July 24, 2017

Dear Colleagues,

Last month, I shared the news that outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) had been confirmed in Syria and the Democratic Republic of Congo (DRC). While challenging, the program is prepared to respond to these outbreaks and has already taken steps to vaccinate children as quickly as possible. I’d like to use this month’s letter to update you on these outbreaks and how the program is working to prevent further spread.

Syria
In Syria, to date, 27 cVDPV2 cases have been confirmed – 26 in Deir ez-Zor and one in Raqqa – and it’s likely additional cases will be confirmed as samples continue to be tested.

Ongoing conflict and insecurity has impacted immunization activities in both areas, although the discovery of these cases demonstrates that surveillance systems are functional in the country. It is worth noting that Deir ez-Zor was also the epicenter of a wild poliovirus outbreak in 2013-2014, which was halted within months by a rapid and coordinated multinational effort to immunize children throughout the region.

In response to this outbreak:
- Emergency supplies of **monovalent type 2 oral polio vaccines (mOPV2)** reached Deir ez-Zor governorate on July 12.
- **Two immunization rounds are planned** in Deir ez-Zor and Raqqa governorates, the first is scheduled to start July 22.
- Current response plans target approximately **445,000 children for supplementary vaccination** in Deir ez-Zor and Raqqa. During the second response round, inactivated polio vaccine (IPV) will also be given with bivalent oral polio vaccine (bOPV) to all children under two years of age to help further boost immunity.

For a full situation report from WHO/UNICEF, please see [here](source).

Democratic Republic of Congo
In the DRC, there have been four cVDPV2 cases confirmed from two separate, unrelated outbreaks: one in Haut-Lomami province, and a second in Maniema province.

These two cVDPV2 outbreaks emerged at the same time as an Ebola outbreak in the northern part of the country. Health workers responding to the cVDPV2 outbreak are working in close coordination with their counterparts in the north throughout the response effort.

In response to these cVDPV2 outbreaks:
- At the end of June, health workers **distributed mOPV2 in both provinces to over 750,000 children**. A second campaign is currently being scheduled for later in July.
• The response plan includes an active search for any additional cases of acute flaccid paralysis (AFP).
• Health workers are also working to strengthen surveillance and immunization activities in neighboring areas.

Many of you may remember that the global polio program took a major step last April to help mitigate the risk of cVDPV2 cases by replacing trivalent OPV with the bivalent vaccine. This removed the type 2 component of the vaccine that is responsible for the majority of cVDPV outbreaks. While this reduced the global risk of cVDPVs, the program expected that there would continue to be cases for some time after this global switch, particularly in communities where immunization rates are low. Ultimately, these outbreaks are a reminder of the importance of continuing to maintain high population immunity.

For this reason, it is critical that the program continue working to vaccinate children everywhere, especially in areas facing conflict and insecurity, and bolster surveillance systems. The US$1.2 billion that was pledged toward polio eradication efforts last month was an incredible affirmation of the global community’s commitment to overcoming these final challenges and finishing the job, and it is now critical that these generous pledges are rapidly and fully operationalized. The global support for polio eradication was further demonstrated at the G20 last week. For the first time, health is part of the G20 priorities and the statement issued by the leaders of the member states says they will “strive to fully eradicate polio.” This statement was thanks to the leadership of Germany and a lot of hard work from the GPEI partners.

With these newly pledged resources, global support from the G20 and significant experience stopping polio in difficult areas, I am confident we are prepared to meet this challenge and quickly bring these outbreaks to an end, and secure a lasting polio-free world. We look forward to working with you for a polio-free future.

Thank you,

Chris Elias
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