Wild Polio Virus & cVDPV Cases

Past 6 Months

Excludes viruses detected from environmental surveillance;

Data in WHO HQ as of 10 Sep. 2019

Notes:
1. Excludes viruses detected from environmental surveillance.
2. Onset of paralysis: 11 Mar 2018 – 10 Sep 2019
Wild Polio Virus & cVDPV Cases

Past 6 Months

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

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

Data in WHO HQ as of 10 Sep. 2019
Environmental Sites¹ : WPV / cVDPV Positive Isolates
Past 6 Months²

1Sites with one or more positive; excludes viruses detected from AFP surveillance.
²Collection date: 11 Mar 2019 – 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

Source: Borno EOC data team analysis
Surveillance Reach, Borno

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

Key:
- AFP Cases from Security Compromised Areas
- AFP Cases from Secured Areas

2018:
- Number of AFP Cases reported by ward

Week 34, 2019:
- 17% of AFP cases from Security Compromised Areas
- 34% of AFP cases from Secured Areas
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

Proposed SIAs for NEAP 2019/20

- 3 month pause
- 8 weeks
- Typhoid SIA Sindh
- Dec 14, NID, 100%
- Feb 27, NID, 100%
- Apr 20, NID, 100%
- Jun 23, SNID, 50%

Jul – Dec 2020 (indicative):
- Aug 17: SNID 50%
- Oct 19: SNID 50%
- Dec 21: NID 100%
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*

- Mozambique: 1 cVDPV2 outbreak
  - 1 cVDPV2 case
  - 7 cVDPV1 in ES

- DRC: 9 cVDPV2 outbreaks
  - 71 cVDPV2 cases
  - 3 cVDPV2 in ES

- Nigeria: 6 cVDPV2 outbreaks
  - 49 cVDPV2 cases
  - 98 cVDPV2 in ES

- Niger: 11 cVDPV2 cases
  - linked to Nigeria

- Somalia: 2 outbreaks cVDPV2 and cVDPV3
- Kenya: 1 cVDPV2 in ES, linked to Somalia
- Ethiopia: 2 cVDPV2 cases, linked to Somalia

- CAR: 5 cVDPV2 outbreaks
  - 6 cVDPV2 cases
  - 3 cVDPV2 in ES

- Cameroon: 1 cVDPV2 in ES, linked to Nigeria

- Benin: 1 cVDPV2 in AFP, linked to Nigeria

- Ghana: 1 cVDPV2 in AFP
  - 2 cVDPV2 in ES, linked to Nigeria

- China: 1 cVDPV2 outbreak
  - 1 cVDPV2 case
  - 1 cVDPV2 in ES

- Myanmar: 1 cVDPV1 outbreak
  - 3 cVDPV1 cases

- Indonesia: 1 cVDPV1 outbreak
  - 1 cVDPV1 case

- Angola: 3 cVDPV2 outbreaks
  - 8 cVDVP2 cases

- Cameroon: 1 cVDVP2 in ES, linked to Nigeria

- Benin: 1 cVDVP2 in AFP, linked to Nigeria

- Cameroon: 1 cVDVP2 in ES, linked to Nigeria

- Ghana: 1 cVDVP2 in AFP
  - 2 cVDVP2 in ES, linked to Nigeria

- Cameroon: 1 cVDVP2 in ES, linked to Nigeria

- China: 1 cVDVP2 outbreak
  - 1 cVDVP2 case
  - 1 cVDVP2 in ES

- Myanmar: 1 cVDVP1 outbreak
  - 3 cVDVP1 cases

- Indonesia: 1 cVDVP1 outbreak
  - 1 cVDVP1 case

- PNG: 1 cVDVP1 outbreak
  - 26 cVDVP1 cases
  - 7 cVDVP1 in ES

- China: 1 cVDVP2 outbreak
  - 1 cVDVP2 case
  - 1 cVDVP2 in ES

- Myanmar: 1 cVDVP1 outbreak
  - 3 cVDVP1 cases

- Indonesia: 1 cVDVP1 outbreak
  - 1 cVDVP1 case

- PNG: 1 cVDVP1 outbreak
  - 26 cVDVP1 cases
  - 7 cVDVP1 in ES

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

0 1 2 3+

cVDPV2 Cases/month

Outbreaks new in 2019

Established outbreaks
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)

Data reported by WHO Regional Offices as of 1 August 2019
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 2nd 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