FREQUENTLY ASKED QUESTIONS ON POLIOVIRUS CONTAINMENT

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This document is intended to be a resource for National Authorities for Containment (poliovirus). It will be updated periodically.

When is wild poliovirus type 3 (WPV3) required to be under containment?

All facilities retaining wild polioviruses (all types) are expected to implement the containment requirements in accordance with the WHO Global Action Plan for poliovirus containment (GAPIV) now and achieve the required containment certification criteria by end-2026.

Why is it important that wild poliovirus type 1 (WPV1) containment start now, when the virus is not yet eradicated like wild types 2 and 3? Isn't this putting the horse before the cart?

Although WPV1 still circulates in Pakistan and Afghanistan, incidence of disease caused by the strain is very low, with only 12 cases detected in these countries in 2023 (data as of 7 May 2024). Genetic diversity and geographic spread of the virus are also very limited, and the Global Polio Eradication Initiative continues to progress towards achieving its goal to eradicate WPV1 by end-2026.

To prepare for WPV1 eradication, the GCC has recommended that all facilities move to ensure that all WPV strains (types 1, 2 and 3) are safely and securely contained by the planned time of certification of WPV eradication, i.e., fully compliant with the requirements described in GAPIV. This requires facilities retaining the virus putting in place the safeguards as per GAPIV and achieving full certification through the Containment Certification Scheme (CCS) by end-2026.

As appropriate facility containment requires significant resources and time, the GCC recommends urgency in this work.

The eradication of WPV2 served as the trigger for PV2 containment. Why is this not the case for WPV1?

The GCC has moved away from type-specific eradication or sequential OPV-cessation serving as the trigger for containment. Retaining a highly infectious and dangerous pathogen, that has been or is slated for eradication is a serious risk and responsibility, especially when most countries have already interrupted transmission and global case numbers are dwindling. Rather than wait until declaration of eradication which occurs years after the detection of the last positive virus isolate, the GCC is urging that countries move now to put measures in place to allow for strong containment by end-2026.

What happens if WPV1 transmission is not stopped by the end of 2026? Will the GCC's recommendation for containment of WPV1 still hold?

Regardless of whether WPV1 eradication is achieved by end-2026, the GCC's recommendation regarding containment criteria for WPV eradication, i.e., containment certification for facilities holding the virus by end-2026, will remain in place. This is to ensure containment is in place and risks of a facility associated release of poliovirus are minimized by the time eradication is declared.

Does this mean that all facilities are required to have full certificates of containment (CCs) by the end of 2026?

The GCC has specified that by end-2026 all facilities retaining WPVs should have a Certificate of Containment (CC), or a time-limited Interim Certificate of Containment (ICC), with a clear end-point for obtaining a CC agreed with the GCC.

What about functions such as polio diagnostics and polio vaccine research and production? Is there some leeway for facilities carrying out these?

While polio diagnostics, development of new polio vaccines and other products as well as clinical research related to safety and immunogenicity of polio vaccines, antivirals and monoclonal antibodies are essential to accelerate and sustain poliovirus eradication, it is important that all facilities opting to retain live polioviruses (all types) ensure proper containment following GAPIV so that risks of release of these viruses is minimized.

Countries understand the risk and responsibility that come with retaining polioviruses post-eradication. In 2018, WHO Member States through a World Health Assembly resolution all acknowledged the need for robust containment to achieve and maintain a polio-free world, demonstrating universal commitment to accelerating containment actions.

What about vaccine-derived poliovirus types 1 (VDPV1) and 3 (VDPV3)? When is containment for these viruses required?

VDPV (all types) are subject to the same containment requirements as WPV.

Why are some laboratories of the Global Polio Laboratory Network (GPLN) exempt from becoming PEFs?

The GPLN performs poliovirus surveillance work essential to polio eradication and is expected to continue this function following WPV eradication and OPV withdrawal. A number of GPLN diagnostic laboratories retain poliovirus for the short term only, and samples are destroyed following the availability of genetic sequencing results. GPLN laboratories requiring long-term retention of polioviruses (mainly Regional Reference and Global Specialized Laboratories) must achieve containment certification, as PEFs. Laboratories are required to implement GPLN practices and policies for the safe handling and storage of polioviruses.

Related information

GPEI containment web page