Wild Polio Virus & cVDPV Cases

Past 6 Months

Excludes viruses detected from environmental surveillance; Onset of paralysis: 11 Mar 2018 – 10 Sep 2019

WPV1 cases (latest onset)
- Afghanistan: 12 (02 Aug 2019)
- Pakistan: 56 (20 Aug 2019)

cVDPV1 cases (latest onset)
- Myanmar: 4 (23 Jul 2019)

cVDPV2 cases (latest onset)
- Ghana: 1 (23 Jul 2019)
- Ethiopia: 2 (22 Jul 2019)
- Angola: 8 (12 Jul 2019)
- DRC: 28 (26 Jul 2019)
- Niger: 1 (03 Apr 2019)
- Nigeria: 10 (20 Jun 2019)
- Somalia: 3 (8 May 2019)
- China: 1 (25 Apr 2019)
- CAR: 6 (30 Jul 2019)
- Benin: 1 (30 Jun 2019)

Data in WHO HQ as of 10 Sep. 2019
Wild Polio Virus & cVDPV Cases¹
Past 6 Months²

Public Health Emergency of International Concern
declared under the International Health Regulations in May 2014
Confirmed on 14 May 2019

¹Excludes viruses detected from environmental surveillance; ²Onset of paralysis: 11 Mar 2018 – 10 Sep 2019
WPV1 isolates (latest collection)
- Afghanistan: 13 (24 Jul 2019)
- Pakistan: 154 (26 Aug 2019)
- Iran: 3 (20 May 2019)

cVDPV2 isolates (latest collection)
- Nigeria: 30 (13 Jul 2019)
- Cameroon: 1 (20 Apr 2019)
- Ghana: 2 (13 Aug 2019)
- CAR: 3 (31 July 2019)

Sites with one or more positive; excludes viruses detected from AFP surveillance.

Collection date: 11 Mar 2019 – 10 Sep. 2019

Data in WHO HQ as of 10 Sep. 2019
Wild poliovirus transmission
Africa: No WPV detected in the past 3 years!

- Last wild virus detected on 27 September 2016 in healthy child in Borno
- Last Case caused by the wild virus: 21 August 2016
- August 2016, ~600,000 children unreached across over 10,000 communities
- February 2019, ~60,500 children remain unreached in ~3,000 settlements
In accessible
Partially accessible
Fully accessible

2018

Week 34, 2019

Surveillance Reach, Borno

(AFP cases reported from inaccessible areas by community informants 2018 to week 34, 2019)

AFP Cases from Security Compromised Areas
AFP Cases from Secured Areas

Surveillance Reach, Borno

(AFP cases reported from inaccessible areas by community informants 2018 to week 34, 2019)

AFP Cases from Security Compromised Areas
AFP Cases from Secured Areas

2018

2019

34%
17%

127

605

134

259

7
Ya Fanna ALI (21 months)
Borno State, onset 21 August 2016
Afghanistan and Pakistan
WPV1 Cases and ES+ in 2019

- 82 WPV1 cases reported in 2019 in both countries
- Explosive outbreak across KP in Pakistan
- Transmission persists in core reservoirs of Kandahar, Peshawar, Karachi and Quetta block
- Particularly intense in Karachi where all ES sites are positive
- Extensive spread of virus transmission outside core reservoirs (detected through environmental surveillance), with entrenched transmission in Lahore.

Pakistan : 64
Afghanistan : 16
Key challenges in Pakistan

Issues
• Community resentment & increase in vaccine hesitancy
• Programme increasingly politicized
• Fractured Partnership at multiple levels

Actions underway
• Highest level political engagement now secured
• Detailed review of all aspects of the programme launched by Minister of Health
• New initiatives to address community hesitancy and work with social media to address fake information
Technical Advisory Group

The program needs to transform itself

- Super High-Risk UC focus (SHRUCs) – focus on quality SIAs combining integrated operational and communication activities
- District, Provincial and National EOC management and support
- Process: e.g. improving microplanning
- Data: streamlining data volume and ensuring program use value
- Community: focus on building community trust
- People: clarifying key roles and responsibilities
- People: training and capabilities

Transformation

- Enough information now to begin roll-out in Sindh, with support from provincial/national level
- Subsequent roll-out in KP and Quetta Block as review process is completed

One Team
Campaigns in the coming year

- Following TAG recommendations, the schedule of SIAs has been substantially cut back to allow time for the programme to reset
  - Immediate 3 months pause
  - 8 weeks minimum between end of one SIA to the next
  - Stop all case response SIAs for 2 months
Key challenges in Afghanistan

Issues

• Ban on house-to-house immunization strategy in the key areas of Southern region since May 2018.
• Complete country-wide ban on polio vaccination since April 2019.
• Volatile environment (Peace negotiations, Presidential elections, WHO and Unicef leadership transition)

Actions underway

• Dialogue with Talibans in Doha and at local level
• Planning for enhanced EPI in inaccessible areas (Northern Kandahar, Northern Helmand and Uruzgan)
• Contingency plan in case ban not lifted
• Multi-antigen campaign in Kandahar (Gavi) to be expanded to additional provinces
Technical Advisory Group

• High quality SIAs as soon as the ban is lifted
• Preparedness to implement 3 SIAs within 8-10 weeks of ban reversal
• Strengthen partnership with other community development programs to effectively engage/mobilize the high risk/marginalized/underserved communities
• Adjusting Permanent Transit Points firewalling strategy as per access
• Strengthening EPI - and coordinated efforts to boost EPI in white areas by improving outreach and fulfilling HR and cold chain needs
• All antigen EPI campaign with enhanced support by PEI staff during the ban
cVDPV outbreaks
cVDPV Outbreaks
2017-2019*

Data in WHO HQ as of 10 Sep. 2019
cVDPV2 Epidemiology

- mOPV2 SIAs
  - Detected in the last 3 months (since May 2019)
  - Detected > 3 months ago
- cVDPV2 Cases/month
- Outbreaks new in 2019
- Established outbreaks

- AFP
- ES

- RDC-TPA-1
- NIE-KGS-2
- NIE-KGS-1
- RDC-KAS-3
- ANG-LNO-2
- CAF-BIM-2
- CAF-BIM-1
- CAF-BAM-2
- NIE-SOS-5
- CAF-BAM-1
- ANG-HUI-1
- RDC-SAN-1
- ANG-LNO-1
- RDC-KAS-2
- NIE-SOS-4
- RDC-HLO-2
- RDC-KAS-1
- MOZ-ZAM-2
- RDC-HKA-1
- DRC-MON-1
- CHN-XXX
- NIE-SOS-3
- NIE-JJS-1
- SOM-BAN-1
- DRC-MAN-1
- DRC-HLO-1
- NIE-SOS-2
- SYR-DEI-1
- cVDPV-A
Challenges with outbreaks

Issues

- Waning Type 2 Immunity
- Slow and poor quality response campaigns
- Logistical challenges (pay field staff with lack of local bank liquidity)
- Resources for large number of concurrent outbreaks (HR and financial)

Actions

- Ramping up dedicated rapid response team capacity;
- Strategies to address logistic challenges
- Revised SOPs on scope and type of response
- Intense efforts to fill/finish all available mOPV2 bulk
- Development of genetically stable novel OPV2 (nOPV2)
IPV Introduction
Unprecedented task
Completed by April 2019

Source: WHO/IVB database, Immunization Repository
IPV introduction in RI

• Despite achievement, approximately 42 million children missed in “low risk” countries affected by supply shortages

• However, catch ups have started in 2019
  o Doses made available for 35% of the missed cohort by end 2019
    ▪ Angola, Liberia, Sudan, Iran, Tanzania, Zambia
    ▪ Lower risk/small countries which have conducted catch ups without global support: Turkmenistan, Moldova, Bangladesh, Morocco, Comoros, Bhutan, Sao Tome
  o In 2020 doses should be available for most of the catch ups
    ▪ Ghana has already been informed about availability of vaccine for Jan 2020

• IPV routine use in high risk countries has improved slightly but continues to be low
Certification
Certification of WPV3 eradication

**Asia**: Last detection in FATA, Pakistan: *April, 2012*

**Africa**: Last in Yobe, Nigeria: *November, 2012*

**Global Certification Commission**: 

"Certification of WPV3 eradication can proceed"

- All WHO Regional Committees to submit data
- Process to be completed in Early October
- Communication challenges in the face of cVDPV outbreaks
Containment
Three work streams

Achieving & sustaining containment of polioviruses in laboratories, vaccine manufacturing and other facilities

- Reduce the global number of facilities storing and handling polioviruses
- Communication and Advocacy
- Implement and Monitor appropriate safeguards for long term containment of polioviruses
26 countries plan to retain poliovirus type 2 in 74 designated facilities (PEFs)

Countries with plans to designate poliovirus-essential facilities for containment of PV2 materials (n=26)

No WPV2/VDPV2 retained (n=179)

Some territories administrated by sovereign states may be at a different completion stage of containment.

Data reported by WHO Regional Offices as of 1 August 2019 and subject to change
Where are we?
Polio eradication is facing critical challenges

Wild Poliovirus

– WPV3 likely eradicated
– Nigeria and African Region likely **wild** polio free

**However:**

– Intense and widespread transmission in Pakistan and Afghanistan
– Risks of international circulation

Outbreaks of Vaccine derived poliovirus

– Strategies to stop cVDPV2 outbreaks are not working
– Risks of further international spread
Impact on Vaccine demand and supply

mOPV2

• Substantial increase in need - critically urgent to fill and finish all available bulk
• Discussion on-going as to the need to resume production of bulk (for discussion by SAGE)

IPV

• Need to catch up cohorts missed since the Switch
• Introduction of 2\textsuperscript{nd} dose may need to be accelerated (for discussion by SAGE)

bOPV

• **Pakistan:** drastic reduction of number of campaigns in the coming year, in addition to cancelled campaigns in 2019 because of recent incident in Peshawar
• **Afghanistan:** campaigns have been on hold since April because of the ban
• **Nigeria:** has cancelled bOPV campaigns to make space for mOPV2 campaigns
• **Other SIAs:** Pending pledging event in Abu Dhabi in November, GPEI has implemented a contingency budget which has resulted in the cancellation/reduction of planned SIAs in low/medium risk countries
Eradication

• Interrupt transmission of all wild poliovirus (WPV)
• Stop all circulating vaccine-derived poliovirus (cVDPV) outbreaks within 120 days of detection and eliminate the risk of emergence of future VDPVs

Integration

• Contribute to strengthening immunization and health systems
• Poliovirus surveillance integration with comprehensive vaccine-preventable disease (VPD)
• Prepare for and respond to future outbreaks and emergencies

Certification & Containment

• Certify eradication of WPV
• Contain all polioviruses
Priority activities

Global
• Mobilise resources to fully finance the programme

Endemic countries
• High level Political advocacy with Pakistan to reset the programme
• Resuming vaccination in Afghanistan

Outbreak Countries
• Radically improve speed and quality of vaccination responses
• Secure sufficient quantities of mOPV2 for stockpile (identify new Fill and Finish capacity)
• Accelerate development and EUL of nOPV2
• Further improve surveillance in all outbreak countries and beyond
• Collaborate with EPI to build capacity to mitigate risks
Thank you