

Overview of the Global Polio Eradication Initiative

The polio eradication program in 2017/2018 has succeeded to further decrease the number of detected poliomyelitis cases: in 2017, 22 cases of poliomyelitis caused by Wild Poliovirus Type 1 (WPV1) were reported worldwide (14 in Afghanistan, 8 in Pakistan), compared to 37 in 2016 (13 in Afghanistan, 20 in Pakistan, 4 in Nigeria). And in 2018, as of 12 March, 3 WPV1 cases were reported from Afghanistan and none from Pakistan. Despite the decrease in detection of symptomatic cases, WPV1 continues to be consistently detected through environmental surveillance (ES) in Afghanistan and Pakistan indicating ongoing transmission. Specifically in Pakistan, the rate of WPV1 detection through ES increased from 12% to 16% during 2017/2018, with genetic divergence between isolates indicating multiple chains of transmission. It should be noted, however, that during this period the frequency of sample collection and the total number of collected samples have increased. Regarding type 2 circulating vaccine derived polioviruses (cVDPV2), 95 paralytic cases were reported in 2017 (74 in Syria, 21 in DRC). Nigeria has not reported any WPV or cVDPV2 cases since September and August 2016, respectively. Since the switch from tOPV to bOPV in May 2016, cVDPV2 outbreaks have been detected in 5 countries (Nigeria, Pakistan, DRC, Syria and Somalia). The Global Polio Eradication Initiative (GPEI) considers that in 2018 there is a unique epidemiological chance to interrupt WPV1 transmission in the endemic areas; and thereafter the program will move towards transition of the GPEI anticipating certification of WPV eradication in 2021.

Post-Certification Strategy

Post-Certification Strategy Document (PCS) is presented to SAGE for review/endorsement with the intention to submit PCS for the World Health Assembly review in May 2018 [PCS is included as background document]. PCS is a high level working document which aims to sensitize and guide member states and key stakeholders on the polio-essential functions required to sustain a polio-free world after global certification of WPV eradication and subsequent dissolution of GPEI. PCS will not provide specific or detailed country level guidance and the implementation elements (including governance, management and financial costs) are not included in the PCS as these will be developed, owned and updated by the stakeholders who will take over the responsibility for implementation of the essential functions post certification. The aim of the PCS is to serve as a roadmap to ensure that the oversight, infrastructure and funding is in place to 1) contain polioviruses, 2) protect populations from polio, and 3) retain capacity to detect and respond to any poliovirus event, in the post certification era. Engaging key stakeholders occurred in 2017, during two rounds of extensive consultations which were undertaken, incorporating input from key polio partners groups, major donors, GCC, SAGE, disease modelling groups, GAVI, smallpox focal point, and global groups including IHR, GVAP, non-polio donors, core NGO focal points and member states and other immunization stakeholders. The PCS was endorsed by the Polio Oversight Board in January 2018; and by the SAGE Working Group in February 2018.

Report from SAGE Polio Working Group

The 15th face-to-face meeting of the SAGE Polio Working Group (WG) was held on 20-21 February, 2018 at the World Health Organization HQ in Geneva. The WG discussed or reviewed:

- Harmonization of recommendations on post-eradication polio immunization schedule between SAGE and GAP III;
 - SAGE WG endorsed the proposal to harmonize the IPV schedule for countries hosting Poliovirus Essential Facilities (PEFs), and recommended the same schedule, coverage targets and geographical scope for vaccination target for PEFs storing or manipulating Sabin/OPV or WPV. The WG recommended a routine schedule of 2 IPV doses (full or fractional) with the 1st dose administered at 4 months and the 2nd dose at an interval of at least 4 months after the 1st dose, and recommended achieving and maintaining high population immunity of $\geq 90\%$ IPV2 coverage in infants in the area surrounding the PEF defined as within a 100km commutable distance from the PEF
- Reviewed and provided recommendation on VDPV outbreak response protocol (at this meeting the SAGE is asked to provide recommendations on this protocol [included as background document]);
 - SAGE WG provided specific recommendations on scope, and timeliness of outbreak response
- Reviewed and provided recommendation/endorsement on proposed Polio Post-Certification Strategy (PCS);
 - The WG endorsed the content and approach of the PCS document as a high level working document which aims to alert member states and other key stakeholders to the essential functions required to sustain a polio free world after certification of eradication
- Initiated development of recommendations on preconditions for certification of poliovirus eradication and clarify, in this context, how vaccine derived polioviruses will be treated.
 - SAGE WG noted the proposed changes to the criteria for certification of WPV eradication and requested the Global Certification Commission (GCC) to maintain communication with other advisory bodies (such as IMB, IHR, CAG, etc.)