implementation and certification according to the CCS.
- Partners of the Global Poliovirus Eradication Initiative provide financial and technical support to WHO in poliovirus containment efforts

\* Includes all materials containing or potentially containing WPV2, vaccine-derived poliovirus type 2 (VDPV2), oral polio vaccine type 2 (OPV2) or Sabin type 2 (Sabin2) viruses.

† Includes (but is not limited to) faecal or respiratory secretion samples collected for any purpose in a time and geographic area of reported circulation of these viruses.

‡ Includes (but is not limited to) faecal or respiratory secretion samples collected for any purpose in a time and geographic area of reported circulation of these viruses. For Member States using tOPV until the global switch to bivalent OPV, samples collected as of August 2016 will not require containment.

## Additional Points

### Poliovirus types 1 and 3

- WPV1 is still circulating in Pakistan and Afghanistan. The last case of WPV3 occurred in Nigeria in 2012.

### Containment of polioviruses

- Polio eradication efforts have required billions of U.S. dollars, the dedicated efforts at all levels of governments, countless hours of services, and the immunization of billions of children. Containment of polioviruses will be critical to sustain polio eradication.
- Poliovirus containment is a system for confining polioviruses within a defined space. Only poliovirus-essential facilities holding a valid certificate will be allowed to pursue work and storage of type 2 polioviruses in the poliovirus type 2 containment period according to GAPIII.
- Retaining polioviruses in designated poliovirus-essential facilities is expected to require significant financial investment to meet containment standards and run facilities under containment conditions, and shared responsibilities of the facilities and their hosting Member States to ensure full compliance with GAPIII. As such, the decision to retain polioviruses should be carefully considered in consultation with all relevant authorities.
- A lesson regarding the need for containment is the 1978 release of smallpox virus from a laboratory in the United Kingdom, resulting in a person dying from the disease. This triggered countries to further reduce the number of facilities retaining smallpox virus to the two official repositories that remain today.

### WHO Global Action Plan for poliovirus containment (GAPIII)

- *The Global Action Plan to minimize poliovirus facility-associated risk after the type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII)* describes global standards and timelines to achieve containment of all polioviruses, beginning with poliovirus type 2.
- GAPIII, aligned to the Polio Eradication and Endgame Strategic Plan 2013–2018, was developed in consultation with international experts, and endorsed by the World Health Assembly in May 2015.

### More information

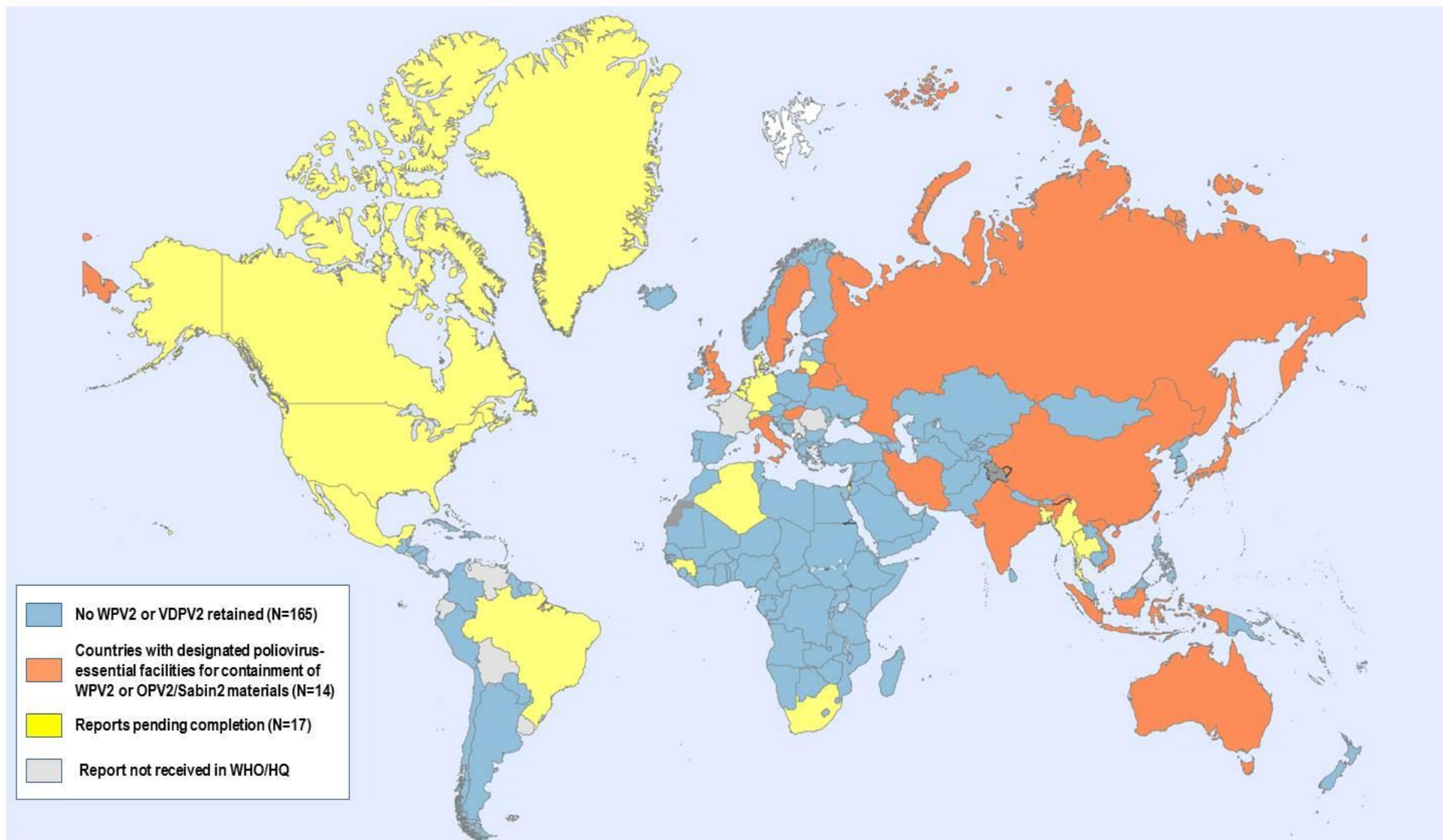
- WHO Global Action Plan (GAPIII) for poliovirus containment (<http://www.polioeradication.org/ResourceLibrary/Posteradicationpolicydocuments.aspx>)
- Containment of Polioviruses, Global Polio Eradication Initiative website (<http://www.polioeradication.org/Posteradication/Containment.aspx>)
- Plans for containment of poliovirus following type-specific polio eradication worldwide, 2015. *Weekly Epidemiological Record*, August 2015 (<http://www.who.int/wer/2015/wer9032/en/>)
- World Health Organization Guidelines for Containment of Poliovirus Following Type-Specific Polio Eradication—Worldwide, 2015. *Morbidity and Mortality Weekly Report*, August 2015 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6433a5.htm>)

### Questions:

- Questions and comments can be sent to [containment@who.int](mailto:containment@who.int).

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# Reported progress on completion of GAPIII Phase I



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