

POLIO | GLOBAL ERADICATION INITIATIVE

Global Update

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Meeting of the Strategic Advisory Group of Experts

Geneva, 17 October 2017



BILL & MELINDA
GATES *foundation*



Polio Eradication and Endgame Strategy

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



Wild Poliovirus & cVDPV Cases¹

Past 6 months²

**Public Health Emergency
of International Concern**
declared under the International
Health Regulations in May 2014
Last reiterated on 3 August 2017

- Wild poliovirus type 1
- cVDPV type 2²
- Endemic country

Country	Onset of most recent WPV1 case	Current ²	Same period last year ³	Current ²	Same period last year ³	Number of cases
Nigeria	NA	0	3	0	3	0
DRC	NA	0	0	0	0	6
AFR		0	3	0	3	6
Pakistan	21-Aug-17	3	6	3	4	0
Afghanistan	10-Jul-17	3	4	3	3	0
Syria	NA	0	0	0	0	45
EMR	21-Aug-17	6	10	6	7	45
Global	21-Aug-17	6	13	6	10	51

¹Excludes viruses detected from environmental surveillance

²Onset of paralysis 04 April 2017 – 03 October 2017

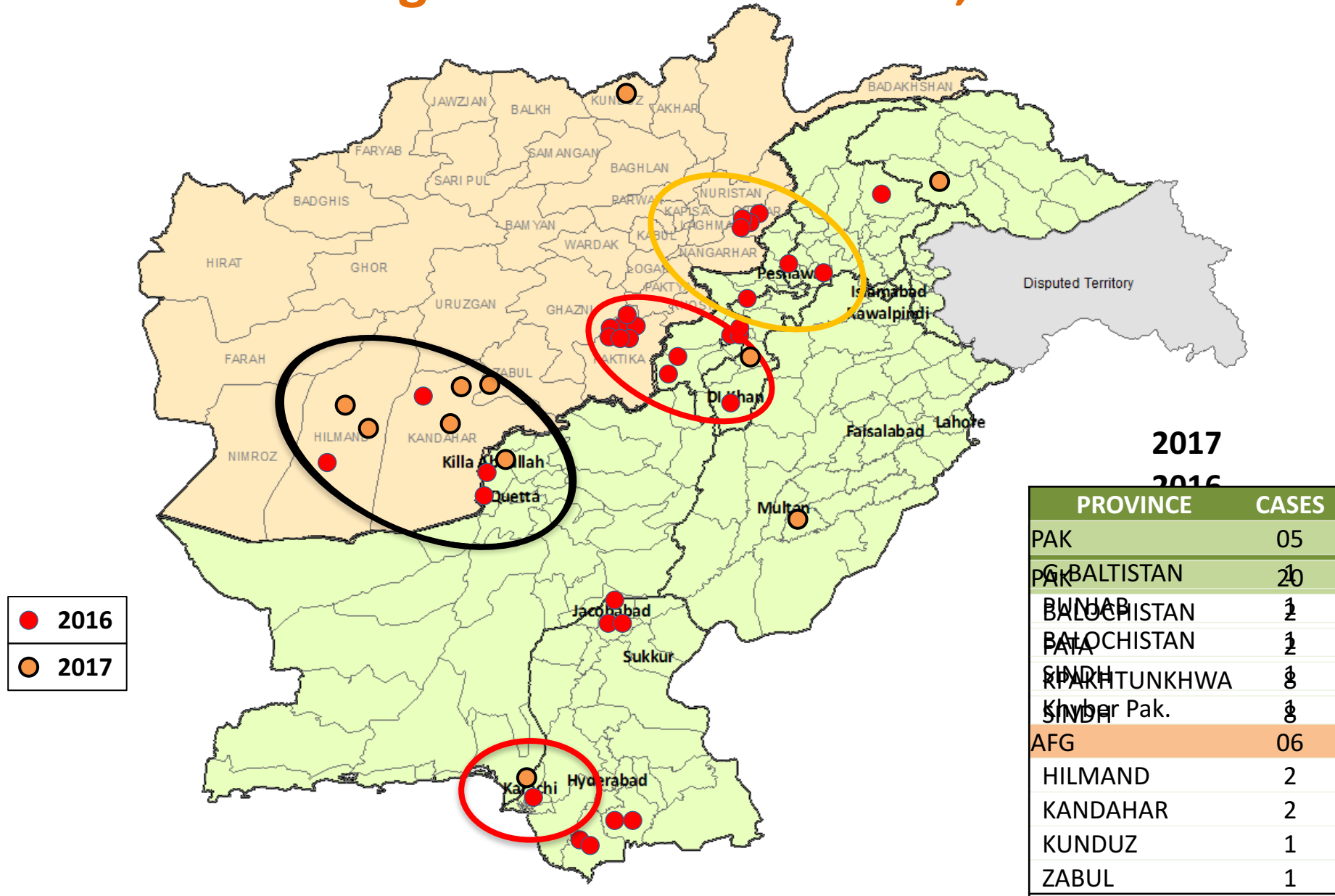
²Current rolling 6 months: 04 April 2017 – 03 October 2017

³Same period previous year: data reported from 04 April 2016

Pakistan – Afghanistan

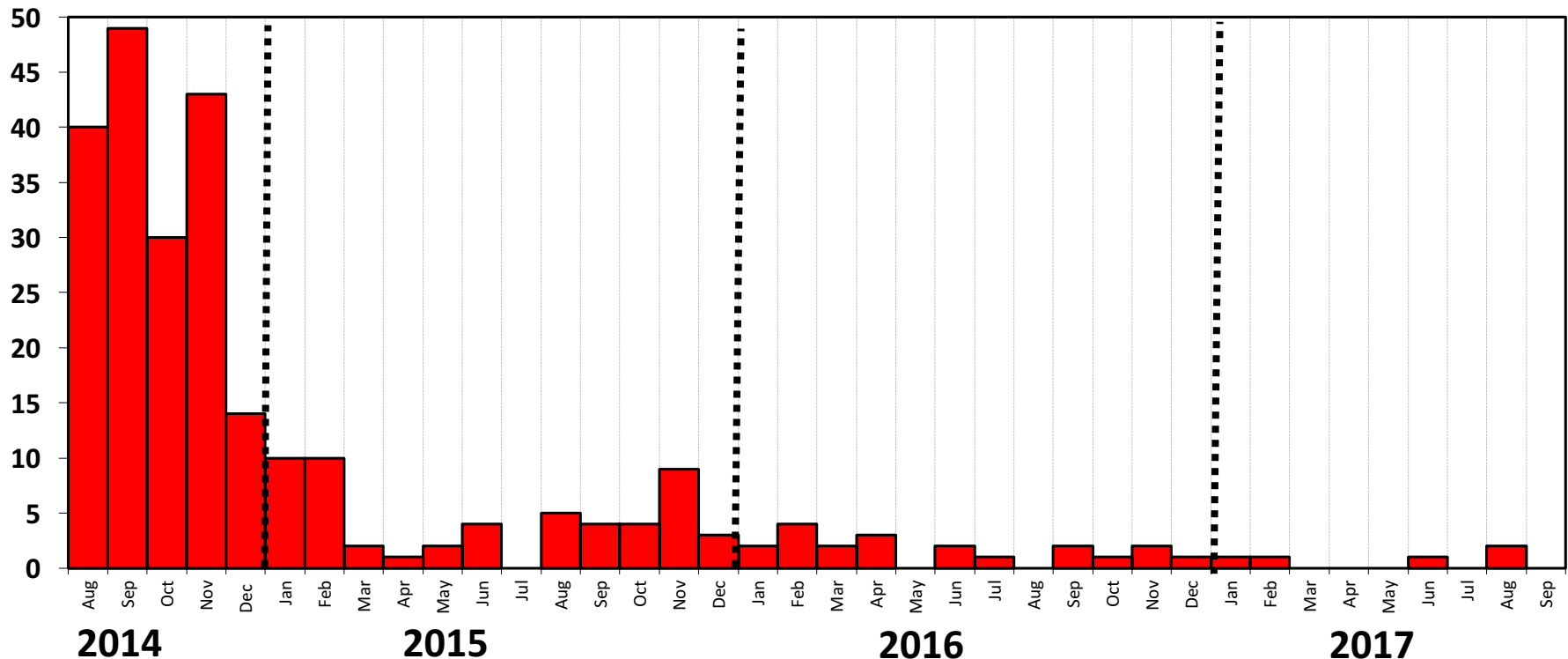
One epidemiological block

Pakistan-Afghanistan: WPV cases, 2016-17



Pakistan

PAKISTAN

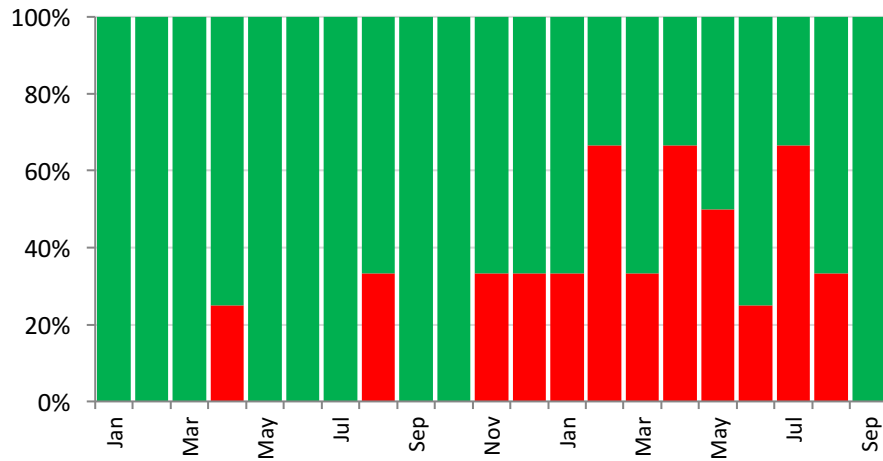


- 5 WPV1 cases reported from 5 districts in 2017 (16 from 12 districts in 2016)
- Good progress in Peshawar Khyber block
- Most recent polio case from Lakki Marwat, KP, onset 24th Aug.
- Environmental sample positives – widespread distribution – Quetta, Karachi, Rawalpindi, Islamabad. 16% (65/415) WPV1 positive

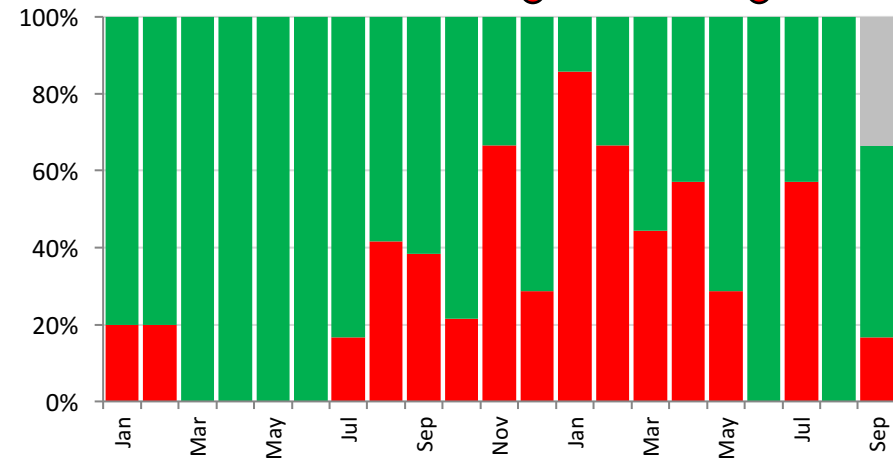
Environmental sampling

Primary concern : Quetta block, Rawalpindi-Islamabad

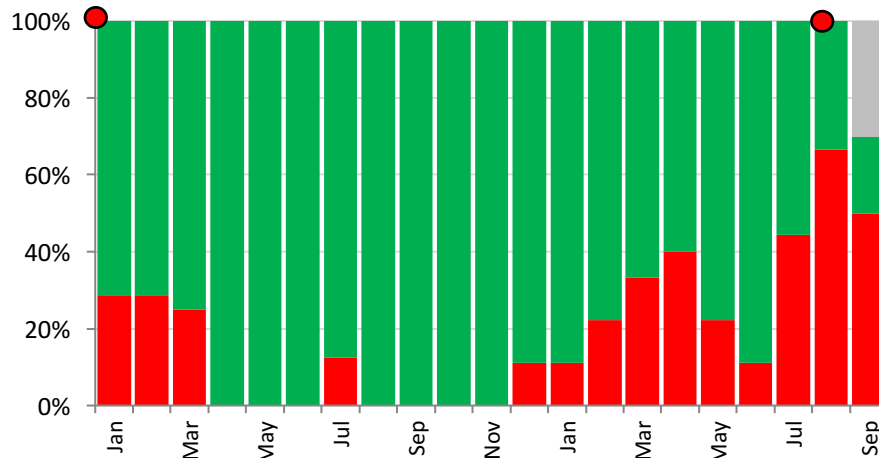
Rawalpindi-Islamabad



Quetta block

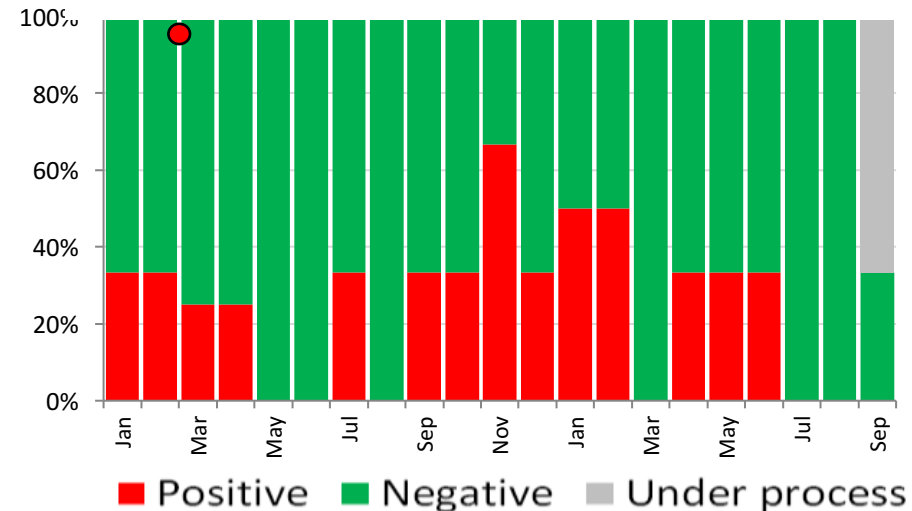


Karachi



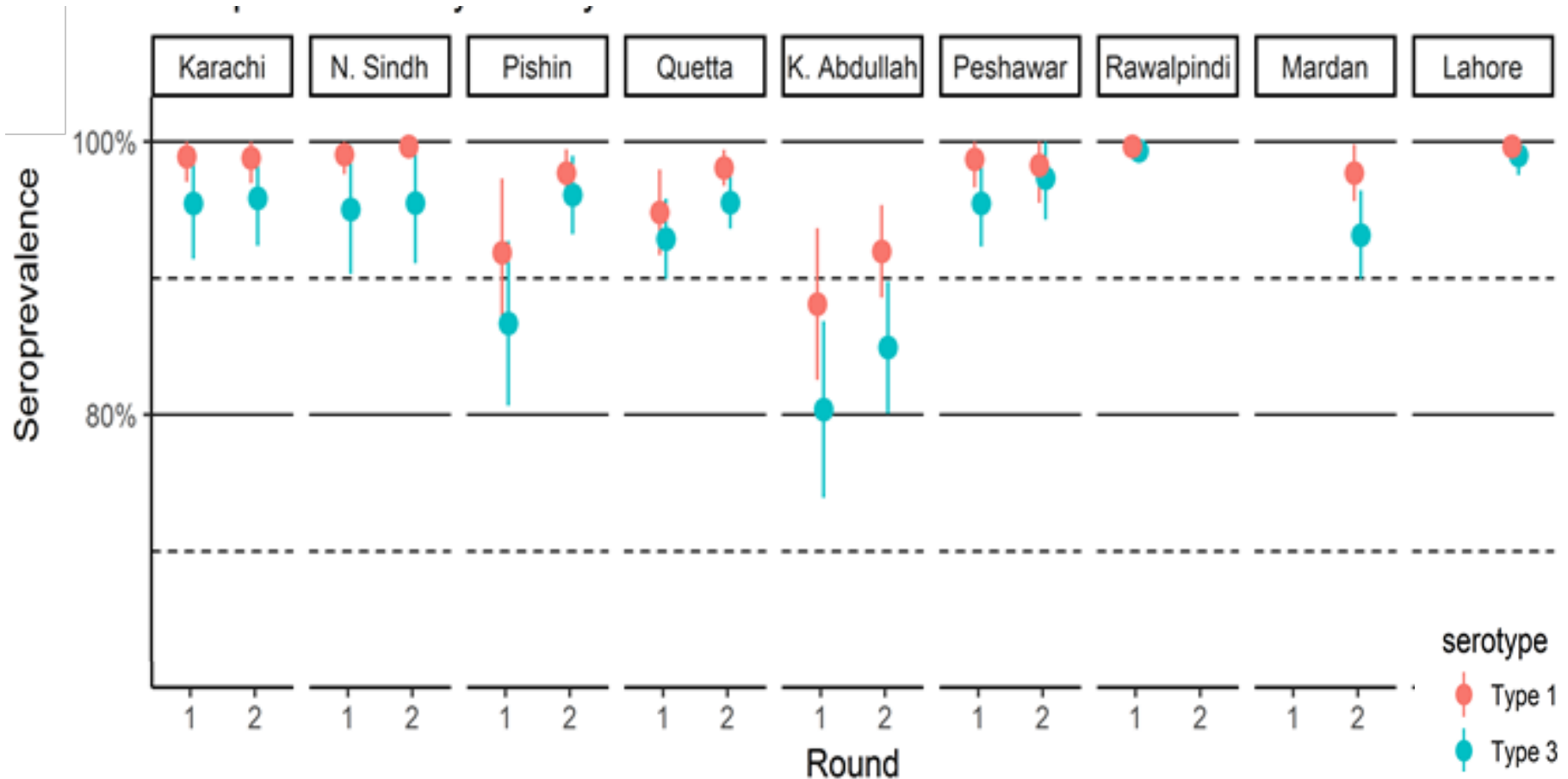
WPV case ●

Peshawar



■ Positive ■ Negative ■ Under process

Serosurvey* results by round, 2016-2017

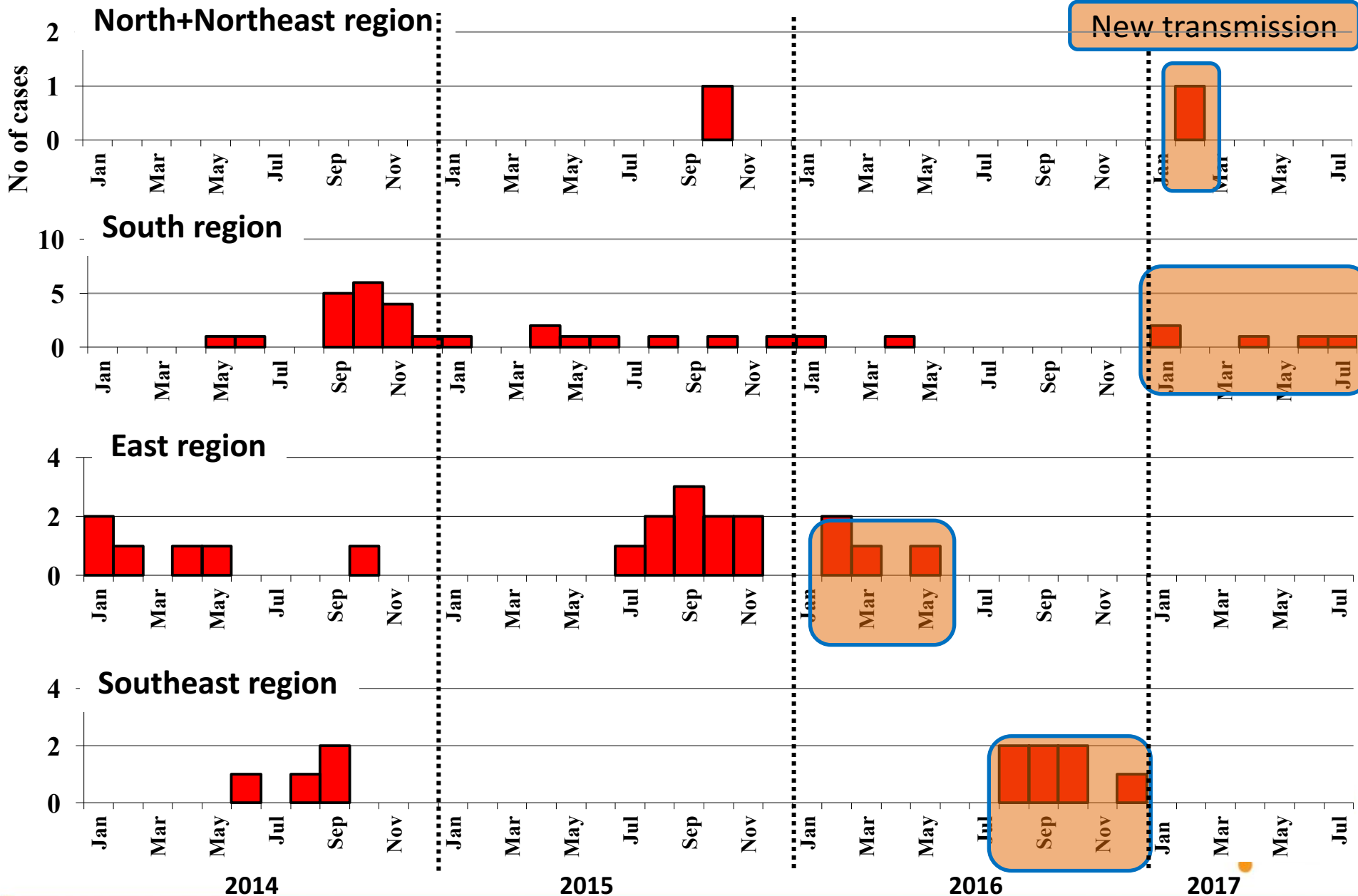


*target age group, 6 – 11 months



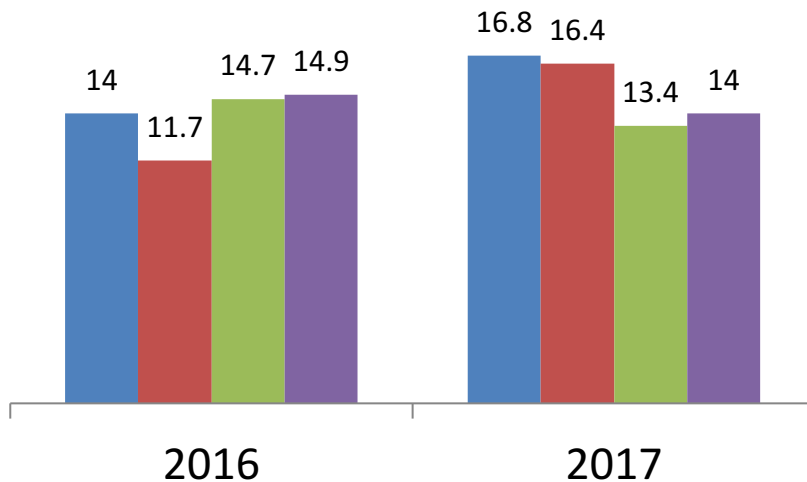
Afghanistan

New transmission stopped except in South Region

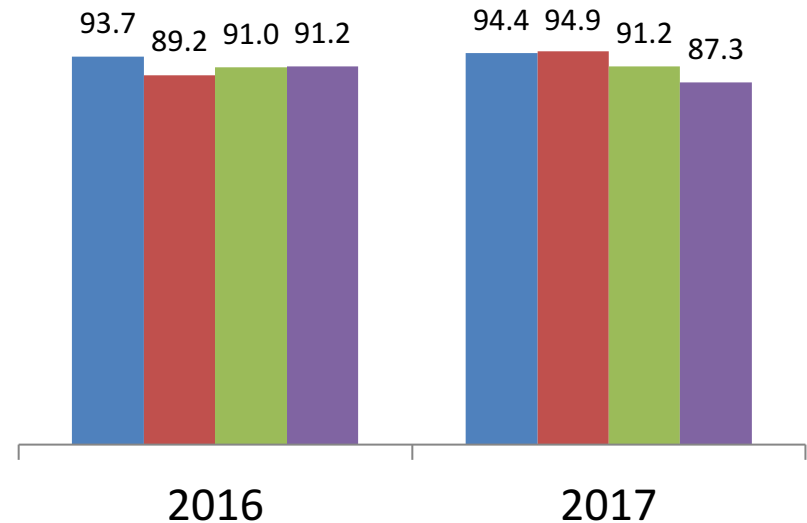


Surveillance in access compromised areas

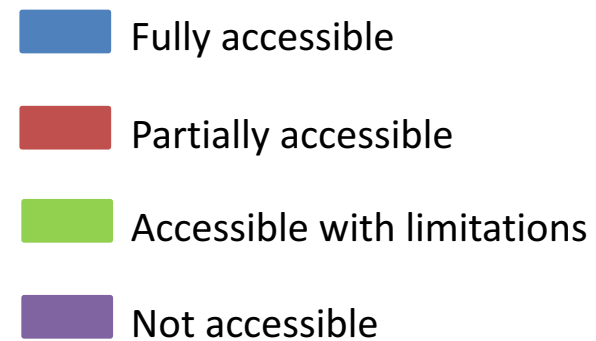
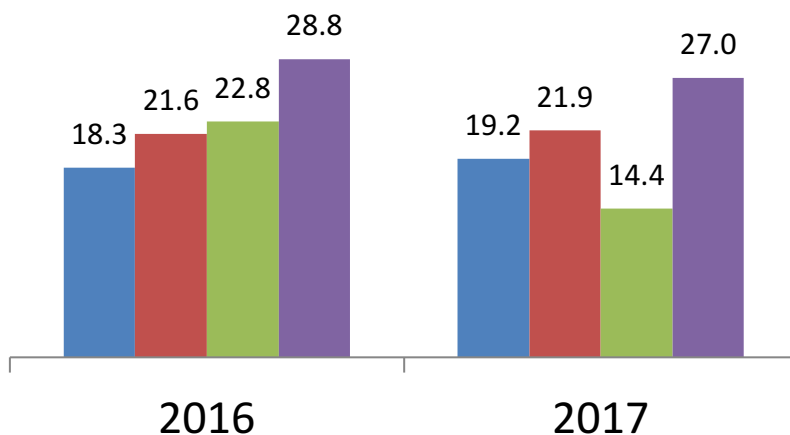
Non-polio AFP rate



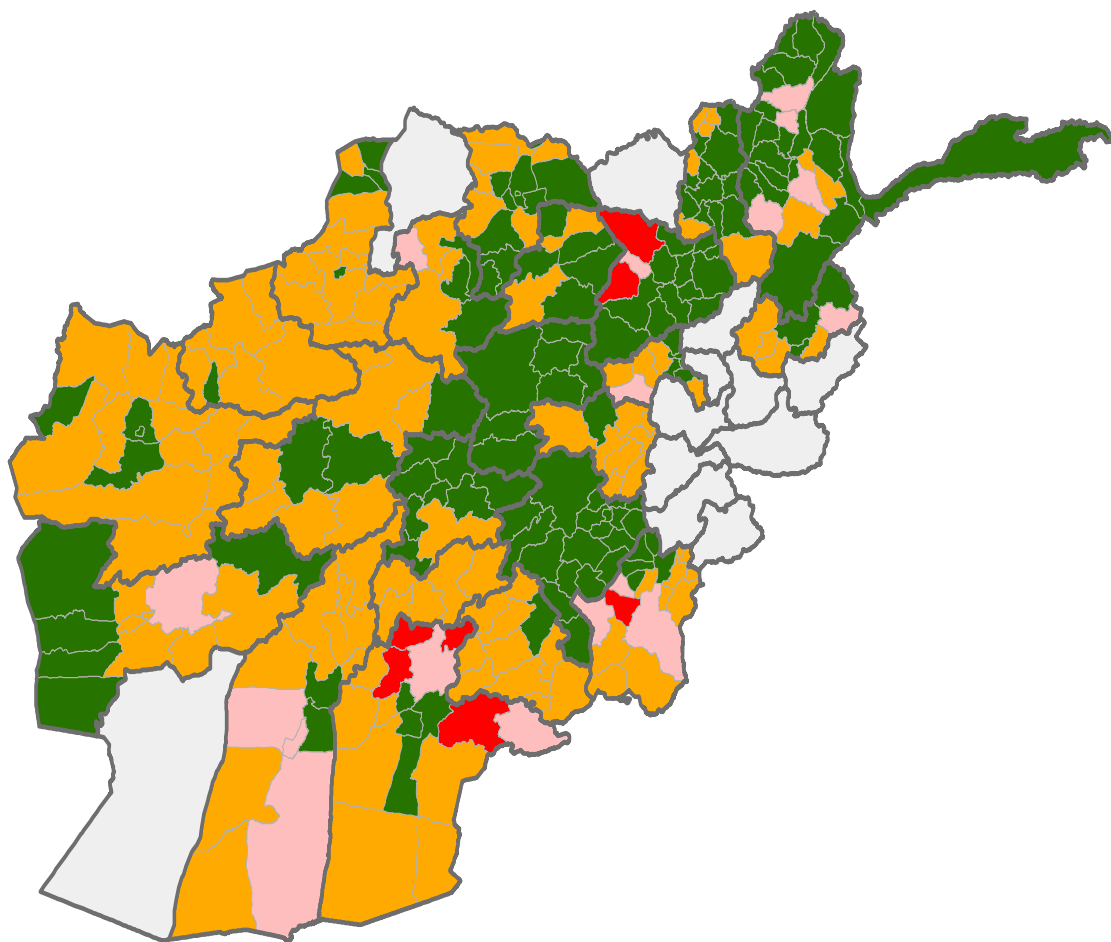
% stool adequacy



% NPEV isolation



Programme status



Progress

- New importations contained
- Quality of campaigns improved in VHRDs
- Access for SIAs in Helmand, Kunduz and Southeast
- Sustained high quality surveillance including in inaccessible areas

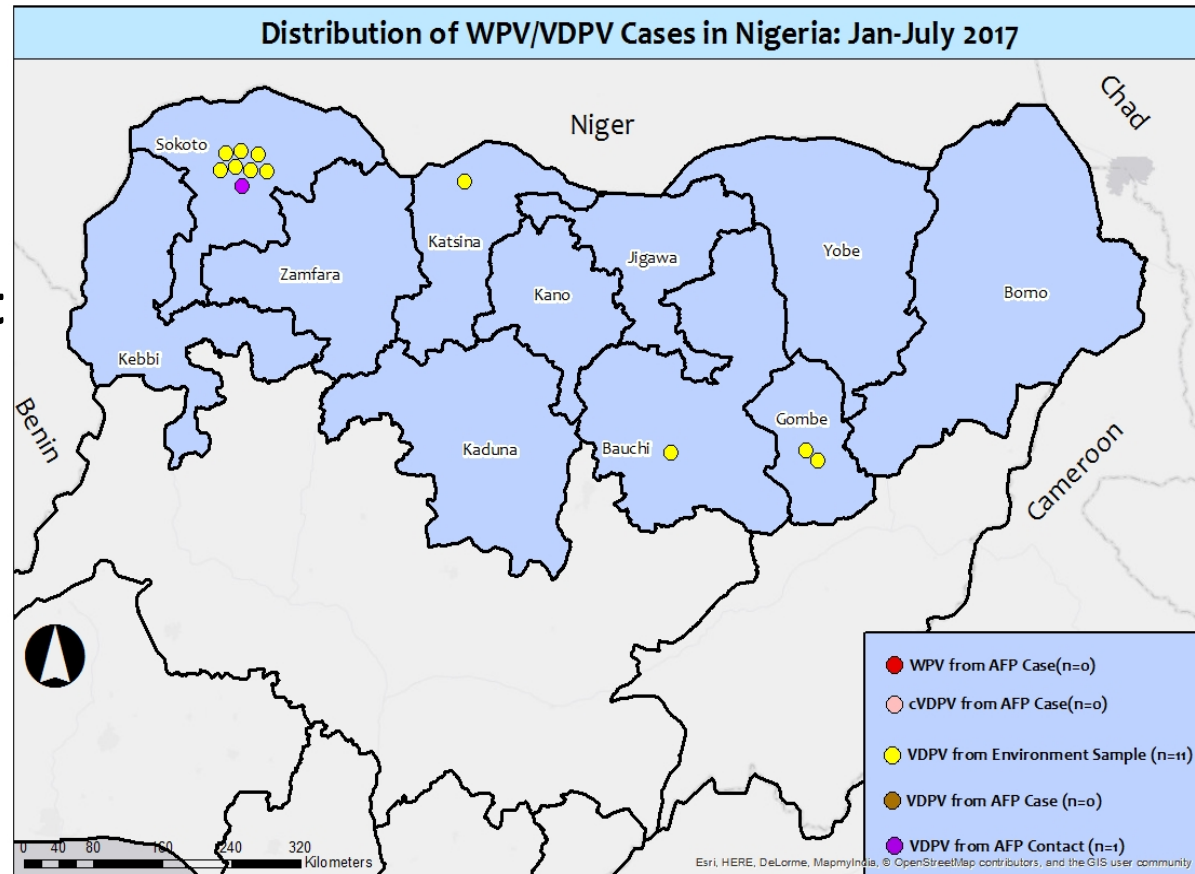
Challenges

- Changing security dynamics
- South region: access challenges
- Pockets of chronically inaccessible children
- High risk mobile populations

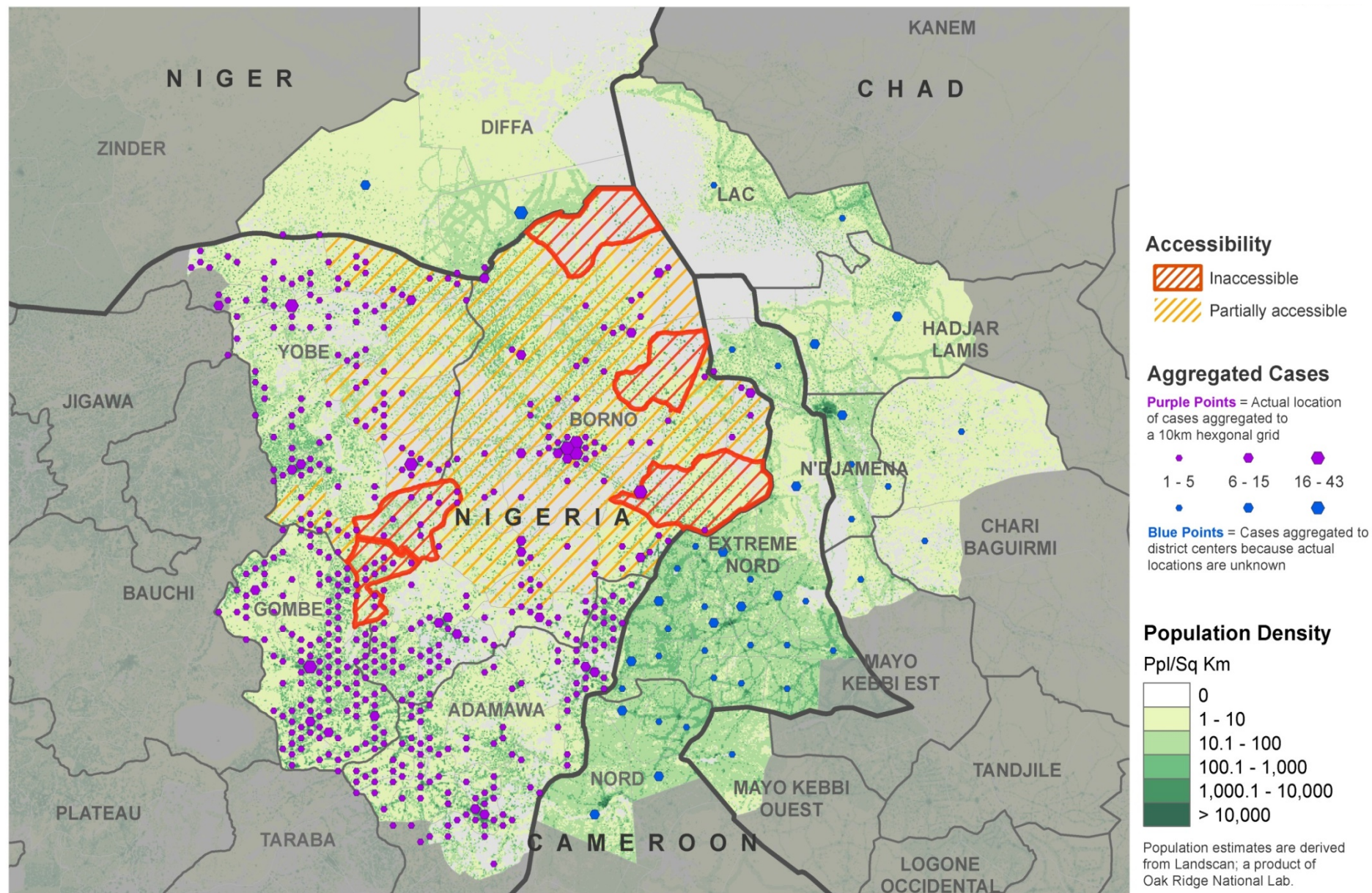
Lake Chad Basin

Nigeria – Current Epidemiology

- No WPV /cVDPV2 in 2017
- Most recent WPV1 case: Borno, **21 August 2016**
- Latest cVDPV2: **28 October 2016**, Sokoto
- 11 VDPV2s reported from ES in four states in 2017



Lake Chad : AFP cases, Population and Accessibility

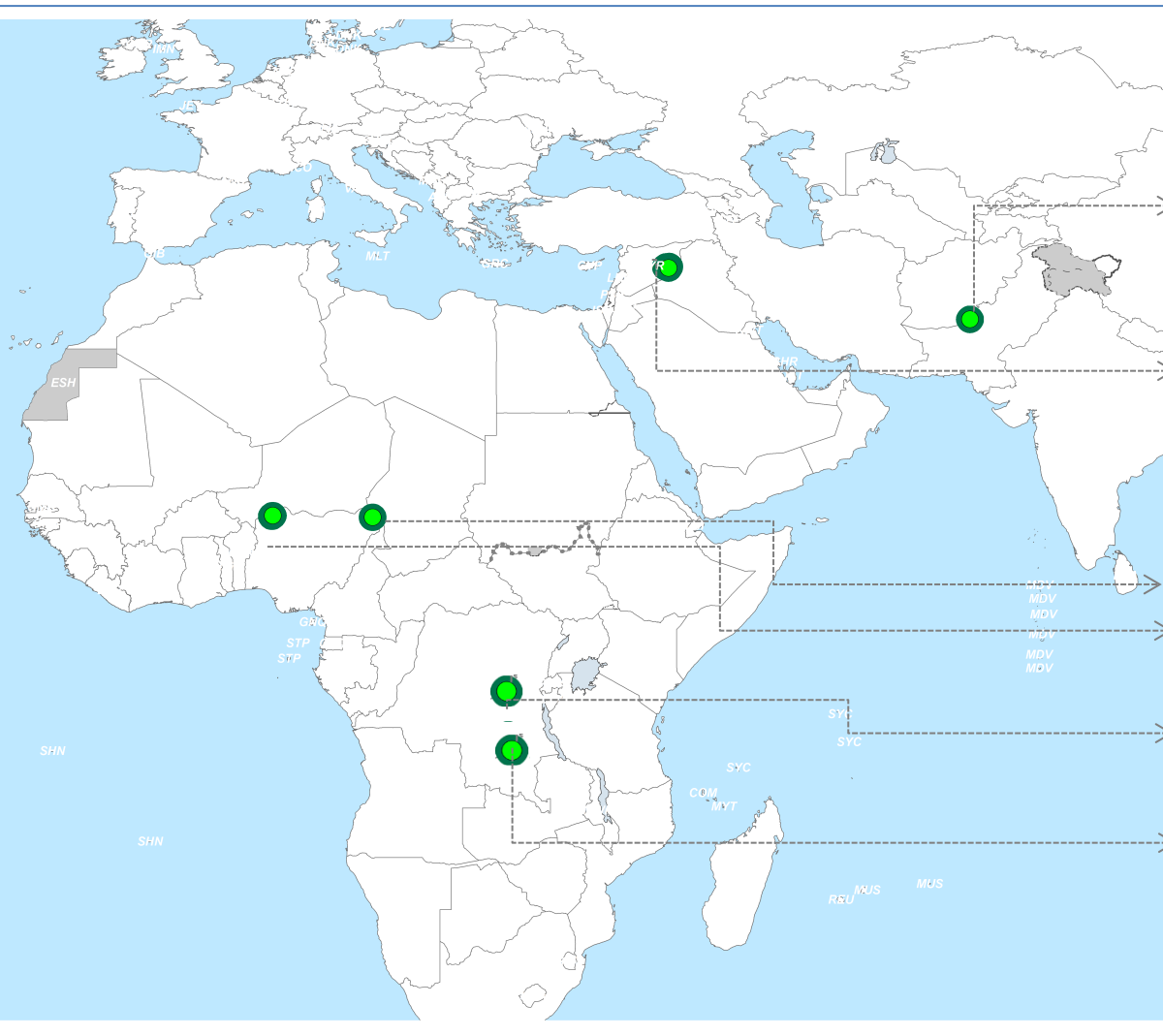


Priority activities

- Expand activities to access children trapped by Boko Haram in Borno,
 - Rigorously track all children exiting controlled areas into IDP camps or host communities to ensure five immunization contacts
 - Map all Lake Chad islands and ensure vaccination with military support
 - Strengthen overall integrity of surveillance data and address deficiencies
 - Support national drive to strengthen routine immunization
- **Increased access for immunization and surveillance, critical to confirm interruption of transmission**

Type 2 Events Post Switch

Post switch* cVDPV2 outbreaks



6 post-switch cVDPV type2 outbreaks

Province	District	Surv. type	Date (collection /onset)	NT change
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Pakistan

Balochistan	QUETTA	AFP	17-Dec-2016	14
Balochistan	QUETTA	ENV	20-Dec-2016	18
Balochistan	QUETTA	ENV	20-Oct-2016	9
Balochistan	QUETTA	ENV	28-Dec-2016	15
Balochistan	QUETTA	ENV	28-Nov-2016	15

Syria

47 positives AFP – onsets from 3 March to 5 August
(44 in Deir_Al_Zour, 2 in Raqua, 1 in Homs governorates)

Nigeria

BORNO	MONGUNO	Contact	26-Aug-2016	37
SOKOTO	BODINGA	Contact	24-Nov-2016	17
SOKOTO	BODINGA	AFP	28-Oct-2016	12

DRC

MANIEMA	KINDU	Contact	02-May-2017	9
MANIEMA	KUNDA	AFP	18-Apr-2017	7
MANIEMA	KINDU	AFP	26-Mar-2017	7

HAUT LOMAMI	MALEMBA-NKULU	AFP	20-Feb-2017	15
HAUT LOMAMI	BUTUMBA	AFP	08-Mar-2017	16
HAUT LOMAMI	BUTUMBA	AFP	07-Apr-2017	15
HAUT LOMAMI	MUKANGA	AFP	05-Jun-2017	19
HAUT LOMAMI	MUKANGA	AFP	13-Jun-2017	14
HAUT LOMAMI	MUKANGA	AFP	20-Jun-2017	18
HAUT LOMAMI	BUTUMBA	Contact	20-Jul-2017	15
HAUT LOMAMI	LWAMBA	AFP	27-Jul-2017	18

*Switch date: 01 May 2016

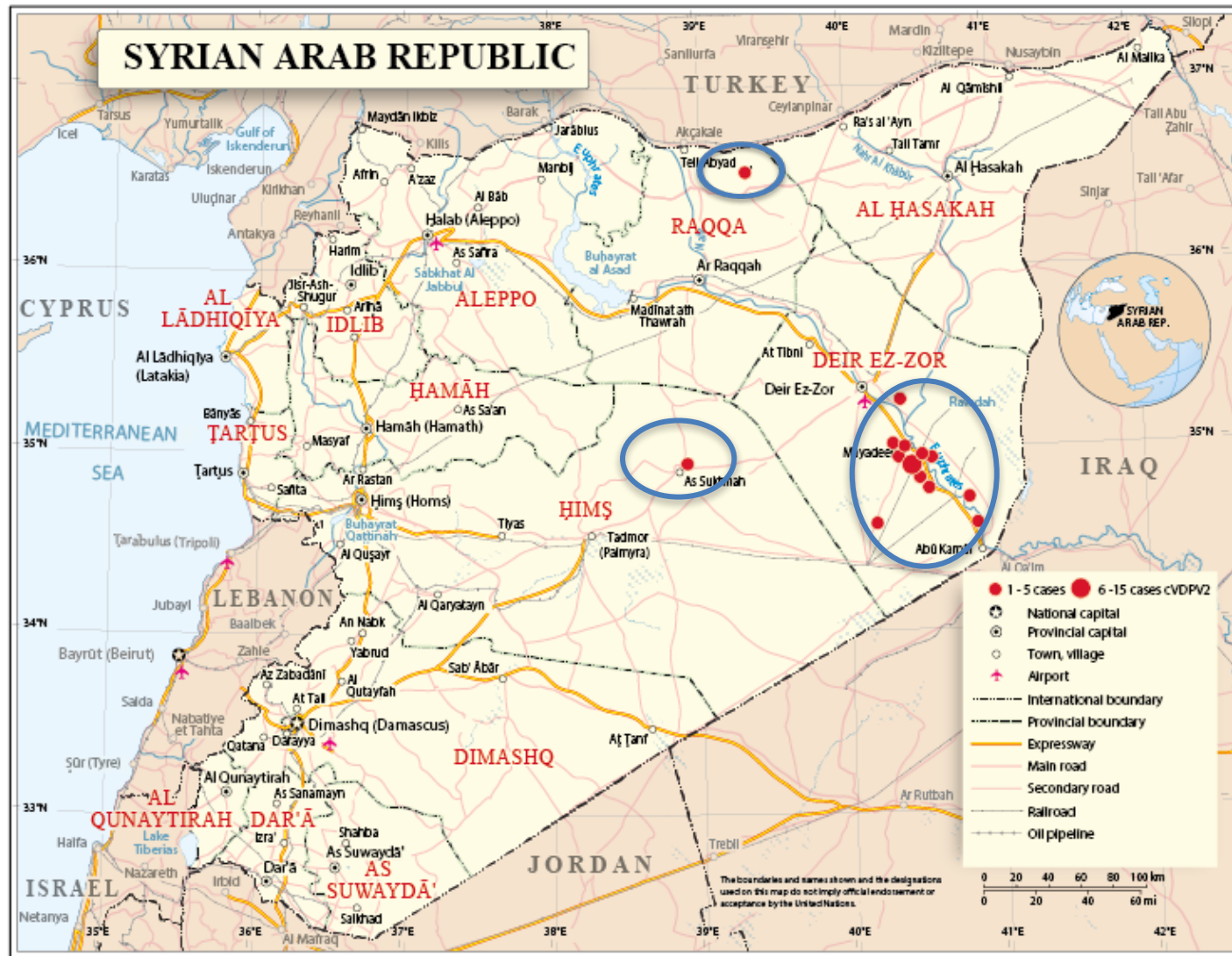


cVDPV2 outbreak (total 6 outbreaks)



mOPV2 SIA conducted or planned.

Syria: cVDPV2 in Deir Ez Zor, Raqqa and Homs Governorates



- First case onset 03 March
- most recent confirmed case onset 5 August
- 47 Cases (44 from Deir Ez-Zor; 2 from Raqqa and 1 from Homs)
- Transmission to date geographically limited and may be declining
- Lag in stool sample transportation and results limits ability to make firm conclusions

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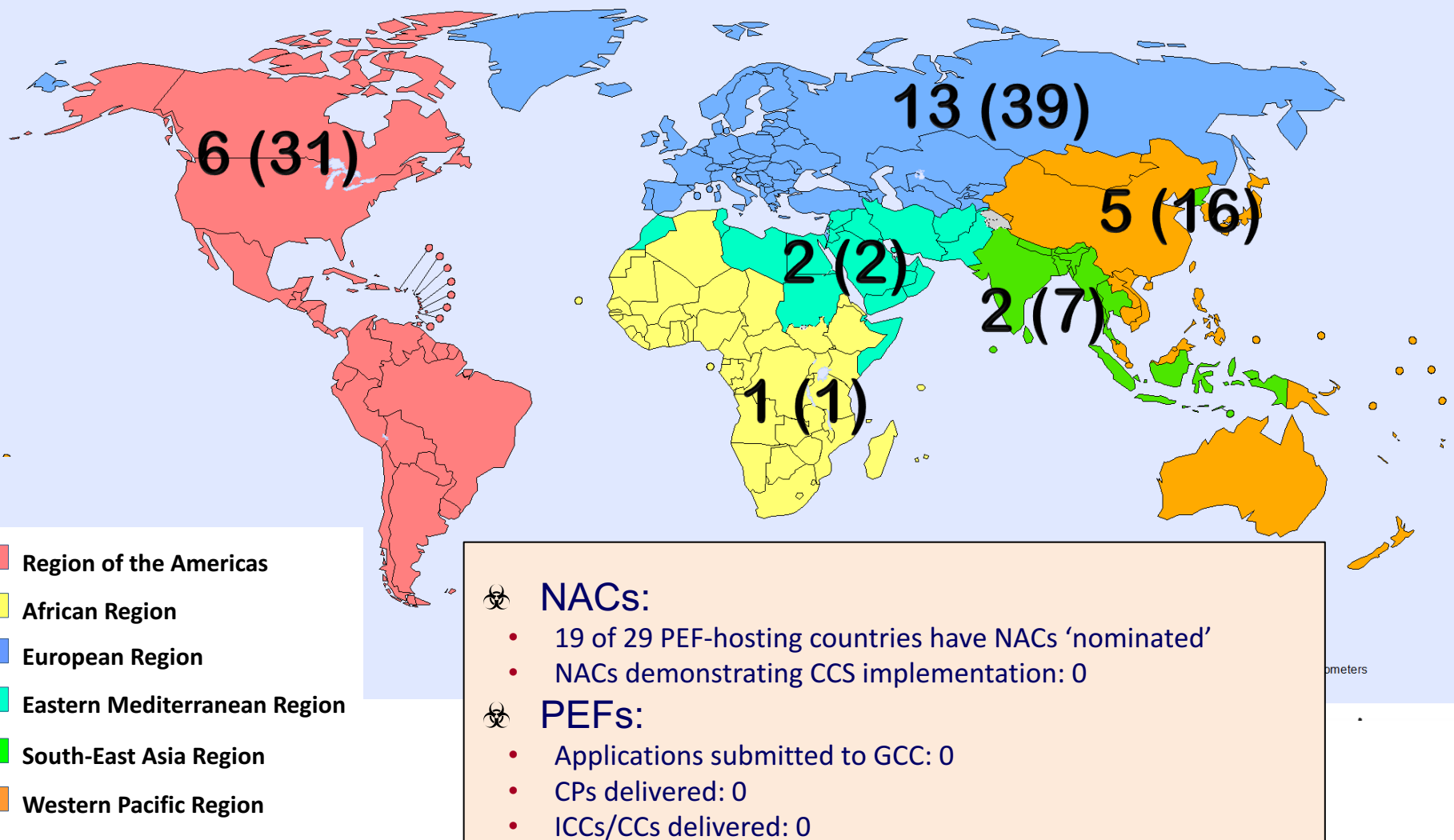


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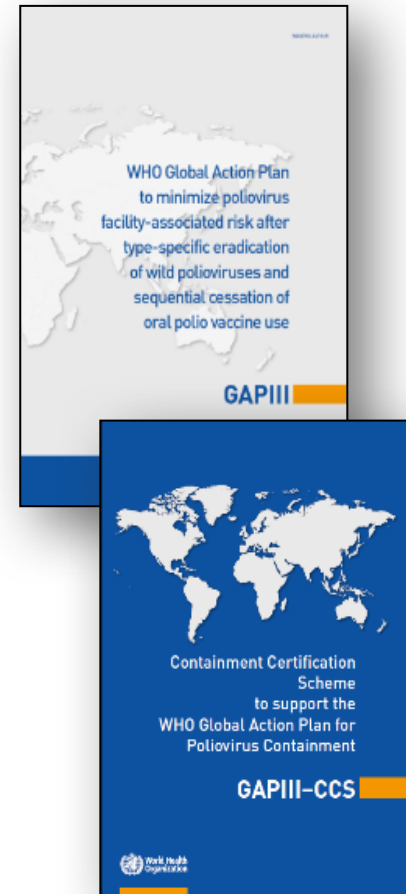
29 countries plan to retain PV2* in 96 designated Poliovirus Essential Facilities



*includes WPV2/cVDPV2 and OPV2/Sabin2 materials

Support for GAPIII implementation

- Containment Certification Scheme (GAPIII-CCS)
 - PEFs certification by NACs, in consultation with GCC
 - Different levels of certificates (Participation, Interim, Containment)
- Polio vaccine production
 - Revision of TRS 926 by ECBS
- Non-poliovirus facilities
 - Guidance to minimize risk of potentially infectious sample collections
- Training
 - GAPIII implementation and certification
 - GAPIII-CCS auditors for PEF-hosting countries



The importance of containment

3 April 2017 , Netherlands

- WPV2 spill in a vaccine production plant
- Closure of the IPV production process and premises, disinfection of the site and inventory of the persons with risk of exposure.
- April 10th : stools of one of the exposed employees who had not been immediately isolated tested positive for poliovirus.

18th September 2017, Belgium :

- Pharmaceutical company employee accidentally exposed to wild poliovirus (type 3)
- The employee was isolated until three consecutive stool samples are negative.

Polio Eradication and Endgame Strategy

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Elements of the Transition process

GPEI-supported elements of the polio transition process			
GLOBAL / REGIONAL	FUNCTIONS NEEDED TO MAINTAIN ERADICATION	FUNCTIONS THAT WILL NO LONGER BE NEEDED	FUNCTIONS TO TRANSFER TO NON-POLIO EFFORTS
	<p>Responsible: GPEI, via the Polio Post-certification Strategy (PCS).</p> <p>Timeframe: Before closure of GPEI</p>	<p>Responsible: GPEI core partner agencies</p> <p>Timeframe: 2017-2020</p>	<p>Responsible: Non-polio divisions of GPEI core partner agencies' and other health initiatives</p> <p>Timeframe: Being initiated</p>
	Agency-specific polio transition plans, including non-polio initiatives (owners: each GPEI partner agency and non-polio organisations)		
COUNTRY	<p>Responsible: each Ministry in consultation with partners from all levels</p> <p>Role of GPEI: to facilitate planning, with a focus on 16 priority countries</p> <p>Proposed deadline for draft national transition plans: December 2017</p>		
	Country health plans and polio transition plans e.g., National Health Sector Strategic Plan (NHSSP) and comprehensive Multi-Year Plan (cMYP)		

Transition : High-Level Attention

- **Critical Activities**
 - Define and cost essential functions to sustain a polio free world and identify funding and management mechanisms
 - Necessity for health programmes impacted by ramp down to plan now
- **Various Streams of work underway**
 - Country level transition planning (mixed progress)
 - Independent Monitoring and High Level awareness raising (TIMB)
 - Post Certification Strategy Development
 - Agencies internal transition planning (WHO, UNICEF, CDC)
- **WHO: Polio Transition is among 7 principal organizational Risks**
 - Team established within DGO to coordinate organization wide efforts
 - WHA decision requesting strategic plan by January 2018 EB
 - Country representatives are launching internal planning efforts (India, Nepal, Nigeria..)
 - Inter departmental discussions on responsibilities post certification

Priorities - Next 6 months

1. Interrupting WPV and cVDPV Transmission

- Pakistan, Afghanistan, Nigeria (Lake Chad), DRC, Syria

2. High Quality surveillance

- Endemics and access compromised areas e.g. Syria, Somalia, South Sudan, Iraq, Yemen ...

3. Financial management

- Successful Atlanta pledging moment
- Plan and Budget to extend through 2020

4. But also...

- Accelerate efforts for containment
- Engage broader constituency in Transition
- Engage non-polio programmes in Post Certification strategy implementation



Thank you

