



Polio Eradication – Global update

SAGE Meeting, Geneva 17 April 2018

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On Behalf of the GPEI



Polio Eradication and Endgame Strategy

1. Poliovirus detection & interruption
2. OPV2 withdrawal, IPV introduction, immunization system strengthening
3. Containment & Global Certification
4. Transition Planning

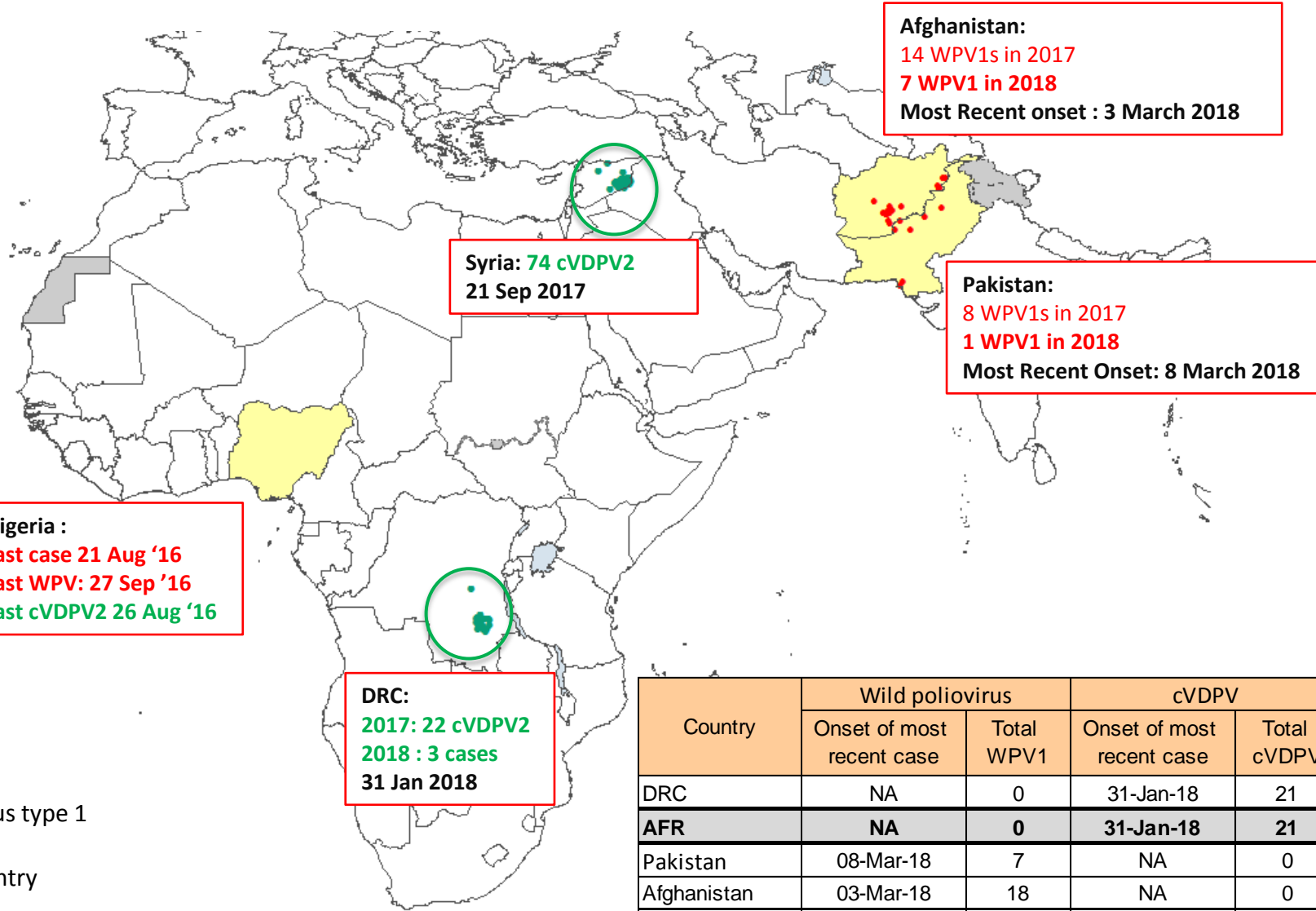


Polio Eradication and Endgame Strategy

- 1. Poliovirus detection & interruption**
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Wild Poliovirus & VDPV Cases¹ (Past 12 months²)

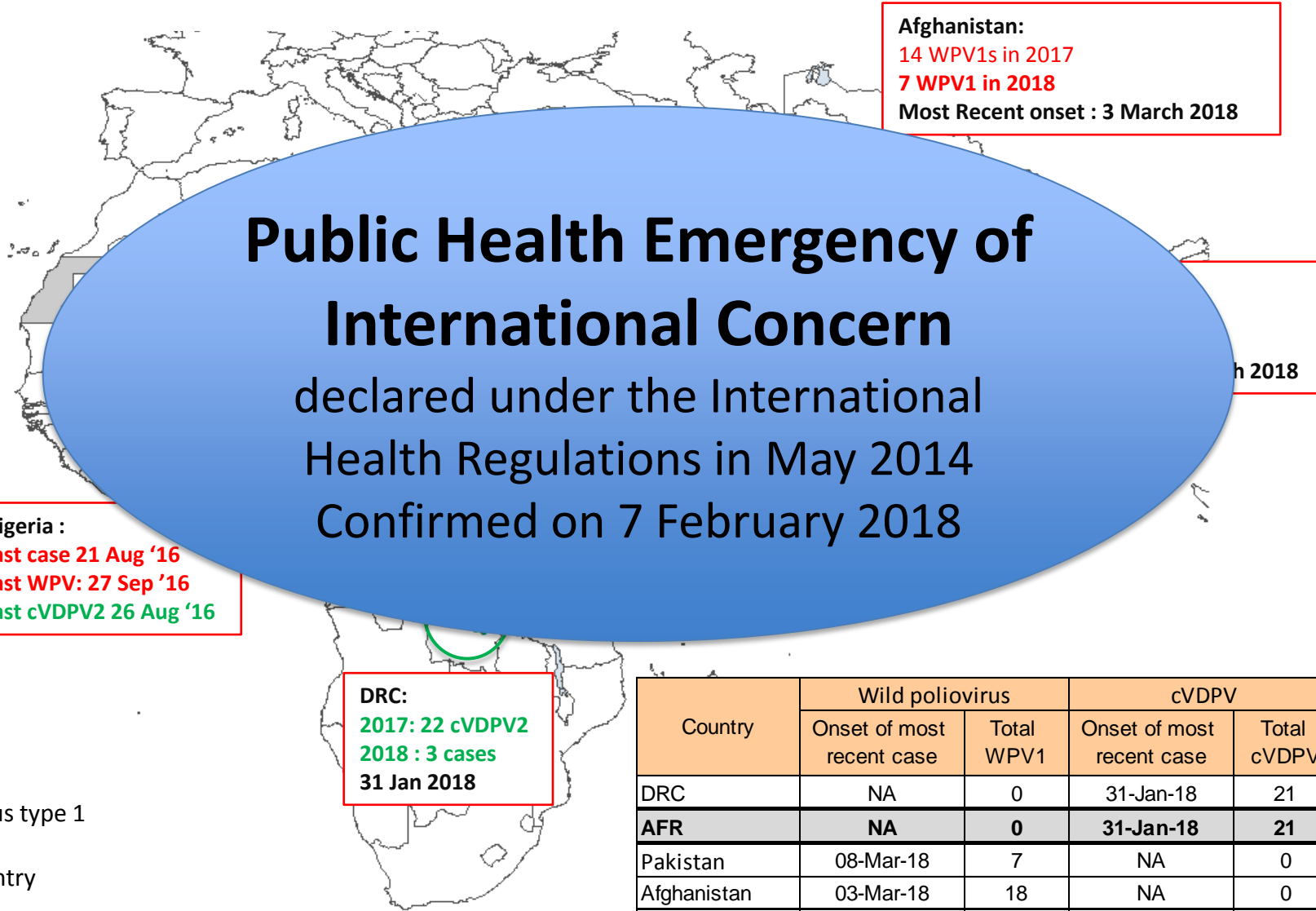


Country	Wild poliovirus		cVDPV	
	Onset of most recent case	Total WPV1	Onset of most recent case	Total cVDPV
DRC	NA	0	31-Jan-18	21
AFR	NA	0	31-Jan-18	21
Pakistan	08-Mar-18	7	NA	0
Afghanistan	03-Mar-18	18	NA	0
Syria	NA	0	21-Sep-17	72
EMR	08-Mar-18	25	21-Sep-17	72
Global	08-Mar-18	25	31-Jan-18	93

¹Excludes viruses detected from environmental surveillance

²Onset of paralysis 11 April 2017 – 10 April 2018

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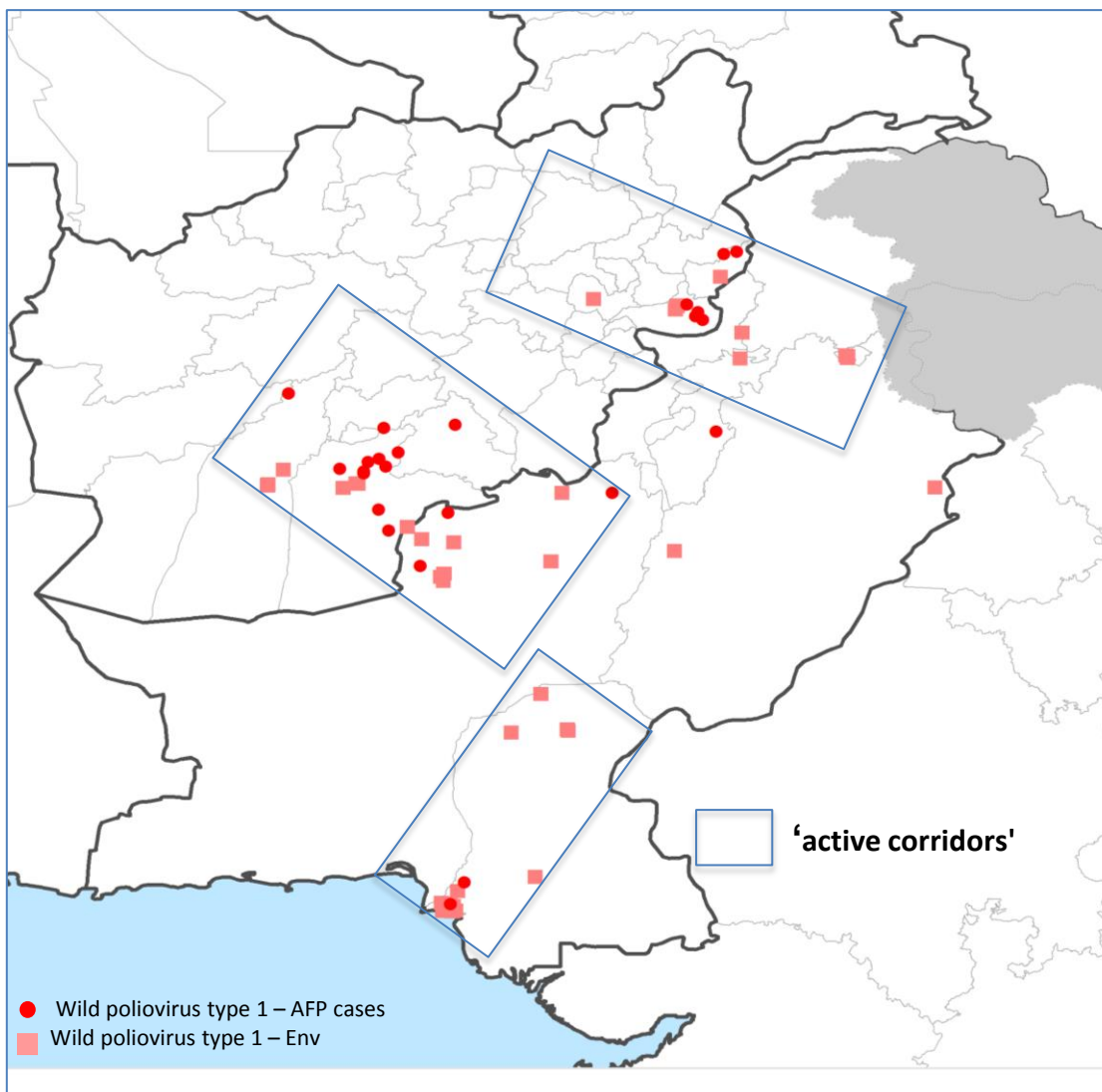
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Pakistan and Afghanistan

WPV1* in Afghanistan and Pakistan

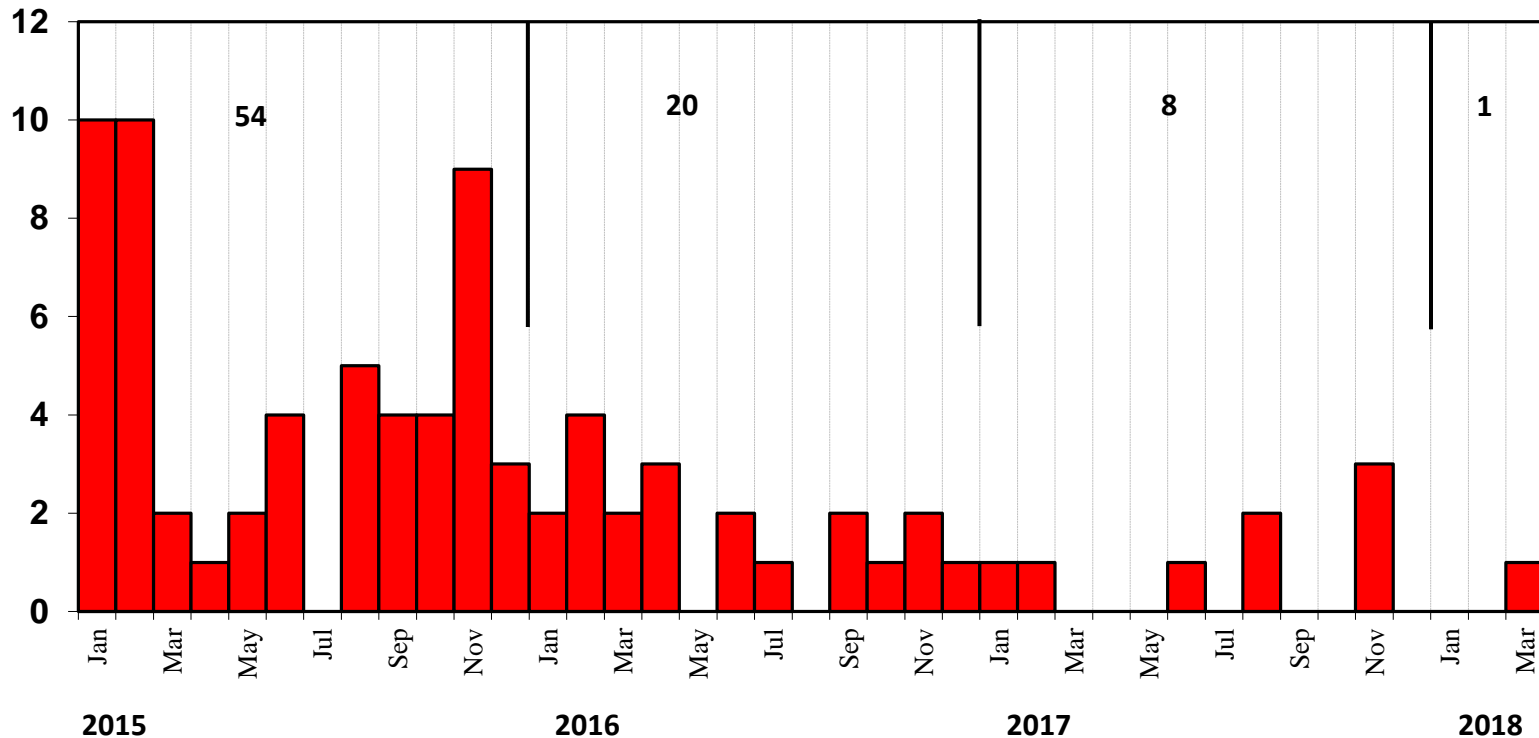
Onset / collection 04 April 2017 – 03 April 2018



*In ENV and AFP cases

Pakistan

Wild Polio Virus Type 1 (WPV1) 2015 – 2018

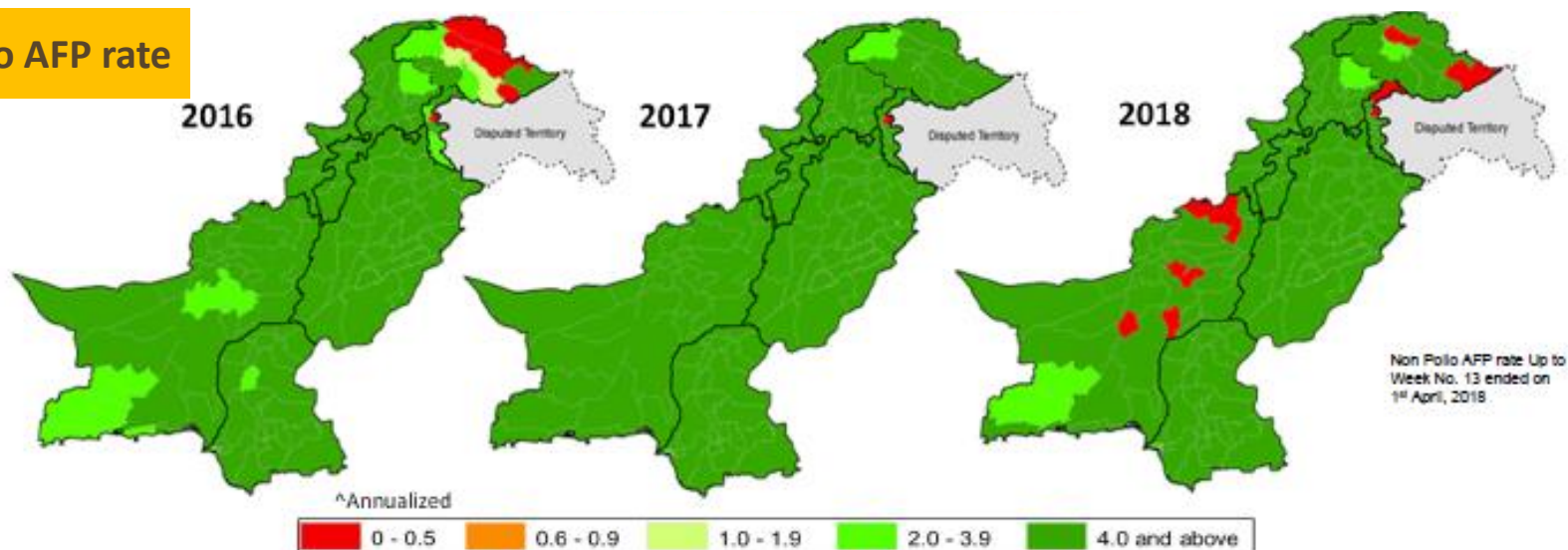


- 8 WPV1 cases in 2017 (20 in 2016)
- 1 WPV1 case in 2018 (Dikki district, Baluchistan)
- 11 % positive environmental samples (16.6 % in 2017)
- Northern corridor remains the greatest risk

Surveillance indicators

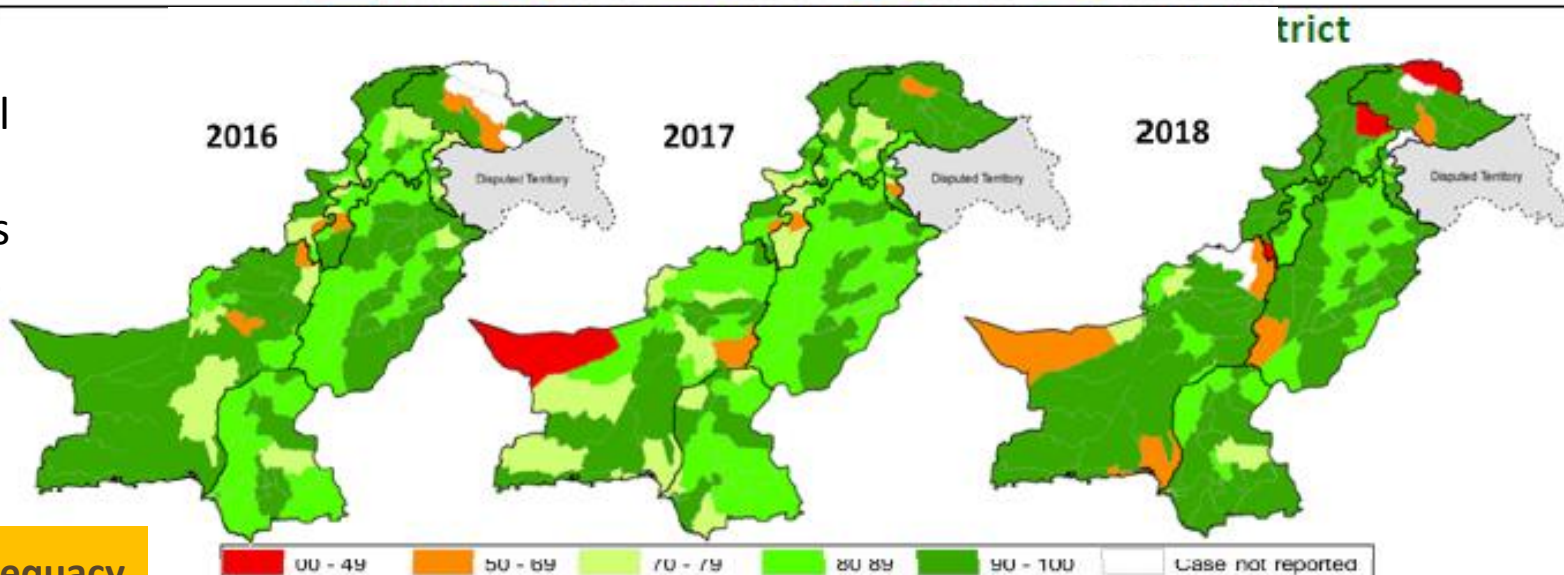
Non-polio AFP rate

- Improved Non-polio AFP rate across the country



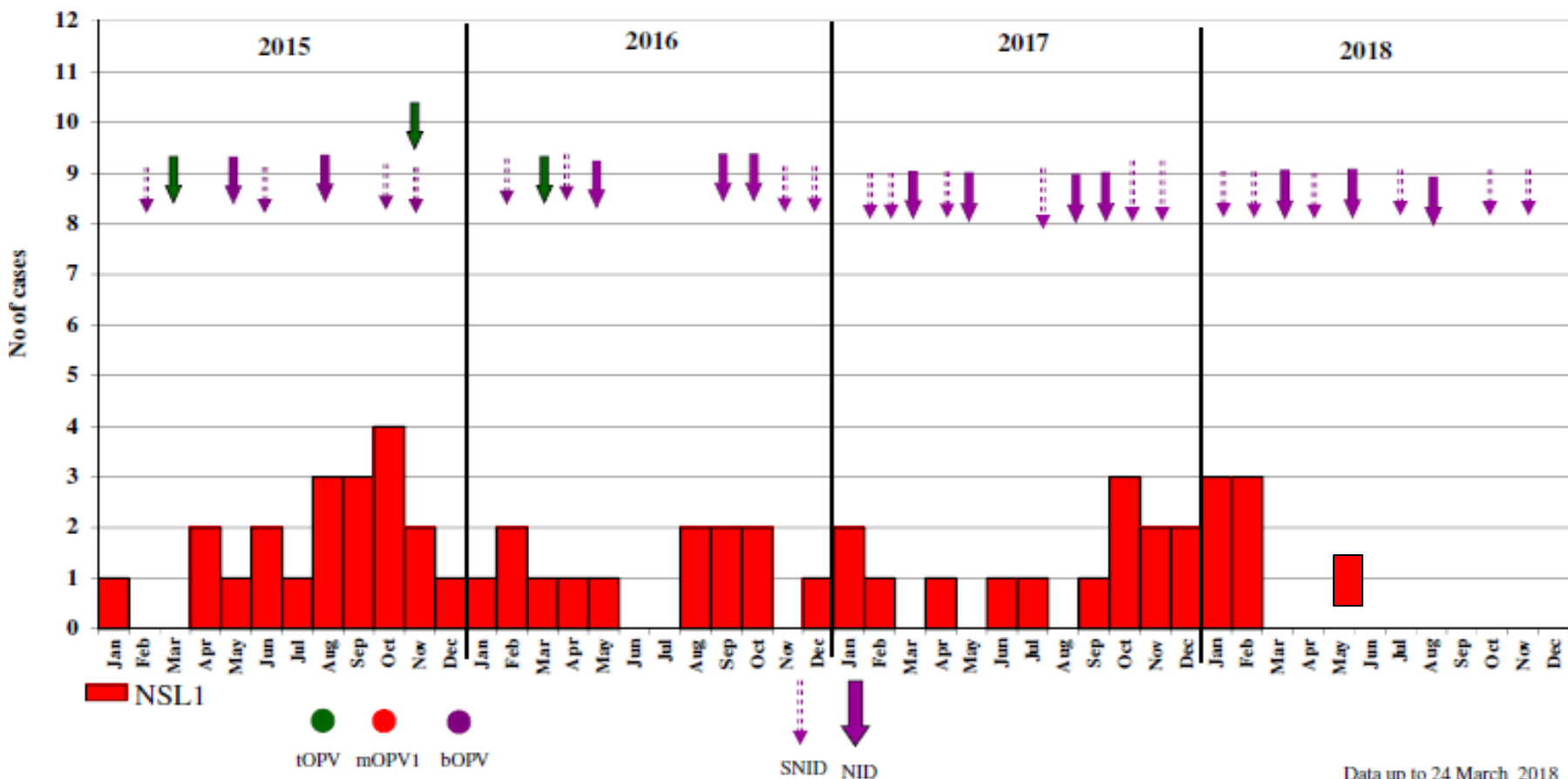
- Better stool adequacy yet remains a challenge in many districts.

Stool adequacy



Afghanistan- WPV isolates

WPV Isolates by Type & Month

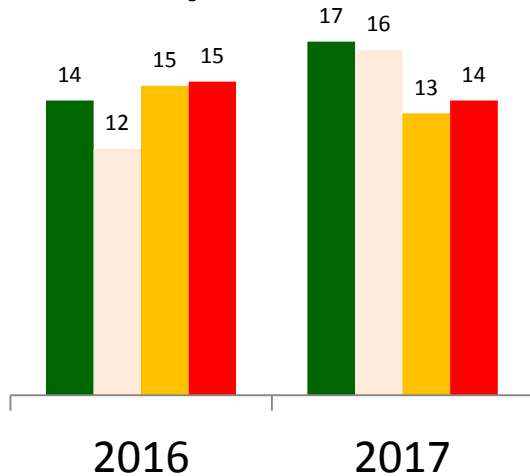


Data up to 24 March 2018

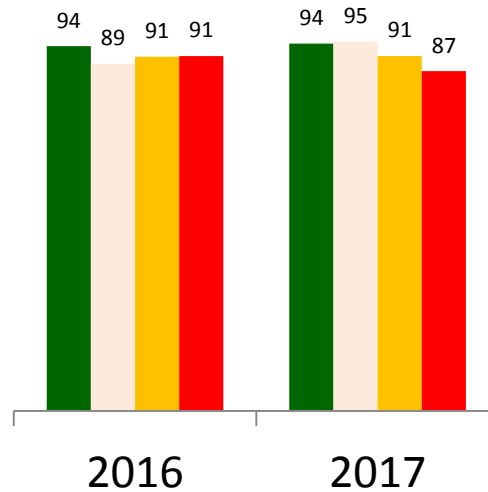
- Outbreak in Northeast stopped successfully with no secondary case
- Transmission re-established in southern region (inaccessibility in northern Kandahar)
- Detection of long chain transmission across northern corridor (East region and Pakistan); cluster of mobile populations moving across the corridor

Afghanistan: Strong surveillance including in access compromised areas

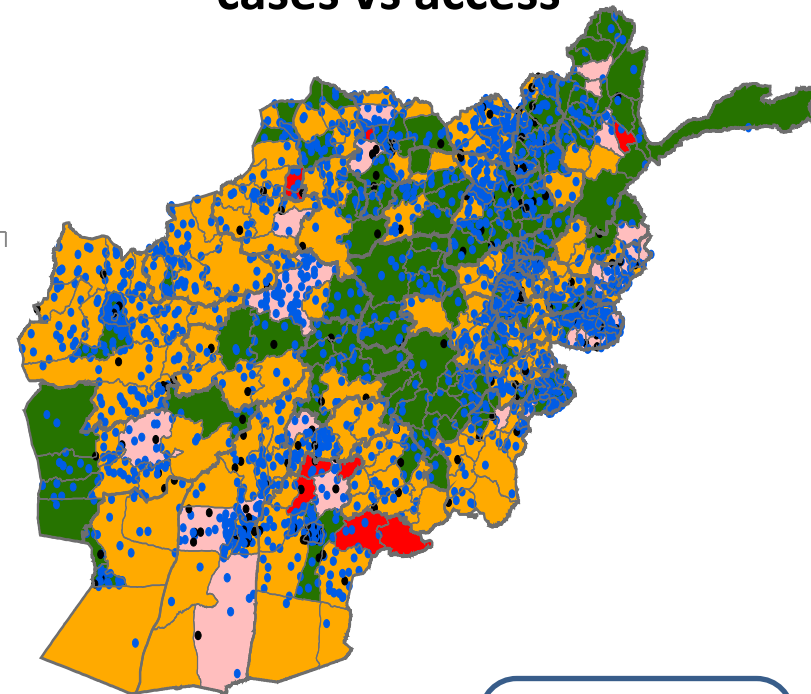
Non-polio AFP rate



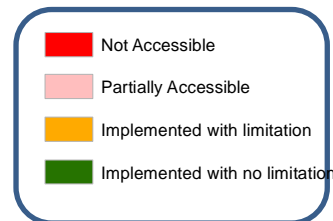
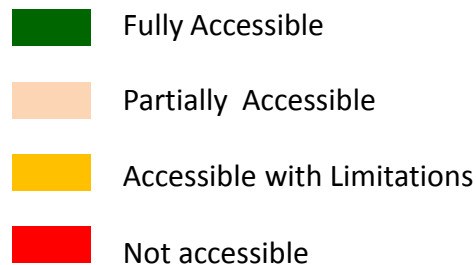
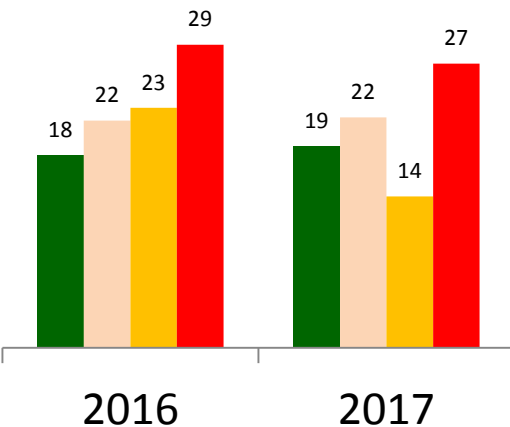
% stool adequacy



Distribution of AFP cases vs access



% NPEV isolation



Pakistan/Afghanistan : Risks

Pakistan

- Missed populations particularly in the **northern corridor** between eastern Afghanistan and Khyber-Peshawar, Islamabad/Rawalpindi block.
- National elections in 2018 and Potential repatriation/deportations of ~2 million Afghan refugees

Afghanistan

- Continued transmission in **Southern region** and further spread
- Orphan viruses in Eastern region: ongoing undetected transmission in the **Northern corridor**
- **Chronic inaccessibility** for more than 6 months and access with limitations

Programme Surge to support the Pakistan and Afghanistan NEAPs

- WHO, UNICEF, CDC, BMGF have deployed experienced staff for extended periods of time, through the low transmission season
- SIAs with mOPV1 in April and May in high risk districts of both countries



Nigeria and Lake Chad

Nigeria

- **No Wild Polio Virus (WPV) detected for 19 months**

Priority activities

- Improved quality SIAs, innovative approaches to reaching trapped children and expansion of surveillance to inaccessible regions
- Population immunity has increased across the country,
 - 80% OPV vaccination status for Non-polio AFP cases

Risks

- Main issue remains access challenges for vaccination and surveillance in Borno and a few other states
- Waning political and financial commitment by Government



Nigeria - Strategies to reach children

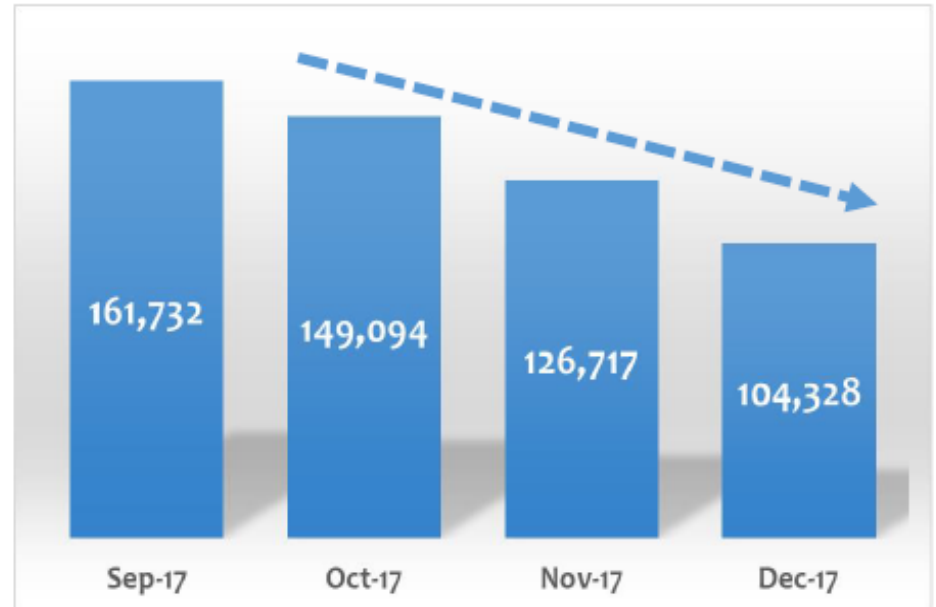
RES : Reach Every Settlement (civilian vaccinators with security support)

- Over 95% of targeted settlements reached (272,000 children vaccinated)

RIC : Reach Inaccessible Children (security forces as vaccinators)

- More complex strategy, started in March 2017;
- so far 36% targeted settlements reached (>50,000 children vaccinated)

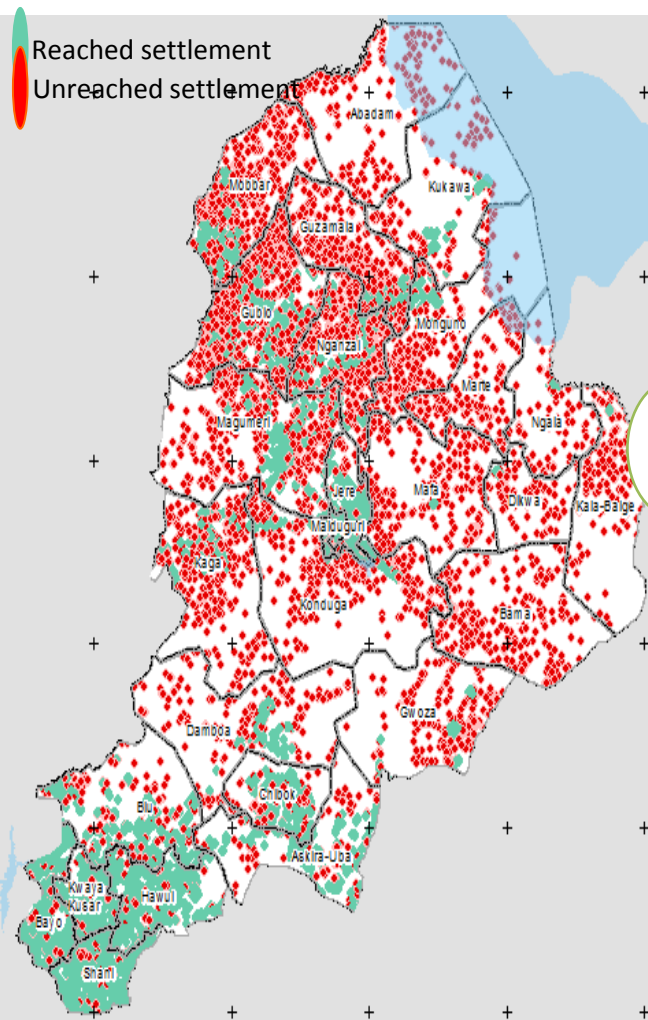
Inaccessible population Sep 17-Dec 17



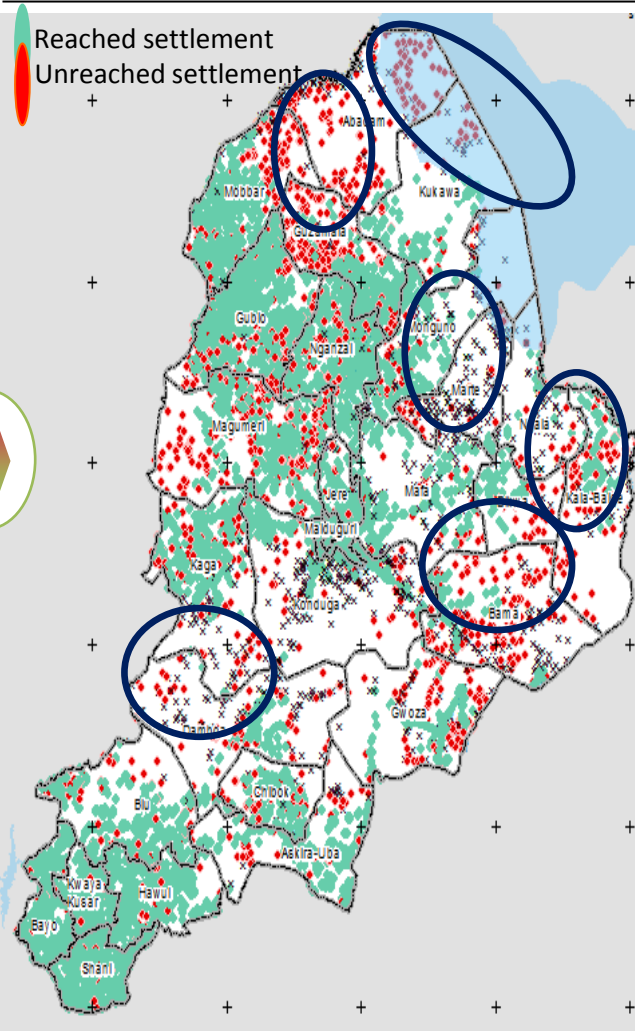
- Declining number of unreachable or trapped population in Borno
- Strategies like RIC, RES & vaccination and profiling at transit points have contributed to the reduction in trapped population

Significant progress in Borno but gaps remain

**Vaccination reach
August – December 2016**



**Vaccination reach
August 2016 – February 2018**



Over 14,509 (71%) settlements reached.

However gaps still exist in 5 critical LGAs (Abadam, Marte, Ngala, Damboa and Bama as well as in the Island settlements)

~104,000 children still trapped in inaccessible areas (610,000 in 2016)

Coordination with Lake Chad Countries

- Regular cross border meetings with Cameroon and Niger at the international border
- Synchronized SIAs with Lake Chad Basin countries
- Regular implementation of special interventions, targeting mobile populations & security compromised areas.
- Regular sharing of information across countries



Vaccination in Abuja settlement,
Niger Republic, March 2018



International nomadic transit vaccination
along Nigeria/Cameroon border



Border Vaccination between Gwoza
and Cameroon, March 2018

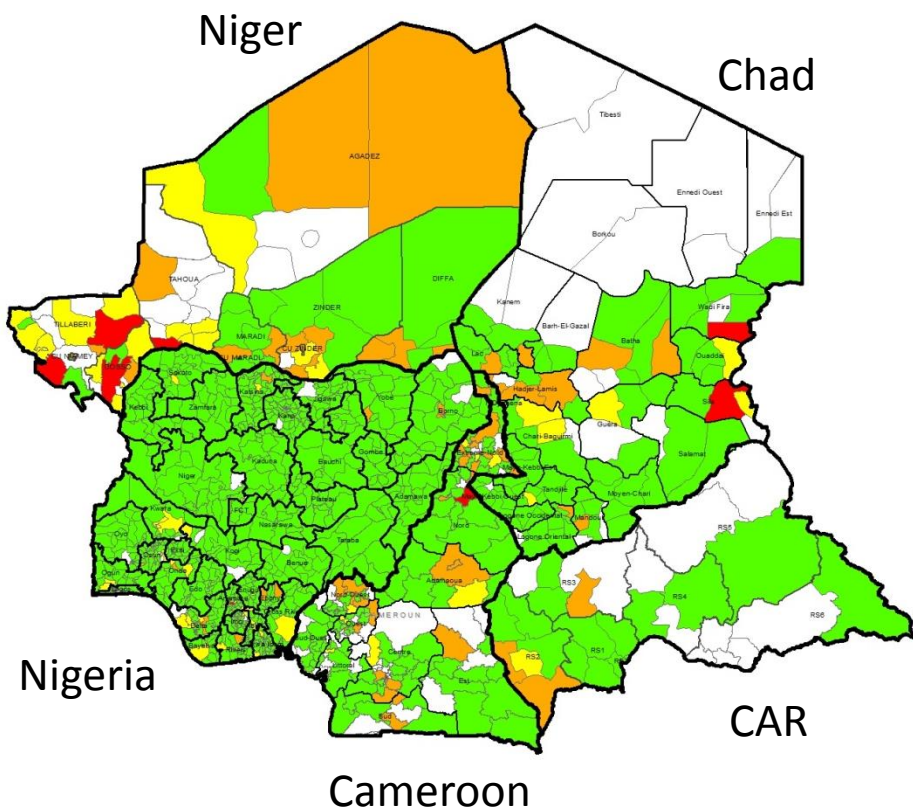


Y/F vaccination at Gwoza-Cameroon border,
March 2018

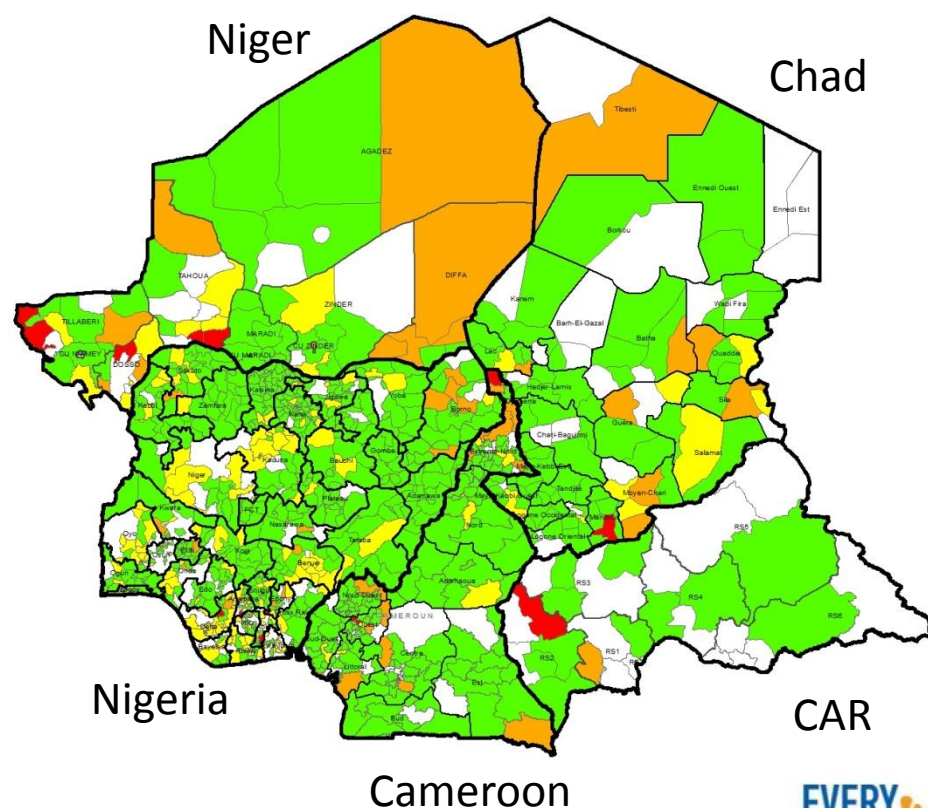
Surveillance in Lake Chad Basin

- Strong in Nigeria; some improvements in the other countries

19 May'17 –18 Oct'17



19 Oct'17-18 Mar'18



■ None Met ■ Met Adeq ■ Met NPAFP ■ Both* Met □ Silent

* NP AFP rate $\geq 3/100,000$ children under age of 15 years and stool adequacy $\geq 80\%$



Main Risks

- Variable quality in Lake Chad basin countries
 - Gaps in surveillance and population immunity, especially Niger where the government has banned immunization on the islands

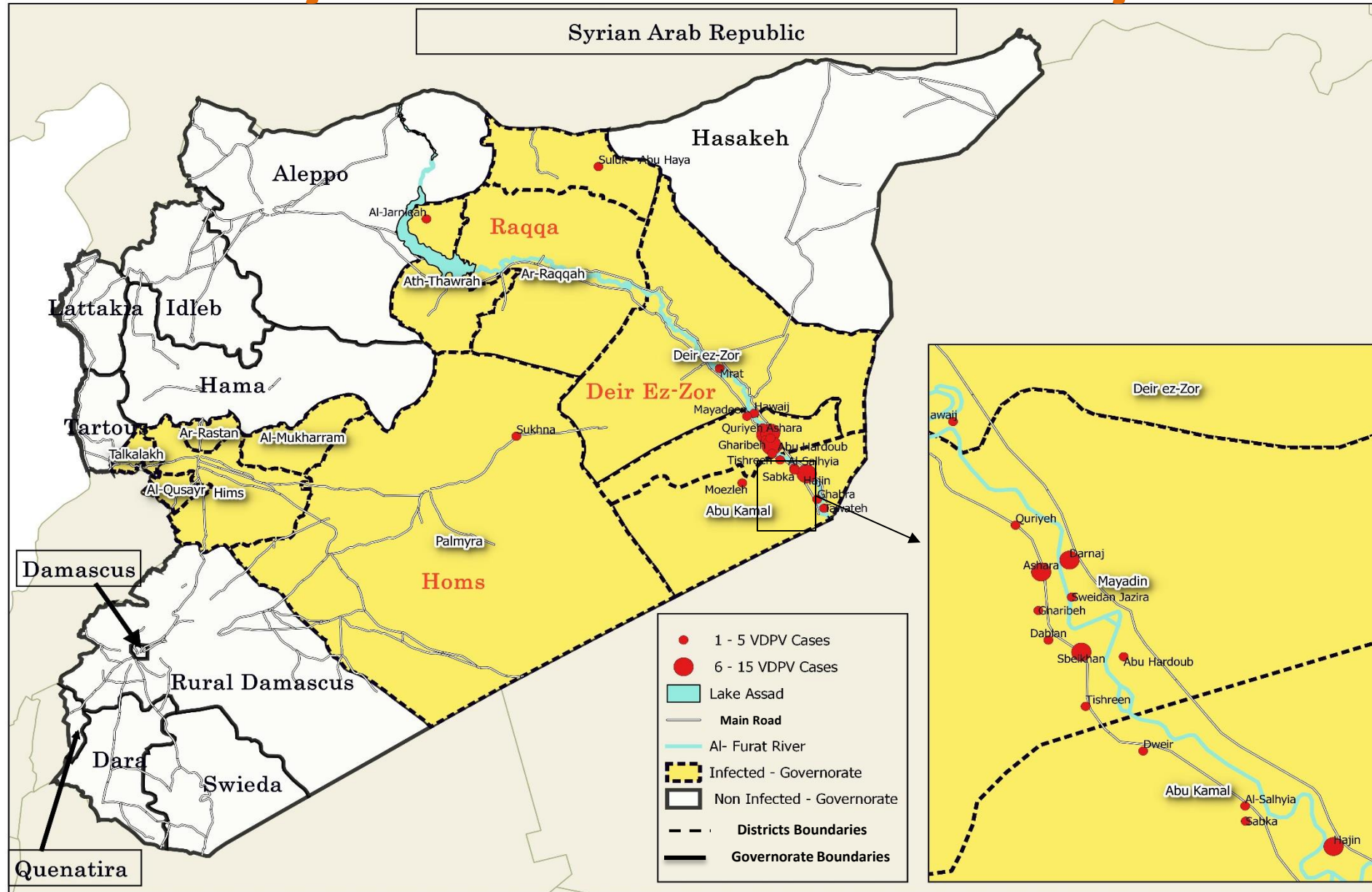
Programme Response

- Lake Chad Task Force
- Focus on accessing and vaccinating in Lake chad islands, markets, IDP camps, nomadic groups and at international borders
- Intensified surveillance with a focus on identified gaps (transport of stool specimen)
- Innovations in surveillance : AVADAR (mobile reporting of AFP cases) and GIS mapping of settlements and facilities



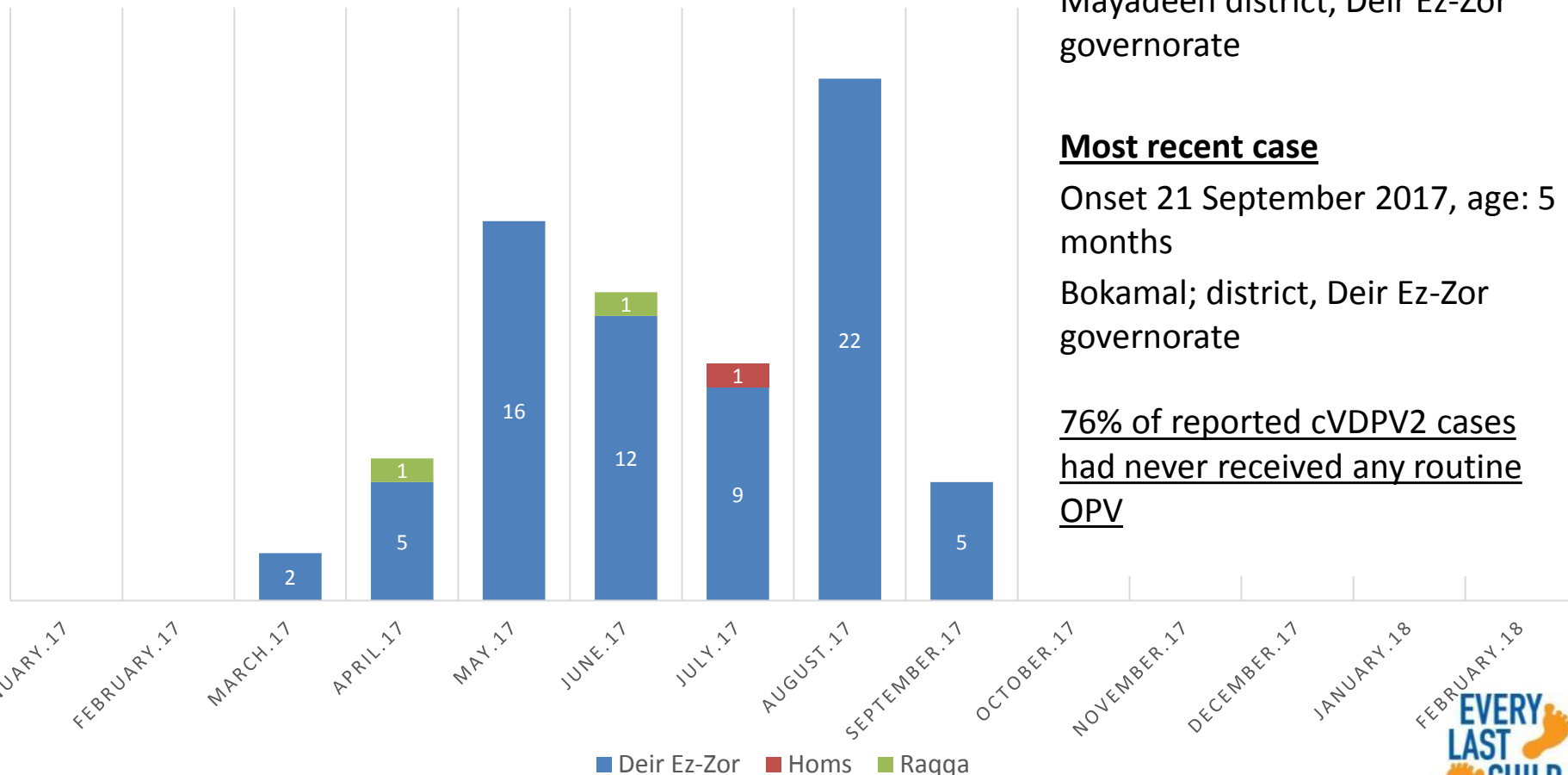
Syria Outbreak

Syria Outbreak Summary



Syria Outbreak Summary

DISTRIBUTION OF CVDPV2 CASES BY MONTH/GOVERNORATE - 2017-2018



74 cVDPV2 cases

Index

Onset 3 March 2017

Mayadeen district, Deir Ez-Zor governorate

Most recent case

Onset 21 September 2017, age: 5 months

Bokamal; district, Deir Ez-Zor governorate

76% of reported cVDPV2 cases had never received any routine OPV

Outbreak Response Assessment

- Despite adverse conditions efforts to control the outbreak have been successful to date
- 3 months between confirmation of the outbreak and last detection of outbreak virus;
- Outbreak virus has not found again despite continued good quality surveillance for poliovirus in most areas :
 - Specimen collection from AFP cases , contacts and healthy children
 - initiation of environmental surveillance

However

- Gaps in surveillance quality in several governorates
- Significant gaps in routine immunization

DRC Outbreak

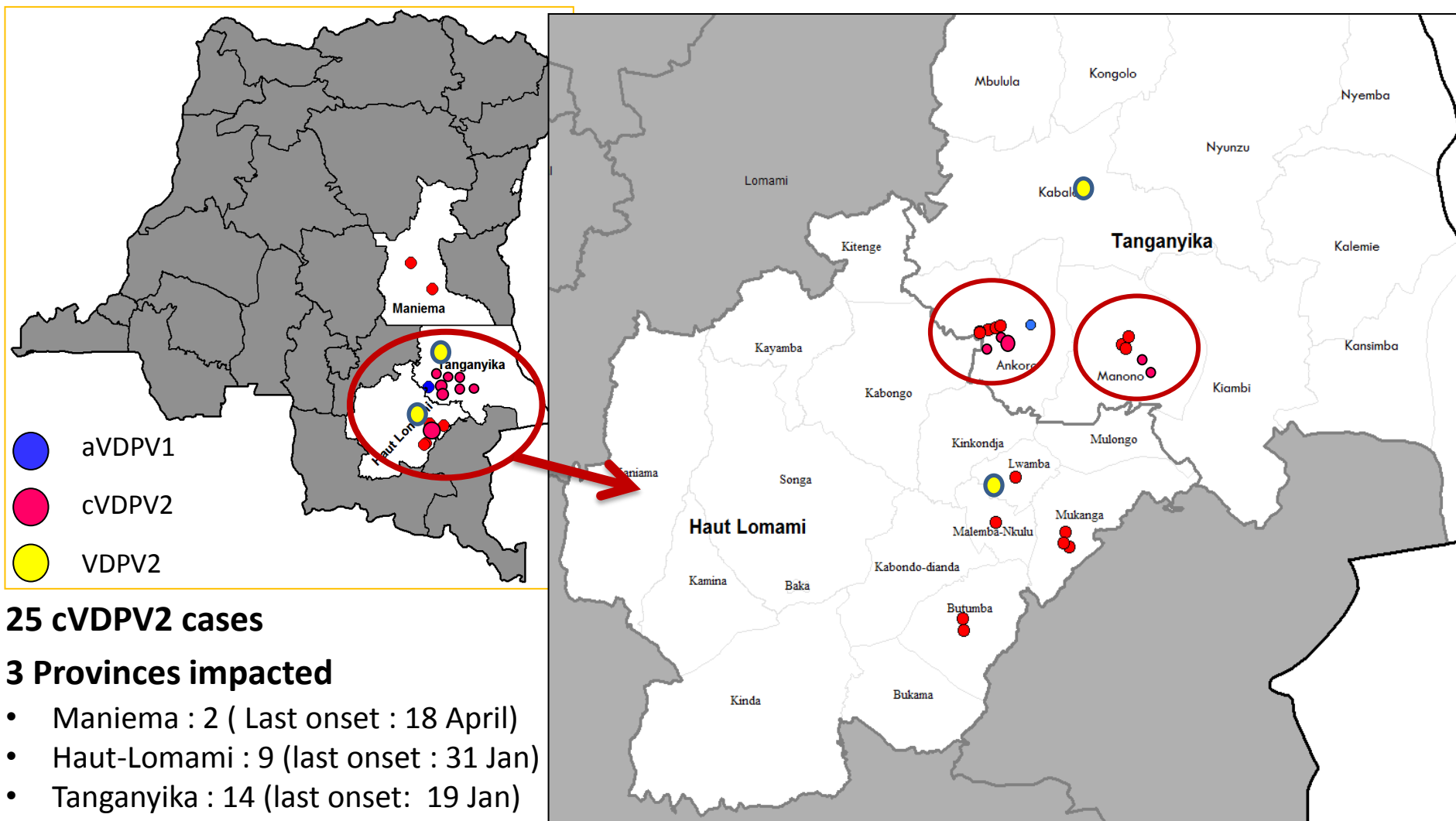
DRC Outbreak summary

- First case onset 20 Feb 2017 Haut Lomami province.
 - Outbreak confirmed on May 8th 2017.
 - Public health emergency of national concern declared 13 Feb 2018 by MoH
- 25 cases reported in three provinces: Maniema, Haut Lomami, Tanganyika.
- Most recent case on 31st January, Mulongo district, Haut Lomami province

Response undertaken

- 4 SIAs with mOPV2 and mop up in two Health Zones
- Two rounds planned April and May covering a total of 34 Health Zones

DRC Outbreak



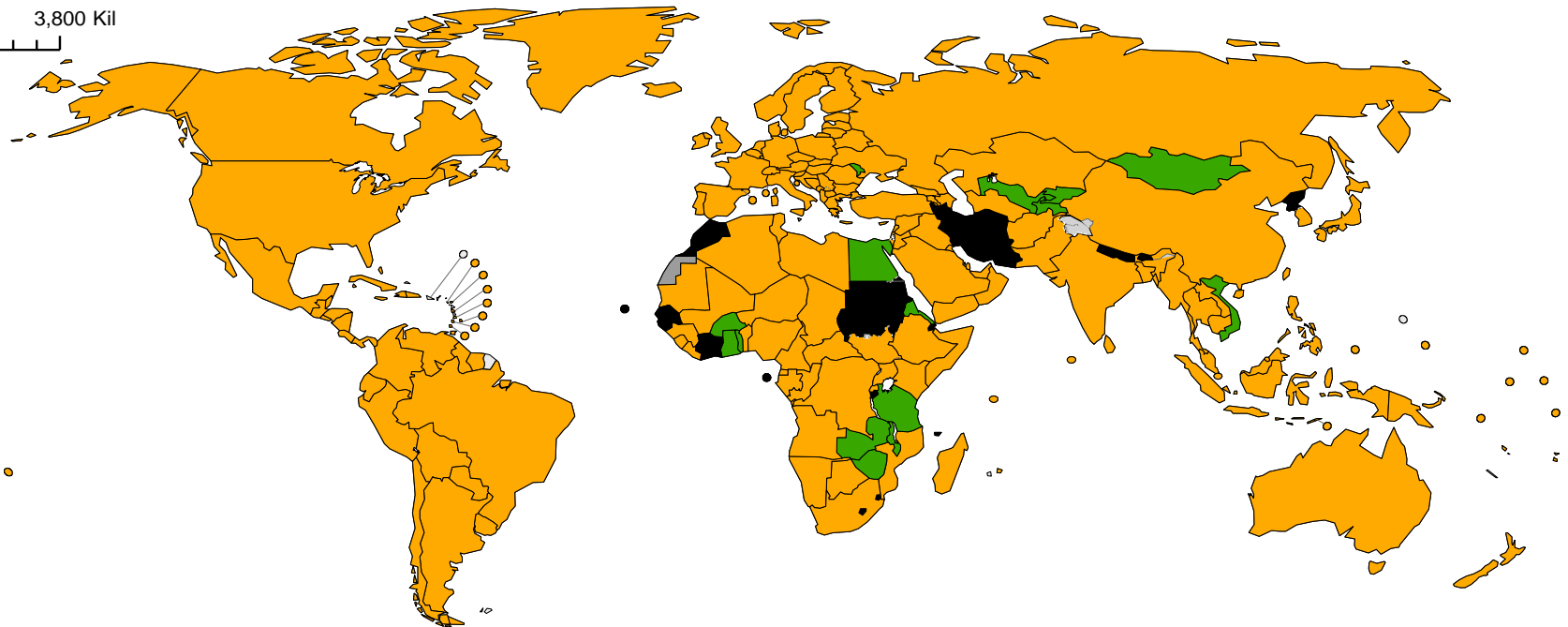
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Countries using IPV vaccine

0 950 1,900 3,800 Kil

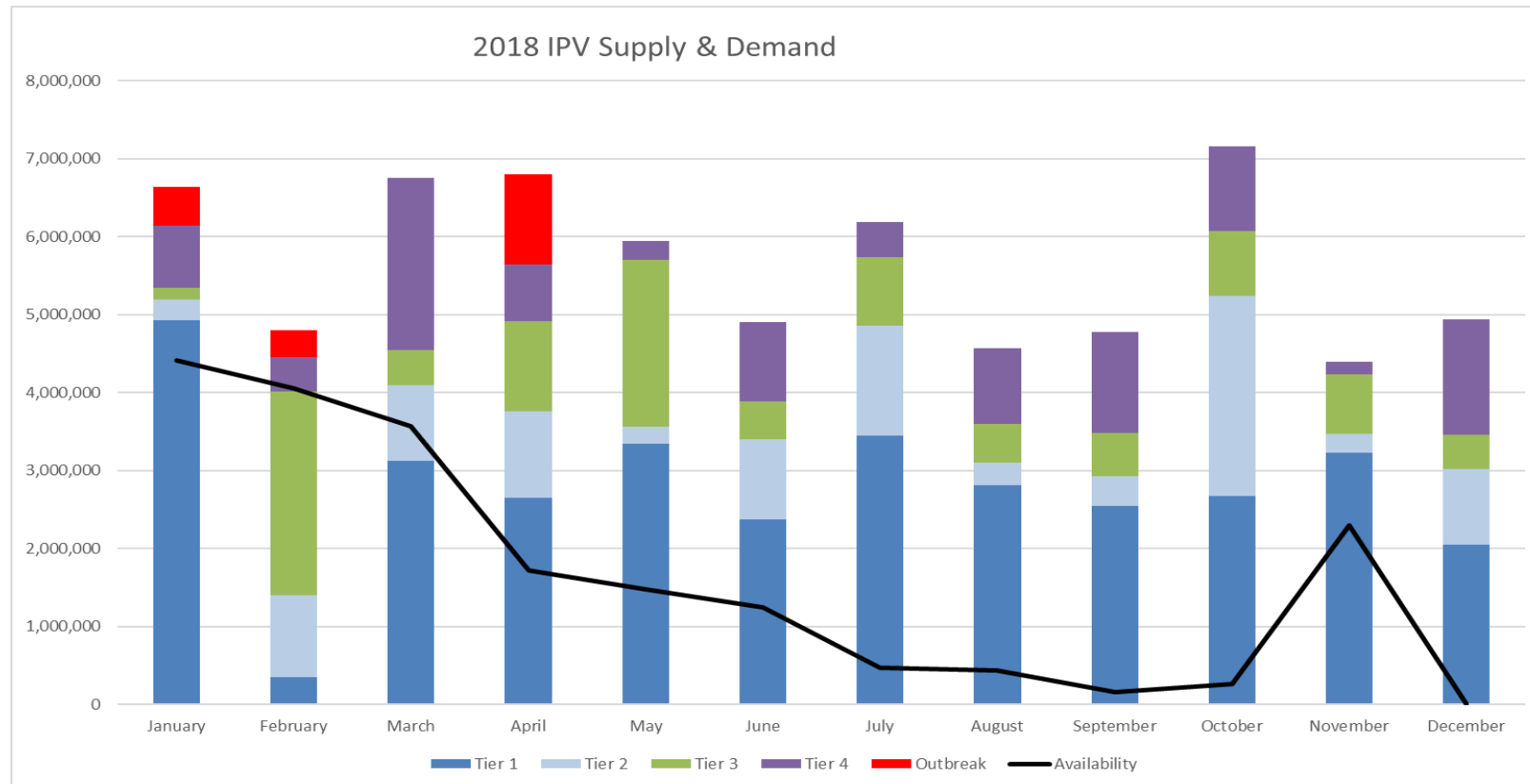


- Introduced* to date (162 countries)
- Re-introduced (6 countries)
- Formal commitment to introduce in 2018-2019 (15 countries)
- Introduced but need to re-introduce (11 countries)
- Not available
- Not applicable

* Including partial introduction in India

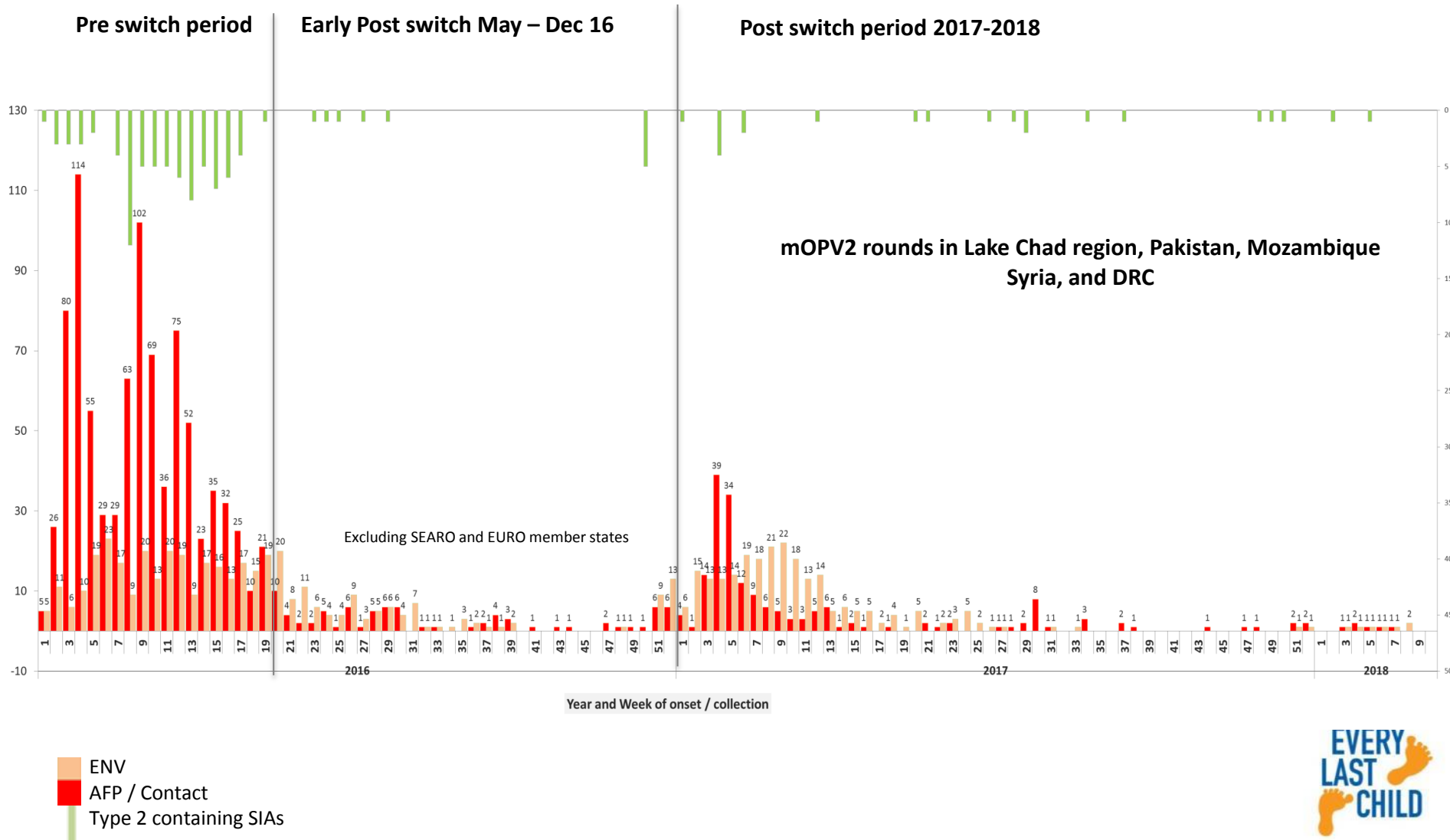
Since January 2013, the following countries have introduced IPV: Kazakhstan, Peru & Singapore (July 2013); Micronesia (August 2013); Libya (April 2014); Albania & Panama (May 2014); Nepal & Tunisia (September 2014); Philippines (October 2014); China (December 2014); Comoros, Senegal & Serbia (January 2015); Colombia & Nigeria (February 2015); Bangladesh & Maldives (March 2015); DR Congo, DPR Korea & The Gambia (April 2015); Madagascar (May 2015); Cote d'Ivoire, Grenada, Kiribati, Morocco, St Vincent and the Grenadines & Sudan (June 2015); Bhutan, Cameroon, Niger, Pakistan, Philippines & Sri Lanka (July 2015); Benin, Chad, Papua New Guinea, The Former Yug. Rep. of Macedonia (August 2015); Afghanistan, CAR, Dominica, Guyana, Iran, Jamaica, Seychelles & Solomon Islands (September 2015); Bahamas, Lao People's Dem Rep, Nauru, Samoa (October 2015); Antigua and Barbuda, Botswana, Burundi, Cook Islands, Guinea, India, Mauritania, Mauritius, Mozambique, Namibia, Nicaragua, St Lucia, Suriname, Tuvalu, Vanuatu & Yemen (November 2015); Algeria, Belize, Cambodia, Dominican Rep, Ecuador, Ethiopia, Fiji, Gabon, Georgia, Honduras, Kenya, Myanmar, Paraguay, St Kitts & Nevis, S. Sudan, Thailand, Tonga & Trinidad & Tobago (December 2015); Cuba, El Salvador, Guatemala, Haiti, Iraq & Venezuela (Bolivian Rep of) (January 2016); Azerbaijan, Bolivia & Timor-Leste (February 2016); Chile & Mali (March 2016); Argentina, Congo, Djibouti, Lesotho, Sao Tome & P., Uganda (April 2016); Armenia, Guinea-Bissau, Indonesia & Swaziland (July 2016); Eq. Guinea (August 2016); Cabo Verde (April 2017); Liberia (July 2017); Angola (December 2017); Turkmenistan (January 2018); Sierra Leone (February 2018); Rwanda (March 2018); Gambia (Q2-2018)

IPV supply remains fragile



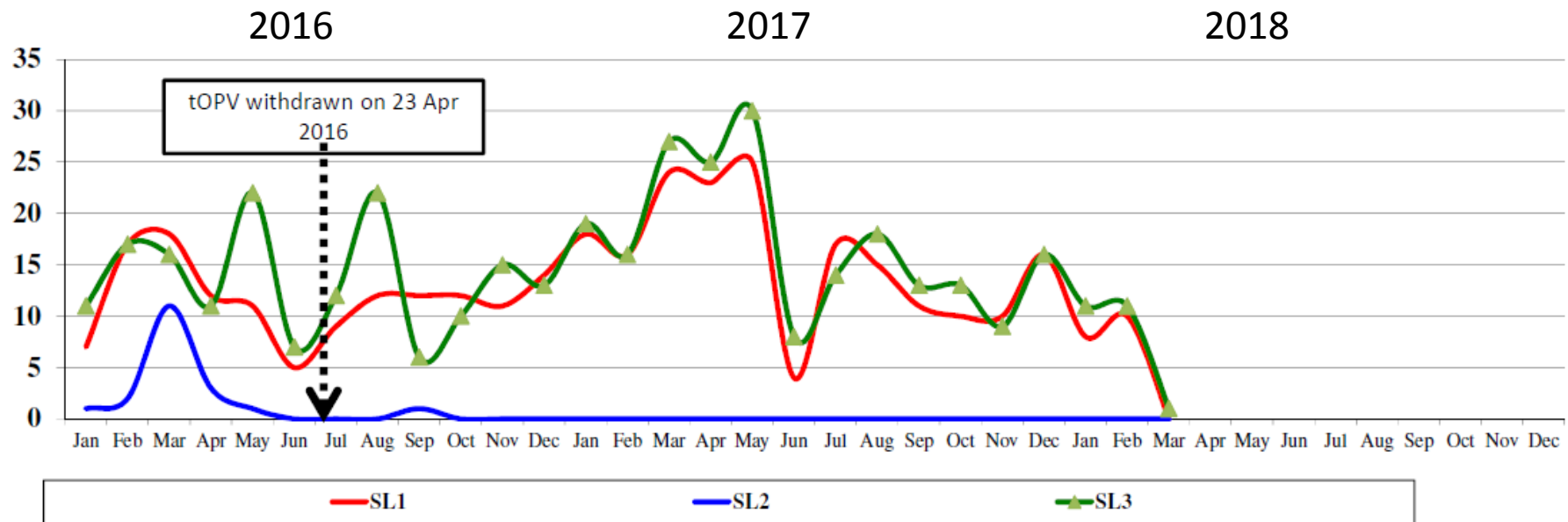
- All 35 countries that had not introduced or had supply stopped have been offered supply
- Since January, one supplier has further reduced availability by 6 million doses for 2018
- 1.14 million doses available for outbreak response/SIAs for remainder of 2018 (853,000 doses used in Syria & Somalia)
- Availability extremely tight from July to October

Sabin Virus type 2 detection (AFP and ENV, 2016-2018)



Sabin-like type2 viruses

Afghanistan, 2016-2018



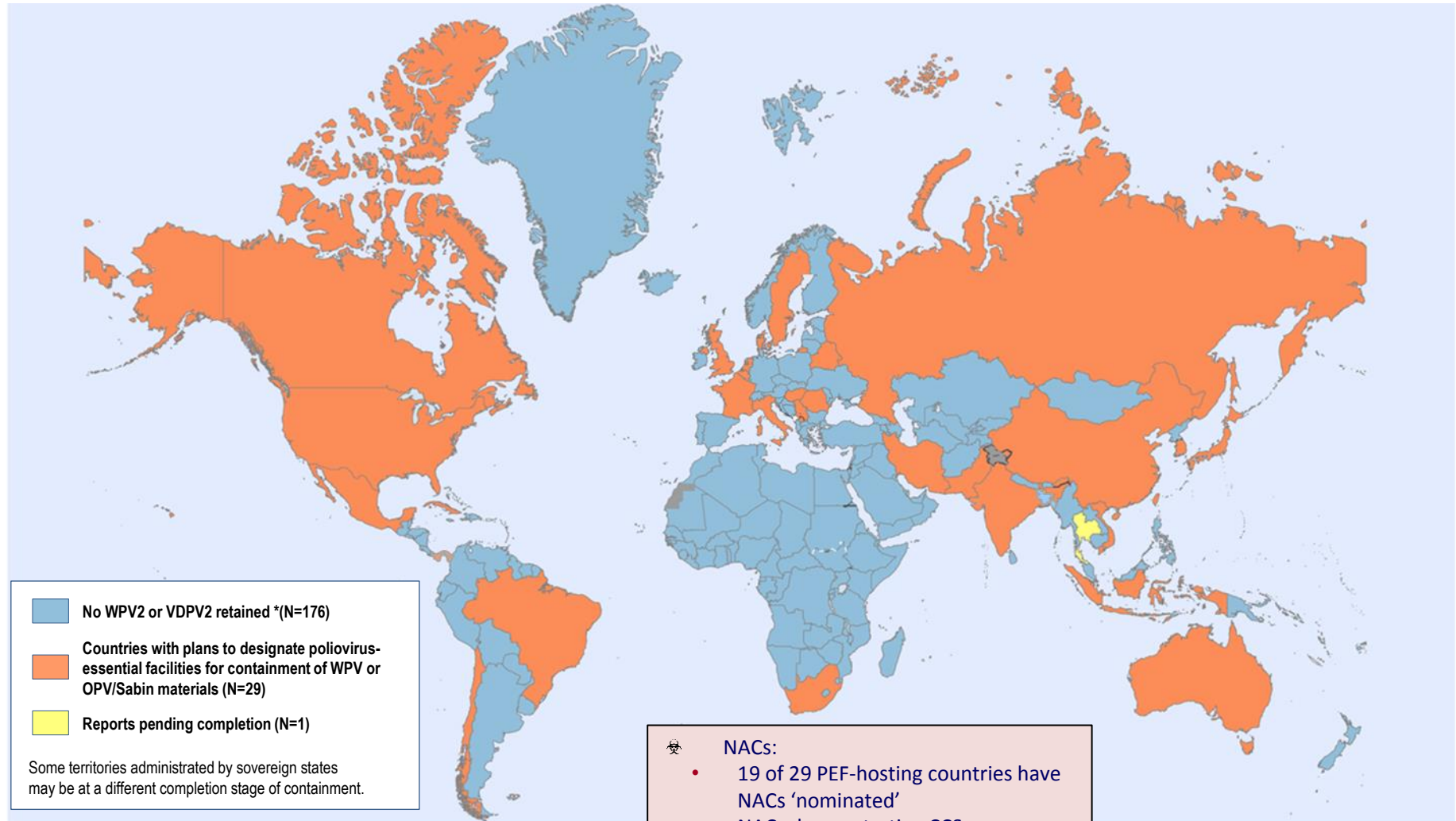
Data up to 24 March 2018

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29 countries plan to retain poliovirus materials* in 92 PEFs



Includes WPV/cVDPV and OPV2/Sabin

Data reported by WHO Regional Offices as of 17 April 2018
and subject to change

*for the Americas, this includes WPV - and cVDPV types 1 to 3



NACs:

- 19 of 29 PEF-hosting countries have NACs 'nominated'
- NACs demonstrating CCS implementation: 1

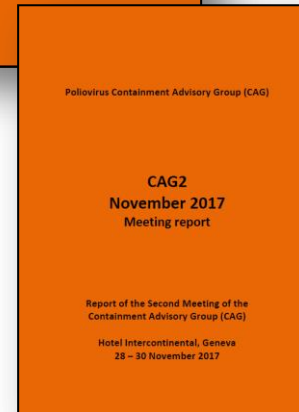
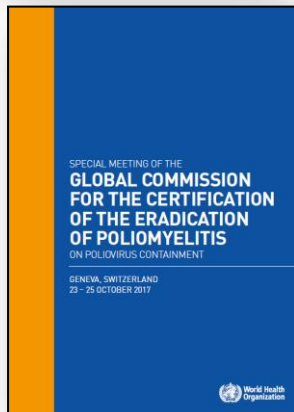
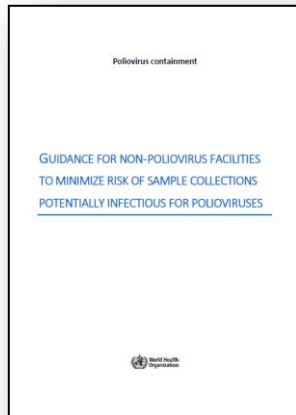


PEFs:

- Applications submitted to GCC: 1
- CPs delivered: 1
- ICCs/CCs delivered: 0

Progress 2017-2018

- **Guidance on potentially infectious materials (PIM) for non-polio facilities**
 - 🦠 Published in April 2018
- **Global Action Plan (GAPIII)**
 - 🦠 Amendments/clarifications recommended by Containment Advisory Group (CAG)
- **Global Certification Commission (GCC)**
 - 🦠 Expectations with regards to progress with containment for global eradication certification
- **GAPIII Containment Certification Scheme (GAPIII-CCS)**
 - 🦠 First Certificate of Participation (CP) granted April '18
- **Technical Reports Series (TRS 926) on the production of polio vaccines**
 - 🦠 Revision ongoing (ECBS, October 2018)



Way forward

- **WHA resolution in May 2018**
 - ⚠ Accelerate momentum on PV containment by all Members States
(Establishment of NACs, inventories, legal instruments, etc..)
- **Implementation of the PIM guidance for non-polio facilities**
 - ⚠ Complete inventory for type 2 PV material and initiate inventory for types 1&3
- **Implementation of GAPIII-Containment Certification Scheme**
 - ⚠ Reduce the number of PEFs
 - ⚠ Accelerate the certification process for PEFs
- **Training plan**
 - ⚠ To strengthen auditing capacity of National Authorities for containment
- **Communication/Advocacy strategy plan**
 - ⚠ To increase awareness of all Member States

Global Certification Commission

February 2018

- Review of epidemiology, cases and environmental positives
 - Risk Assessment Tool to compare risks and mitigation strategies between countries and across regions;
 - Conditions for handling possible cVDPV outbreaks in the approach to certification
 - Review of surveillance standards that will be required of countries
 - Plan for a simulation exercise for the certification of WPV3 eradication
- **16 April, Polio Advisory Committee Chairs meeting**
- Alignment on definition of certification

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Strategic Action Plan for polio transition

May 2017 World Health Assembly requested WHO DG to *“develop a strategic action plan on polio transition to define the **capacities and assets required to maintain a polio-free world** after eradication and **sustain progress in other programmatic areas** that might be negatively impacted by the scaling-down of the polio eradication infrastructure”*.

Objectives of the plan

- Sustaining a polio-free-world after eradication
- Strengthen immunization systems, including VPD surveillance to achieve GVAP goals
- Strengthen emergency preparedness, detection and response capacity – to fully implement IHR

Structure of the plan

- Country-by-country analysis, with detailed costing
- Financing options
- Programme budget implications (aligned with the timeframes of GPW13)
- Coordinated HR planning
- Monitoring and Evaluation Framework



Priorities for the next six months

- 1. Interrupt transmission**
- 2. Interrupt transmission**
- 3. Interrupt transmission**

Pakistan, Afghanistan, Nigeria

4. Stop cVDPV outbreaks in DRC, Somalia (Kenya) and Syria
5. Implement recommendations of outbreak response assessments (Nigeria, Lake Chad, DRC, Syria)
6. Continue to intensify surveillance in all at-risk areas

Thank you

