

Report from the Polio Working Group Meeting (September 7-8)

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Overview

- Background
- WG Discussion and Recommendations
 - Risk of continued VDPV2 circulation
 - Persistent cVDPV2 elimination in Nigeria and Pakistan
 - Risk of VDPV2 emergence
 - Country readiness criteria for tOPV-bOPV switch
- Pros and Cons of Delaying the Switch
- Proposed Recommendations for SAGE

Background: SAGE Recommendations in April 2015



- SAGE recommended all countries and GPEI should plan firmly for April 2016 as the designated date for withdrawal of OPV2
- SAGE will consider delaying OPV2 withdrawal **only if** the WG reports in October 2015 that the assessed risk of continued cVDPV2 transmission is high

Polio WG Discussions

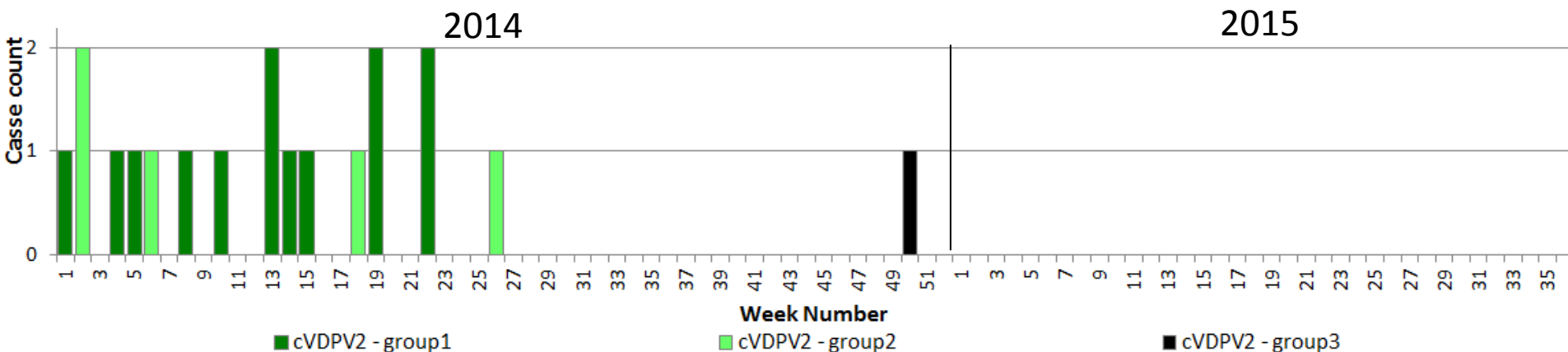
- Following up SAGE request, Polio WG reviewed:
 - The epidemiology of persistent cVDPV2 transmission and risk of cVDPV2 emergence
 - Status of the readiness criteria for OPV2 withdrawal
 - introduction of at least one dose of IPV into routine immunization;
 - access to bOPV for routine immunization;
 - surveillance & response protocols for type 2 poliovirus;
 - verification of global eradication of wild poliovirus type 2
 - completion of Phase I GAP III - poliovirus destruction and containment in facilities

WG discussion and Recommendations:

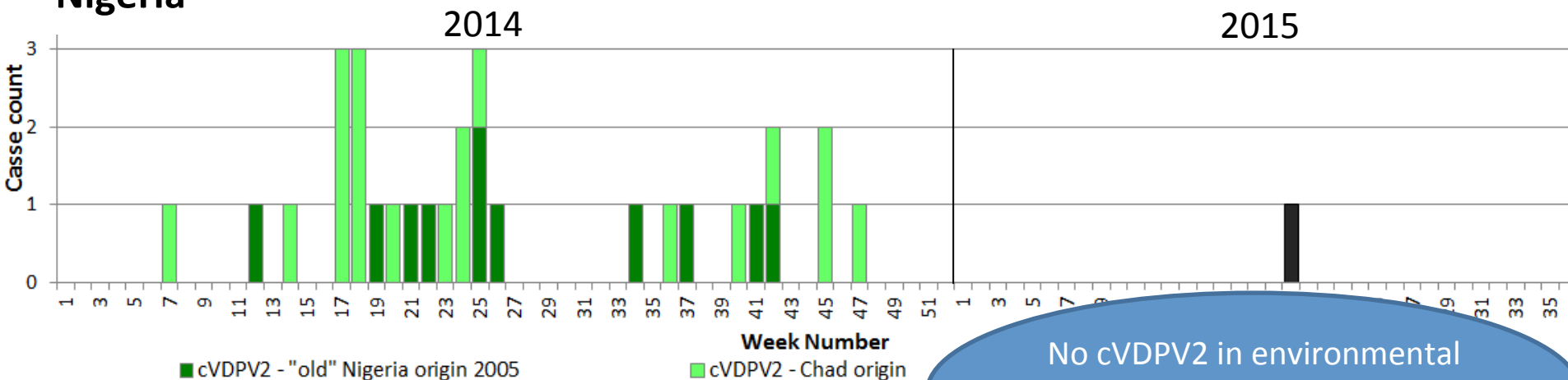
Elimination of Persistent cVDPV2 in Nigeria and Pakistan

Persistent cVDPV2 Cases, Pakistan and Nigeria

Pakistan



Nigeria

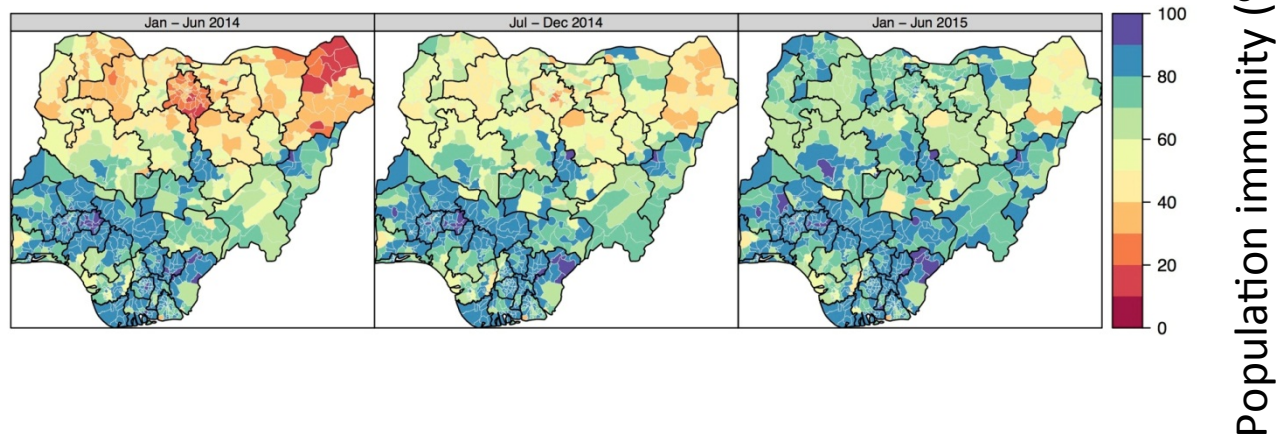


No cVDPV2 in environmental samples since March 2015 in Nigeria and Pakistan.

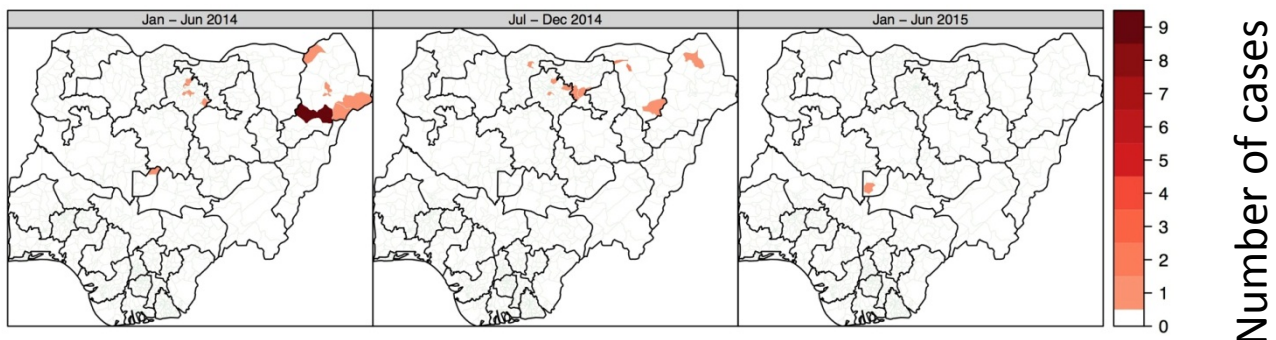
Improving type 2 Immunity in Nigeria

(<2 yrs old, 2014-15)

Immunity estimates
account for SIAs with IPV



cVDPV2 cases



Persistent cVDPV2, Pakistan and Nigeria

The WG appreciated the strong progress that has been made in both Nigeria and Pakistan toward improvement of surveillance and quality of immunization campaigns

- The overall type 2 population immunity has improved substantially in both countries following increases in frequency and quality of tOPV campaigns supplemented by IPV. (5 additional tOPV SIAs are planned between September 2015 and March 2016 in Nigeria)
- Both countries have interrupted the transmission of highly mutated
- transmission of "new" persistent cVDPV2 strains that emerged in 2014-15 with intensified programme activities, including targeted IPV campaigns

WG discussion and Recommendations:

Epidemiology of VDPV2 emergence

Epidemiology of VDPV2 emergence

- In 2014-15, 16 countries have detected 49 separate emergences of VDPV2 in areas with low immunization coverage
- Only rarely these VDPV2 evolved into cVDPV2, especially in settings of conflict and humanitarian emergencies
 - Two emergences (S. Sudan and Guinea) became cVDPV2
 - Two (Pakistan and Nigeria) became persistent cVPDV2

Risk Mitigation Strategy for VDPV2 Emergence

- The GPEI has further optimized its strategy to rapidly stop cVDPV2 outbreaks
 - The WG endorsed the new definitions for cVDPV2 and response guidelines which will allow the program to rapidly detect and responded more aggressively to any VDPV2
 - The program has developed an extensive tOPV SIA schedule prior to the OPV2 withdrawal in all countries at risk of cVDPV2 emergence
- In conclusion, WG assessed that the risk of VDPV2 emergence and circulation is being substantially mitigated
- The WG noted, however, that the risk of VDPV2 emergence will remain as long as use of tOPV continues

WG discussion and Recommendations:

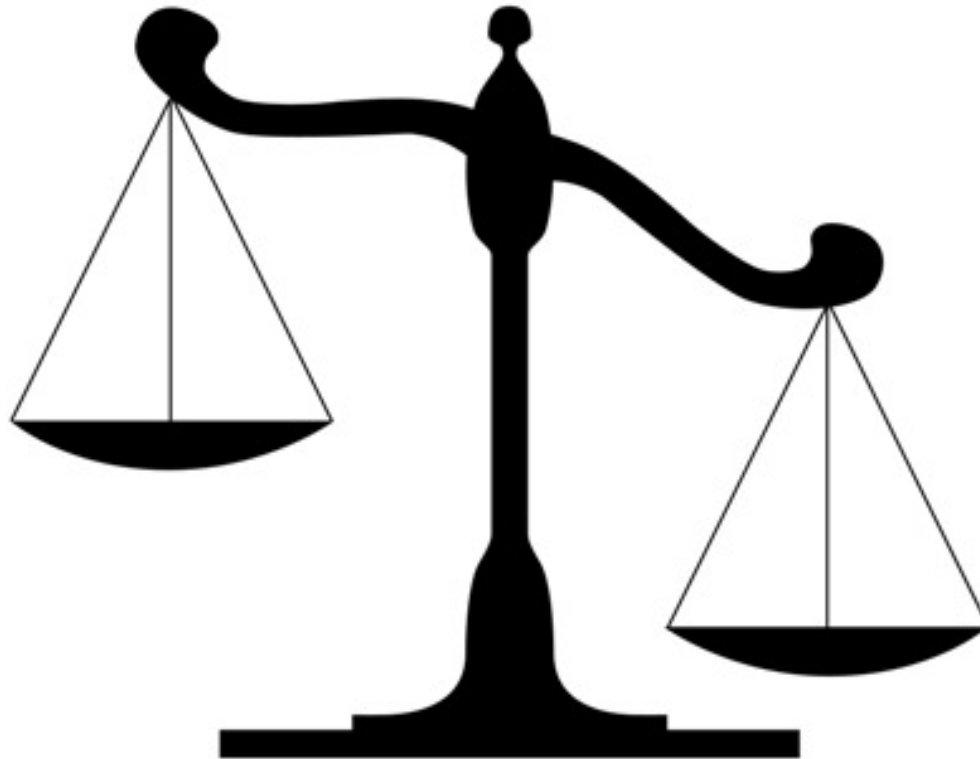
Country Readiness Criteria

Country Readiness Criteria: WG Assessment

- Overall, the WG concluded that there are no critical gaps, and that the gaps that do exist are mitigated.
- WG identified need for additional risk mitigation measures in the following three areas:
 - Review the SIA schedule in Pakistan to ensure sufficient tOPV rounds prior to the switch
 - Complete the actions taken to stop current cVDVP2 outbreaks in Guinea and South Sudan
 - Accelerate the implementation of Global Action Plan for containment (GAP III)

WG discussion and Recommendations:

Pros and Cons of Delaying Switch



Pros and Cons: WG Assessment

Pros and cons of delaying the switch to April 2017

Pros

- Delaying the switch would allow an additional year to make progress in containment
- IPV supply situation may be better in 2017

Cons

- Continued VAPP (100-200/ year) and cVDPV2 cases
- Surveillance and outbreak capacity in polio free regions may diminish after mid-2017
- The operational conditions in high risk countries (e.g. accessibility) could deteriorate
- Loss of global momentum toward switch
- Most countries have made important decisions for switch
- Risk of losing credibility among donors and countries

Pros and Cons: WG Conclusion

- The Working Group assessed that the risks of delaying the switch significantly outweigh the risks of proceeding with it as planned. However, it must be reinforced that:
 - The tOPV-bOPV switch can never be risk-free, and the remaining risks outlined must be carefully managed
 - In particular, stopping current cVDPV2 outbreaks, implementing an intensified tOPV SIA schedule in Pakistan and ensuring destruction and facility containment of type 2 polioviruses are vital

Reduction in IPV Supply

- The WG reviewed the recent reduction in global IPV supply and concluded that the global OPV2 withdrawal date should be maintained
- The WG noted that the reduction in supply will delay IPV introduction in more than 20 tier 3 and 4 countries. The WG concluded, however, that this delay does not impact the risk of type 2 VDPV emergence and circulation for the following reasons:
 - **For higher risk countries** (Tier 1 & 2): extensive tOPV campaigns are planned prior to the switch as the primary strategy to prevent VDPV2 emergence. These countries will also introduce IPV before the switch
 - **For countries affected by the delay:**
 - Being in risk tier 3 & 4, these countries have high RI tOPV coverage (80% or more);
 - The delay is only for a limited period and at a time when type 2 population immunity is still high;
 - The proportion of the annual cohort affected can be immunized through catch-up.
 - **For All Countries:** mOPV2 and IPV are available for response to VDPV2

WG Recommendations: Summary (1/3)

The WG recommends that SAGE:

- **Confirms:** April 2016 as the date for the tOPV-bOPV switch
- **Advise:** Pakistan to implement its revised SIA schedule to ensure that the vaccine mix and geographic scope of SIAs will provide sufficient population immunity against type 2 polio before the switch
- **Advise:** GPEI to ensure that a full outbreak response is ensured to interrupt the cVDPV2 outbreak in Guinea and in South Sudan within the period of 120 days as the Polio Eradication and Endgame Strategic Plan specifies

WG Recommendations: Summary (2/3)

The WG recommends that SAGE:

- **Advises:** GPEI to accelerate the implementation of phase I of GAPIII, including: a) all countries complete phase I, and b) focal points in all regions closely monitor country level activities and ensure that each country completes its inventories of facilities that hold or handle polioviruses, destroys or commits to destroying WPV2 by end 2015 and any other type 2 materials including Sabin poliovirus by July 2016;
- **Advises:** GPEI to develop a targeted advocacy/communication plan to engage key countries and stakeholders to ensure completion of phase I and implementation of phase II, including establishment of national containment authority and national regulation for containment of poliovirus in designated essential poliovirus facilities

WG Recommendations: Summary (3/3)

management of IPV supply and mitigation of other risks in the event that the IPV supply is further reduced

- **Endorses** the approach to prioritization of IPV use in case IPV supply is reduced further, primarily:
 - introduction in tier 1 & 2 countries is ensured before the switch
 - IPV stocks are made available for outbreak response
 - Delay in introduction, stock outs, and the number of affected countries are minimized
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 - Delay in introduction, stock outs, and the number of affected countries are minimized

Thank you very much!