

Polio: A Global Update

DCVMN-- Seoul, Korea Simona Zipursky, WHO/HQ/POL September 27. 2017







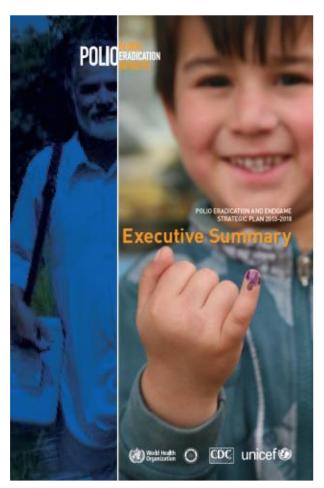
BILL& MELINDA GATES foundation





1. Poliovirus detection & interruption

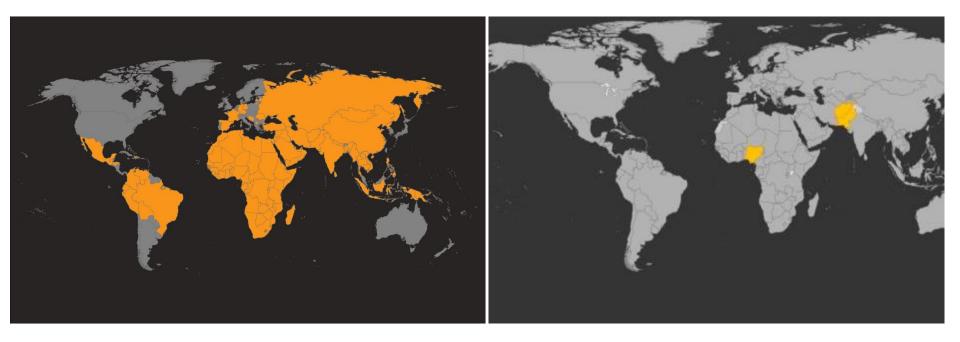
- 2. OPV2 withdrawal, IPV introduction, immunization system strengthening
- 3. Containment & Global Certification
- 4. Legacy/Transition Planning





Progress in WPV eradication







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

			Number of WPV1 cases		Number of WPV infected districts		cVDPV current 6 months
	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	7
	AFR		0	3	0	3	7
	Pakistan	11-Aug-17	2	6	2	4	0
	Afghanistan	10-Jul-17	3	5	3	3	0
	Syria	NA	0	0	0	0	38
	EMR	11-Aug-17	5	11	5	7	38
	Global	11-Aug-17	5	14	5	10	45

²Current rolling 6 months: 20 March 2017 – 19 September 2017 ³Same period previous year: data reported from 20 March 2016

• Wild poliovirus type 1

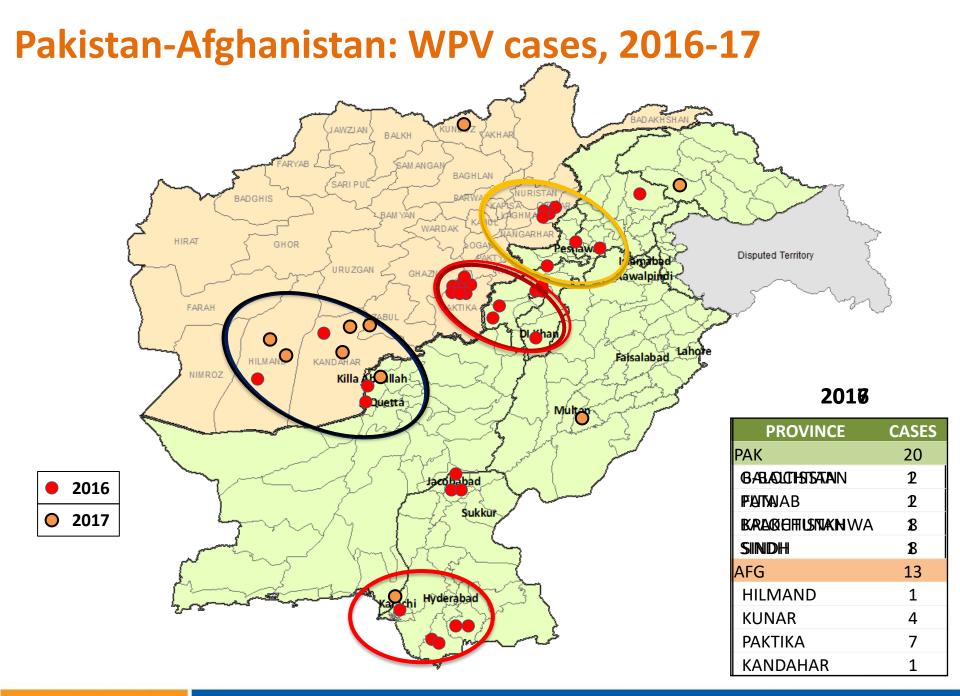
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- cVDPV type 2
- Endemic country

¹Excludes viruses detected from environmental surveillance ²Onset of paralysis 20 March 2017 – 19 September 2017

Data in WHO HQ as of 19 Sep. 2017



Pakistan- Afghanistan Epidemiological Block



- Situation improved; decreased cases & +ve Environ.
 Samples
- Stronger Emergency Operation Centers (EOCs)
- Strong coordination between the two national programs
- TAG endorsed National Emergency Action Plans (NEAP 2016-2017) operationalized and kicked off (Sep. SIAs implemented both in Pak & Afghanistan)

• Concerns:

- Deteriorating access in north-east Afghanistan (Kunduz)
- Outbreak in south KP / FATA southeast Afg. Block
- Weaknesses in surveillance at district level in Pakistan
- Remaining quality problems in Northern Sindh and Karachi

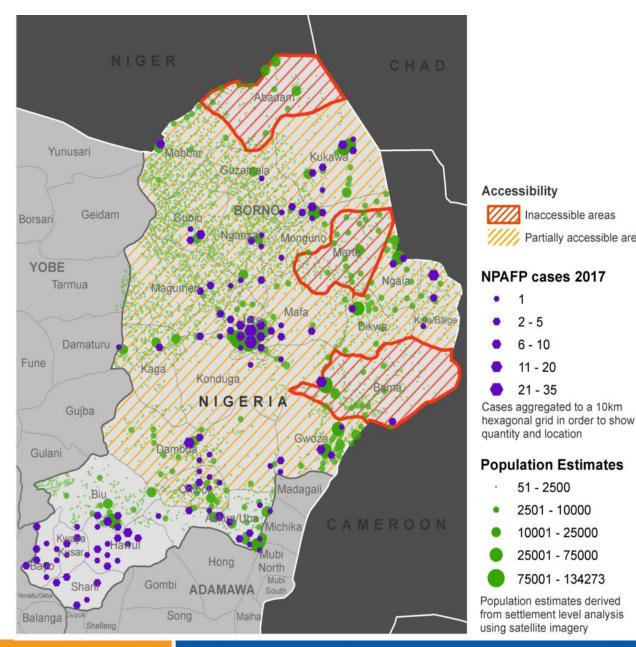


Borno State : AFP cases, Population and Accessibility

2 - 5

6 - 10

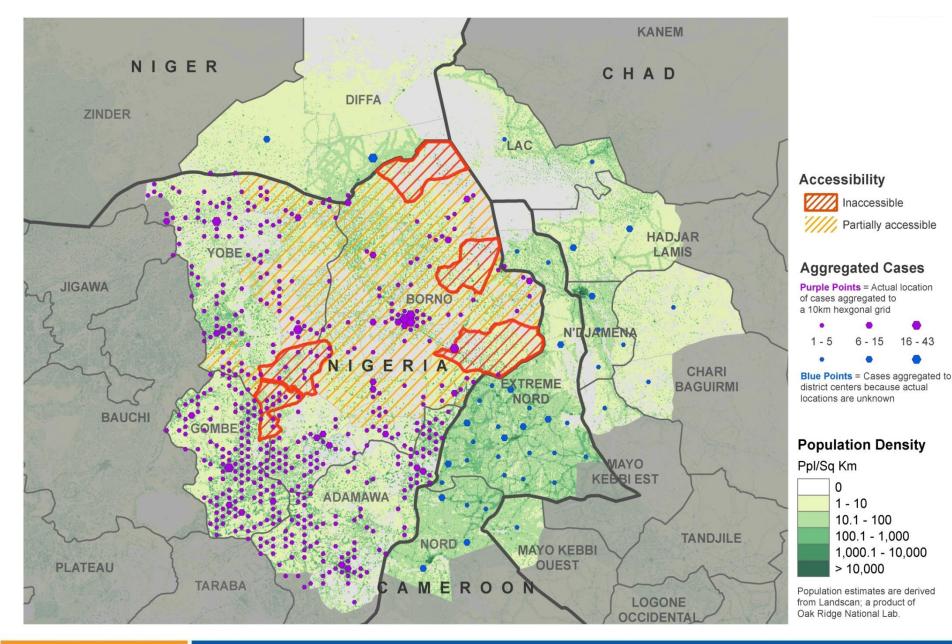
21 - 35



	State	LGA	NPAFP count
	Borno	Abadam	0
	Borno	Askira/ Uba	31
	Borno	Bama	23
	Borno	Bayo	18
	Borno	Biu	15
	Borno	Chibok	9
	Borno	Damboa	19
sibility	Borno	Dikwa	5
Inaccessible areas	Borno	Gubio	9
Partially accessible areas	Borno	Guzamala	6
	Borno	Gwoza	19
P cases 2017	Borno	Hawul	22
1	Borno	Jere	51
2 - 5	Borno	KAGA	4
6 - 10	Borno	Kala/ Balge	17
11 - 20	Borno	Konduga	22
21 - 35	Borno	Kukawa	19
aggregated to a 10km	Borno	Kwaya Kusar	11
nal grid in order to show and location	Borno	Mafa	12
	Borno	Magumeri	9
ation Estimates	Borno	Maiduguri	34
51 - 2500	Borno	Marte	0
2501 - 10000	Borno	Mobbar	10
10001 - 25000	Borno	Monguno	13
25001 - 75000	Borno	Ngala	5
75001 - 134273	Borno	Nganzai	7
ion estimates derived	Borno	Shani	9
ttlement level analysis atellite imagery	Total N	NPAFP cases	399

Data in WHO HQ as of 05 Sep. 2017

Lake Chad : AFP cases, Population and Accessibility



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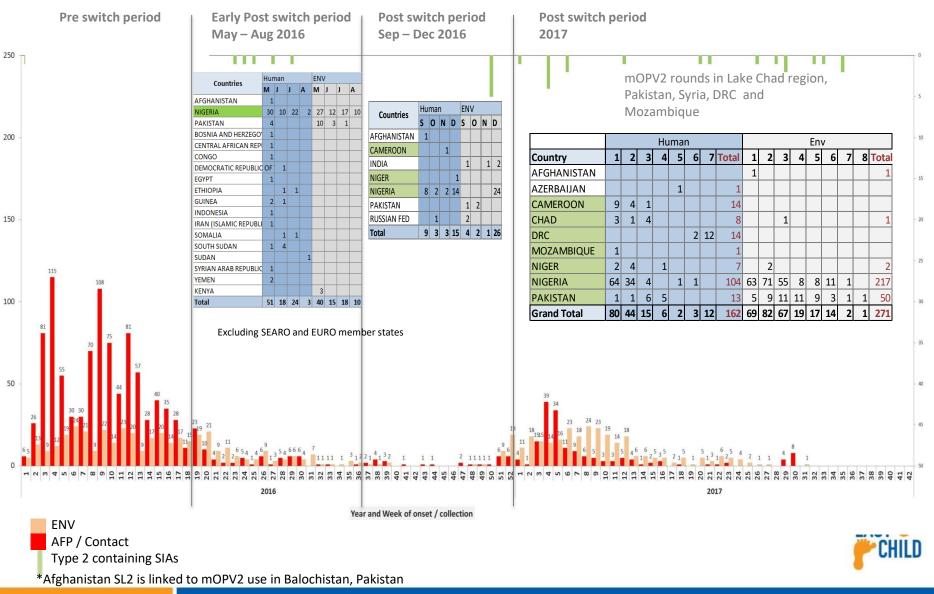




Type 2 Events Post Switch



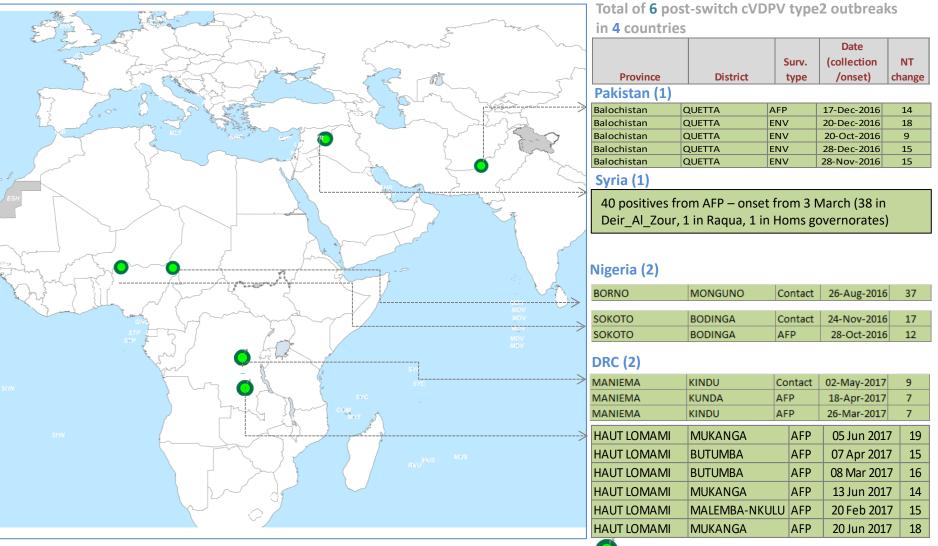
Distribution of SL2 from AFP and ENV



11

Data in WHO HQ as of 5 Sep. 2017

Post switch* cVDPV2 outbreaks

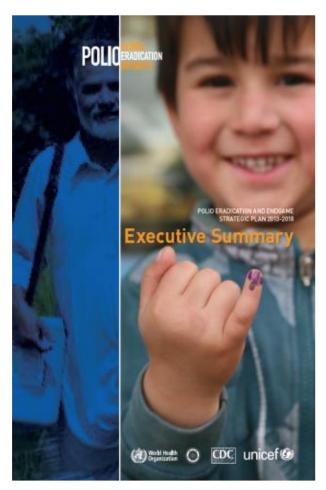


*Switch date: 01 May 2016

cVDPV2 outbreak (total 6 outbreaks)

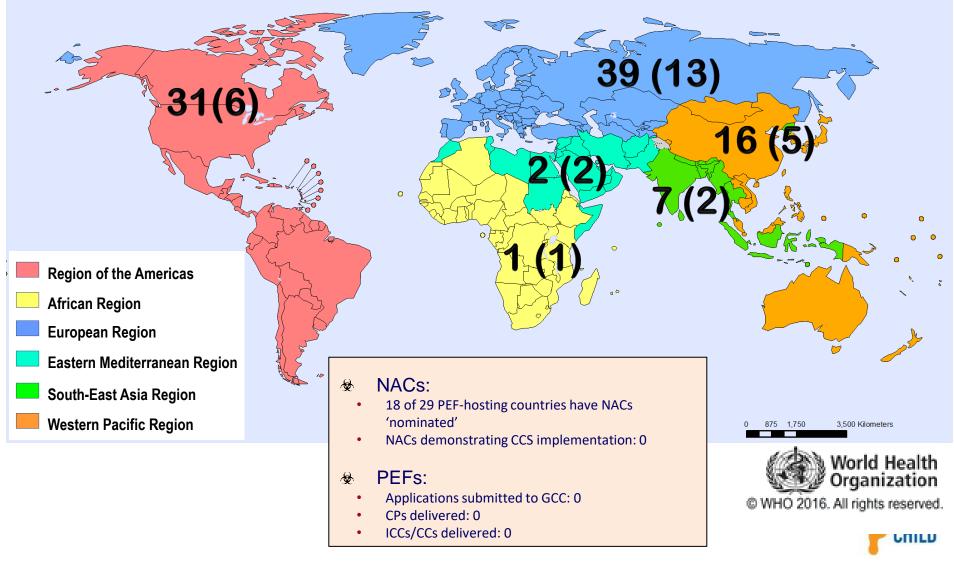
Post-switch SIA containing mOPV2 vaccine was conducted or is planned.

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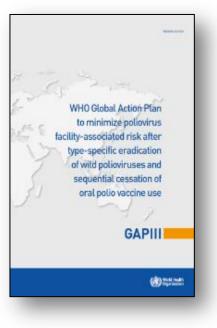
29 countries plan to retain PV2* in 96 designated poliovirus-essential facilities (PEFs)



*includes WPV2/cVDPV2 and OPV2/Sabin2 materials

Status as of 30 August 2017 (subject to change)

Containment reference documents



Global Action Plan (GAPIII)

🕸 World Health Assembly 2015

GAPIII Containment Certification Scheme (GAPIII-CCS)

- Supersedes Annex 4 of GAPIII: WHO will no longer verify containment
- PEFs are certified by NACs in consultation with GCC
 - 1. Certificate of participation CP
 - 2. Interim certificate of containment ICC
 - 3. Certificate of containment CC

• TRS 926: Safe production of polio vaccines

Revision ongoing



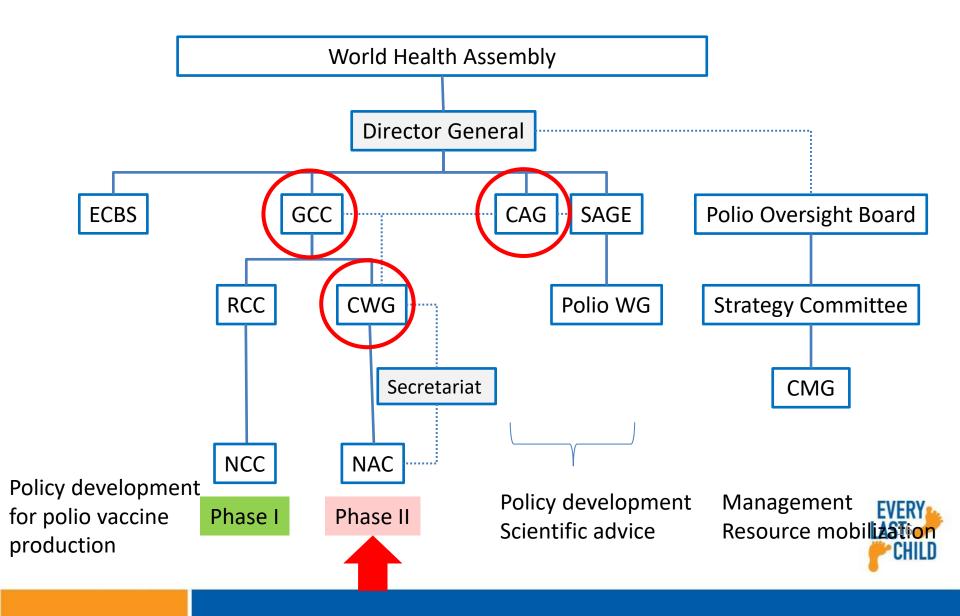
Containment Certification Scheme to support the WHO Global Action Plan for Poliovirus Containment

GAPIII-CCS

🛞 Xali Addi



Containment oversight structure



Expected next steps in countries hosting designated PEFs

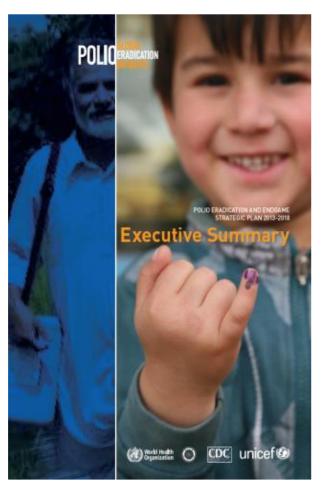
Once the country designates a PEF:

- 1. Establish a NAC
- 2. Develop GAPIII auditing capacity
- Demonstrate that secondary and tertiary safeguards are met
- 4. Assess PEFs against compliance with GAPIII (primary safeguards)
- 5. Certify facilities in consultation with GCC
- 6. Repeat certification process on 3-year basis





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Transition: High-Level Attention

- Serious programmatic impact of GPEI ramp-down
 - Two goals:
 - 1. Maintain the essential functions critical to sustain a polio free world post-certification
 - 2. Ensure other health programs currently relying on GPEI infrastructure and resources can continue their operations

• Many Streams of work

- Country level transition planning
- Agency transition planning at each GPEI partner
- Independent Monitoring and High Level awareness raising (TIMB)
- Post-Certification Strategy Development
- WHO: Polio Transition is among 7 principal organizational Risks
 - Team established within DGO to coordinate organization wide efforts
 - WHA decision requesting strategic plan agreed to at WHA2017



Priorities - Next 6 months

1. Interrupting WPV and cVDPV2 Transmission

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

2. High quality surveillance

 Priorities are endemics and access compromised areas e.g.: CAR, Syria, Somalia, South Sudan, Iraq, Yemen ...

3. Financial management

- Successful pledging moment in 2017
- US\$81 million still to be raised to reach \$7bn target
- GPEI will continue to be active through 2020, target date for polio eradication certification

4. Also...

- Accelerate efforts for containment
- Engage broader constituency in Transition





Thank you



