

# POLIO | GLOBAL ERADICATION INITIATIVE

Global Polio Eradication Initiative  
**Polio Oversight Board Meeting**  
September 25, 2015



# Agenda Item #6 Topics

- Progress milestones
- ‘Containment’ of polioviruses in facilities
- IPV supply and prioritization for use

# Progress Milestones since last POB

- All WPV outbreaks stopped
- No WPV in Nigeria and Africa > 1 year
- IPV introduction: 85% by end 2015, rest 2016
- WHA resolution 68.3
- Global Certification Commission declares eradication of WPV2
- SAGE WG reaffirms April 2016 for tOPV-bOPV switch

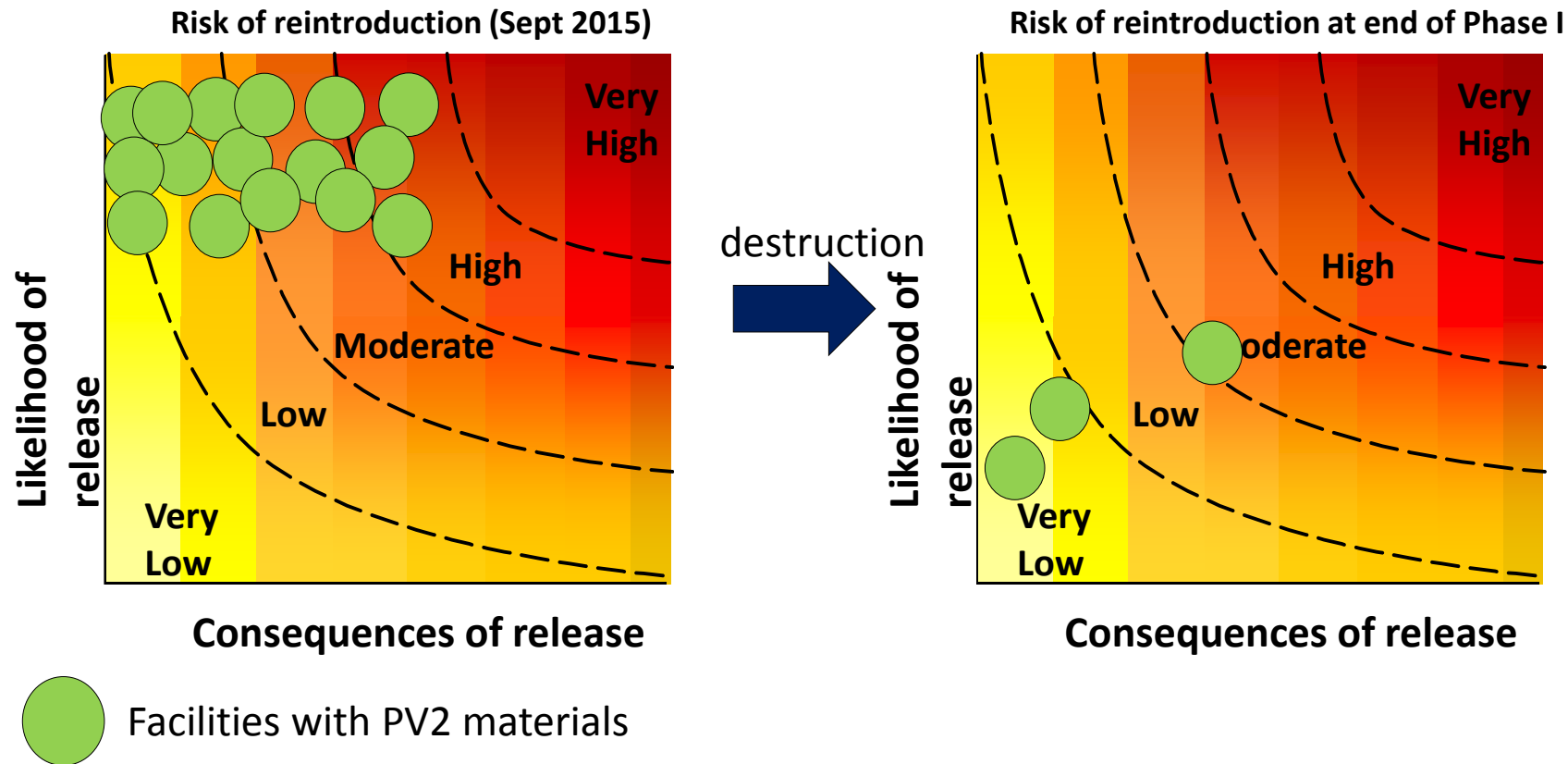
# Containment of polioviruses in facilities

(Objective 3 of GPEI Strategic Plan)

- Global Action Plan for containment (GAP III)
- To mitigate risk of release & transmission from poliovirus (PV) facilities
- A preparatory step for OPV withdrawal
- A requirement for final global certification of polio eradication
- Overseen by Regional & Global Commissions

# Phase I: *Reduce number of facilities*

Destruction of stocks will reduce number of facilities & risk of release



# Phase I: *Reduce the number of facilities containing type 2 poliovirus*

## **By end-2015: WPV2:**

- ⚠ *Identify WPV2 infectious and potentially infectious materials in all labs*
- ⚠ *Destroy, transfer or contain WPV2*

## **By July 2016: OPV2:**

- ⚠ *Identify OPV2 infectious and potentially infectious materials in all labs*
- ⚠ *Destroy, transfer or contain OPV2/Sabin2*

# Phase I: global progress (WPV2)

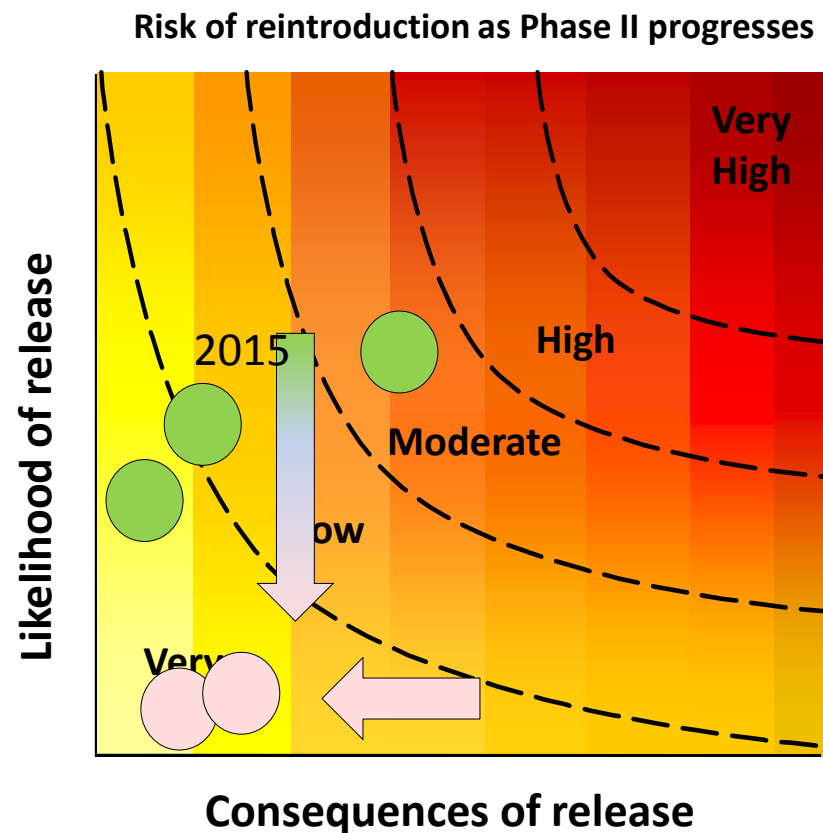
- AMRO, EURO, SEARO, WPRO (polio-free certified regions)
  - All countries completed inventories in the past → ***WPV2 updates due by end-Sept (SEARO, WPRO) and end-Nov (EURO) and end-Jan (AMRO)***
  - Considering PV-essential facilities designations: **42 estimated**
  
- AFRO & EMRO
  - 15/47 (AFRO) and 18/21 (EMRO) countries completed inventory in the past
  - ***WPV2 inventories due at end-November***
  - ***Essential facility designations due at end-November***
    - Considering PV-essential facilities designations: **1**

# GPEI Strategies for completion of Phase I

- ❖ **Communications:** a major drive immediately after SAGE to inform & engage all key actors – editorials, news media etc.
- ❖ **Advocacy:** high level engagement with countries at risk of lagging and to encourage destruction of PV stocks - letter from DG, Regional Committees, Executive Board
- ❖ **Capacity:** additional human resources at HQ & Regions to support country implementation (EURO, AFRO)
- ❖ **Monitoring:** closely track progress
- ❖ **Champions:** engagement with National Certification Committees & Containment Coordinators in countries
- ❖ **Adapt:** expand these actions in 2016 for Sabin2 requirements



# Phase II: *Ensure appropriate containment*



## PV-essential facilities:

- 🦠 Poliovirus vaccine production facilities
- 🦠 Research facilities
- 🦠 Facilities housing PV repositories

- Facilities with PV2 materials before implementation of GAPIII
- Facilities with PV2 materials after implementation of GAPIII

# Phase II: Full implementation will take time to complete (2-3 years)

## 1. National Authorities for containment:

- such authorities need to be identified & designated
- countries need to develop regulations aligned with GAP III
- agree to containment certification process

## 2. Facilities:

- A number of facilities not yet prepared to implement - investments & structural changes require resources & time

## 3. Interim Risk Management Measures:

- Interim measures developed to manage risks until full implementation

# GPEI Strategies for completing Phase II

- Advocacy with all sectors of governments that host PV-essential facilities
  - Designate authority, establish regulations, certify containment
- Containment Certification Scheme
  - Global Commission reviews, accepts or verifies certification
- Global Containment Advisory Group
  - Advises Global Commission, verifies certification on its behalf
  - Hosted by WHO

# Mitigating risks in non-PV facilities

Frozen collections that might be contaminated with PV – e.g. Rotavirus or Flu labs – destruction not an option

- Ongoing communications outreach
- Specific guidelines on risk mitigation that allow:
  - Storage
  - Research work
  - Handling in strict bio-safety conditions

# IPV: Strategies for Use, Constraints in Supply

# Strategic Uses of IPV

## Introduction in routine immunization programs

- mitigate the risk of type 2 polio after OPV2 cessation
- enhance immunity to types 1 & 3 polio
- in all (126) OPV using countries
- prioritized based on risk tiers 1 (highest) to 4 (lowest)

# Strategic Uses of IPV - 2

## Use in mass campaigns

### **Endemic Countries:**

- rapidly raise immunity among children with limited opportunities to vaccinate - inaccessible or intermittently accessible
- stop final chains of transmission when high coverage can be achieved
- not recommended for areas with low OPV coverage due to operational gaps

### **Outbreaks:**

- Rapidly raise immunity to stop outbreaks

# Managing Short IPV Supply

- Both manufacturers with GPEI tender prices unable to supply amounts committed
- Scale up problems, already maximum capacity
- GPEI applying a clear prioritization scheme
- 17 tier 3 & 4 countries delayed till Q1 & 8 till Q3
- 1.2 m set aside for outbreaks



# Managing Short IPV Supply - 2

- Further shortage will cause stock outs in countries, delays in tier 1 & 2 countries and affect buffer for outbreaks
- Campaigns in endemic countries is top priority – **but** IPV must be used per global criteria for endemic countries

# POB is requested to

- Write to manufacturers
  - appreciate their partnership
  - confirm April 2016 as the switch date
  - emphasize importance of no further reductions
- Reaffirm GPEI recommendations for IPV use in campaigns
- Advocate that Switch must proceed in April 2016 despite current delays in IPV introduction, as recommended by SAGE WG



# Criteria for allocation of IPV

The Strategy Committee endorsed prioritization criteria proposed by IMG and EOMG:

- SIAs in endemic countries (up to 8 million doses)
- IPV stock for outbreak response
- Continued supply to countries that introduced
- Routine introduction in tier 1 and 2 countries
- Routine introduction in tier 3 and 4 countries
- Additional unplanned SIAs