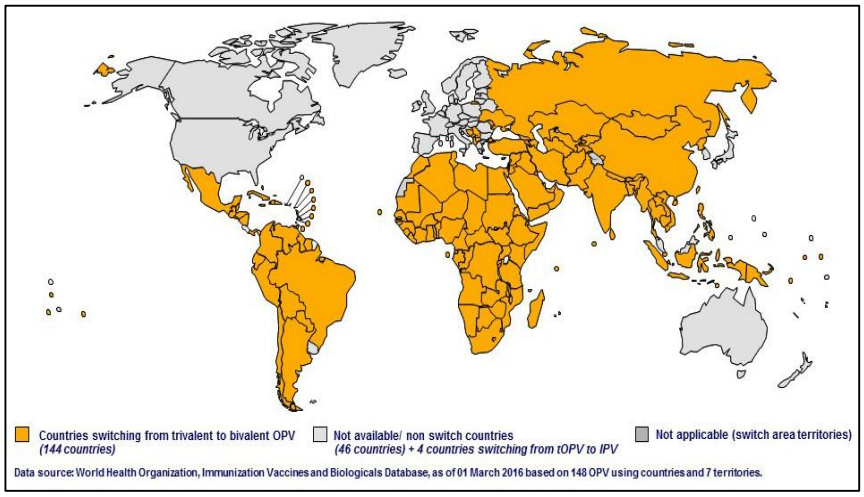
April 2016

Dear Colleagues,

From 17 April to 1 May 2016, all countries that use the oral polio vaccine (OPV) for immunization will cease use of trivalent OPV (tOPV) and switch to bivalent OPV (bOPV). This is the most ambitious synchronized vaccine effort in history. This switch will prevent future cases of paralytic polio caused by type 2 vaccine-derived poliovirus, provide greater immunity against the other strains of polio, and lay the foundation for inactivated polio vaccine (IPV) becoming the only polio vaccine in use after we eradicate polio worldwide.

To be ready for the switch, countries are holding campaigns to administer as much tOPV to children as possible before the switch. Programs are also delivering bOPV to all facilities and removing any remaining tOPV while simultaneously planning for appropriate disposal of excess tOPV stocks within three months of the switch, which coincides with the deadline for laboratory containment or destruction of type 2 Sabin strains.

Figure 1. Countries that will participate in the switch from tOPV to bOPV



To ensure that tOPV has been withdrawn, independent national monitors will validate the switch during the two-week period. The monitors will also assess the introduction of bOPV and IPV. The Global Polio Eradication Initiative (GPEI) has identified 24 countries that will receive external monitoring assistance across four World Health Organization (WHO) regions. In most countries, national staff not directly involved with implementing the switch will monitor and validate the process.

Within two weeks of a country's switch date, the country is required to validate and report to WHO that it has removed tOPV from the cold chain. GPEI has established a working group to support countries and regions throughout the switch and two weeks after the switch. This group will track and coordinate information gathered from all countries and territories, and respond to any programmatic or communication issues that arise during this critical and short timeline.

While the IPV supply will remain far too constrained in 2017, the Strategic Advisory Group of Experts on Immunization concluded that the risks of continued tOPV use are greater than the risks of switching to bOPV, even if IPV introduction occurs after the switch period. A stockpile of monovalent type 2 OPV exists and will be used to stop vaccine-derived type 2 outbreaks after the switch, if any occur.

The massive scale and speed of this immunization endeavor is unprecedented. I thank all countries for undertaking this effort. Planning by countries has been great, and I believe they are ready to mount a successful switch. GPEI has made many materials available to support the switch, and you can find them here.

As always, thank you for what you do to protect the world's most vulnerable children.

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