



INACTIVATED POLIOVIRUS VACCINE

24
October
World Polio Day

World Polio Day 2017: Renewing commitment to Global Polio Eradication



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

Recommended use of fIPV

As part of the Polio Eradication and Endgame Strategic Plan 2013-2018, the World Health Organization (WHO) requested 126 Member States to introduce at least one dose of the Inactivated Polio Vaccine (IPV) into routine immunization programs to achieve the goal of eradicating the wild polio virus (WPV) and eliminating the risk of emergence of circulating vaccine-derived poliovirus (cVDPV).

Prior to its introduction, the two manufacturers of IPV vaccine, prequalified by WHO, established long-term supply agreements for this vaccine. However, both manufacturers have presented technical difficulties to increase the bulk production of the IPV vaccine, which has resulted in a reduction of more than 40% of its initial offer.

In March 2016, the WHO Strategic Advisory Group on Immunization (SAGE) recommended that in order to address the limited supply of IPV, countries could consider using a fraction of the dose (1/5 of the full

dose), administered intradermally, keeping in mind the programmatic cost and logistical implications.

In response to this situation, in March and July of 2017, PAHO's Technical Advisory Group on Vaccine-preventable Diseases (TAG) issued the following recommendations:

- ▶ Countries that administer more than 100,000 doses of IPV per year and have the technical capacity to conduct adequate training and supervision should begin to immediately prepare to implement a fractional dose schedule of IPV.
- ▶ Countries should administer a sequential schedule of two doses of fractional vaccine (fIPV) followed by two or three doses of the bivalent oral polio vaccine (bOPV), with the first dose at two months of age and with a minimum interval of 8 weeks between doses during the first year of life.



All children have the right to all vaccines

The purpose of the WHO and PAHO immunization advisory groups recommendation to switch to a schedule with fIPV is to ensure that all children have

unrestricted access to safe and quality vaccines. No child should be excluded from the benefits of vaccination because of difficulties in vaccine production.

Combined use of fIPV and bOPV, an effective strategy

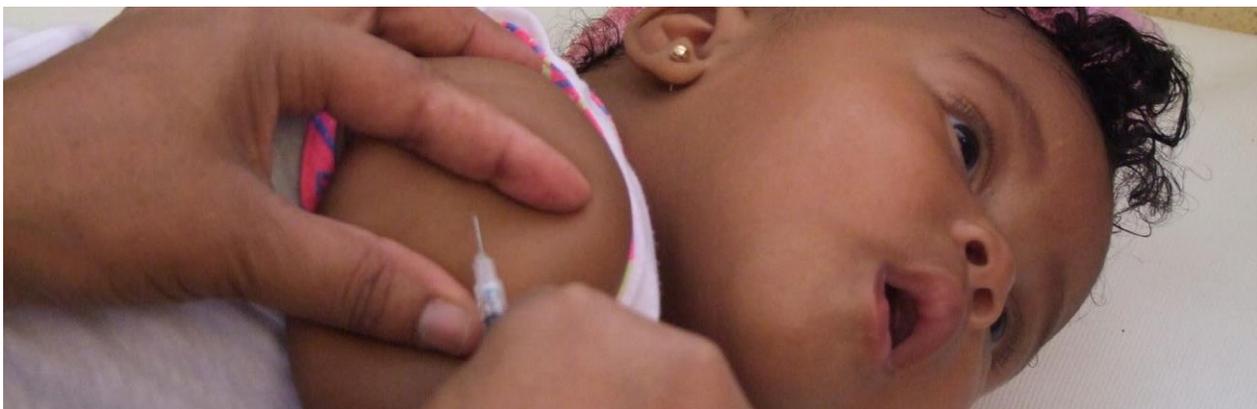
The sequential application of two fractional doses of IPV (fIPV) followed by three doses of bOPV is an effective strategy to advance the final push for global polio eradication.

The recommendation to change the dosage and route of administration is supported by studies conducted in Cuba, Oman, Bangladesh and Sri Lanka. It has been demonstrated that the immunological response following the administration of two doses of fIPV by intradermal route (as 1st and

2nd dose of the schedule) is superior to that of one complete dose applied by intramuscular route.

If you want to know more about the studies and additional information related to fIPV, please visit the official WHO page using the following link:

http://www.who.int/immunization/diseases/poliomyelitis/endgame_objective2/inactivated_polio_vaccine/fractional_dose/en/





Opportunities for overall program improvement

This change in administration offers national immunization programs an opportunity to strengthen the overall program, through providing space to:

- ▶ Reinforce good vaccine management practices.
- ▶ Retrain health care workers to successfully implement all vaccine delivery techniques, including intradermal vaccination.
- ▶ Optimize the number of doses of IPV in each country. With the same 2.5ml vial that has 5 full doses, 25 children can be vaccinated with fractional doses.
- ▶ Reinforce staff knowledge and practices in relation to WHO's open vial policy.
- ▶ Remind staff of the rules and procedures for vaccination and safe injection practices.

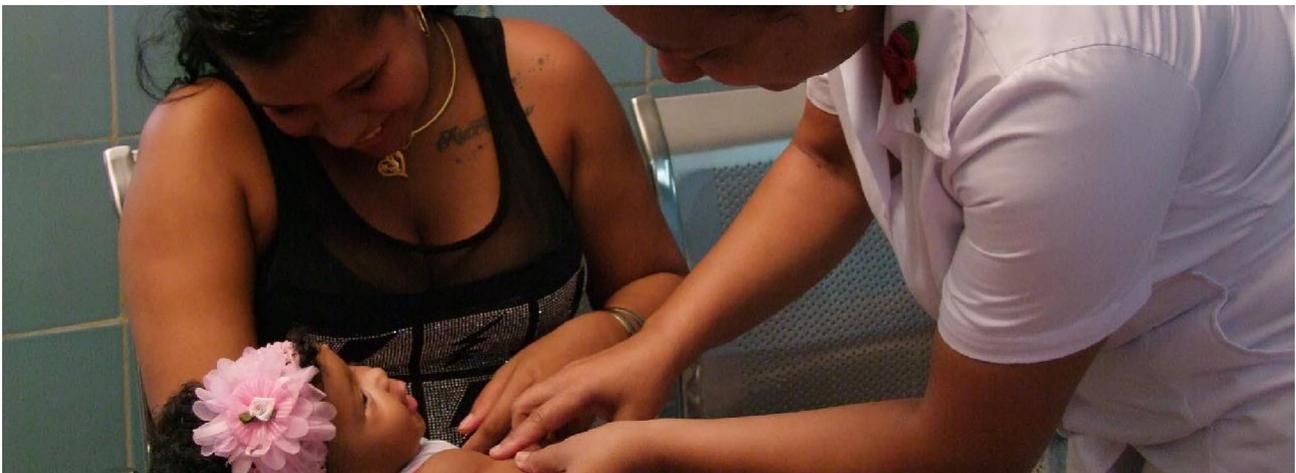




Leadership in health: a decisive task to achieve the goal and say goodbye to polio

Health leaders should promote and conduct processes aimed to:

- ▶ Carry out advocacy so that during the final phase of polio eradication, the application of fractional doses and surveillance of AFP cases are part of the political and institutional agenda of the Ministries and Secretaries of Health.
- ▶ Encourage Ministries and Health Secretariats to elaborate national resolutions and specific normative frameworks on the implementation of fIPV.
- ▶ Closely monitor the IPV supply situation in the country.
- ▶ Accompany and supervise the training process and implementation of the fIPV.
- ▶ Accompany national efforts to maintain AFP surveillance, ensure compliance with surveillance indicators, and quality of epidemiological information to advance the documentation and certification process for global polio eradication.
- ▶ Call attention to the media and provide visibility to polio eradication activities.
- ▶ Invite scientific societies and nursing schools and associations and vocational training centers to be allies and drivers of the process of implanting fIPV.
- ▶ Encourage public events to promote vaccination, stimulate technical dialogue on the issue and use their leadership to ensure that families and caregivers understand the importance of vaccination and value their benefits.
- ▶ Continuously promote vaccination to parents and caregivers of children and emphasize the importance of timely vaccination.





Resolution of the 29th Pan American Sanitary Conference regarding IPV and the use of the fractional doses



29th PAN AMERICAN SANITARY CONFERENCE

69th SESSION OF THE WHO REGIONAL COMMITTEE FOR THE AMERICAS

Washington, D.C., USA, 25-29 September 2017

RESOLVES:

(OP)2 To request the Director to:

(...) d) continue to support the Member States of PAHO in preparation for the use of fIPV;

*Excerpted from the original document

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=42332&Itemid=270&lang=en





26 years free of polio in the Americas.

26
Years



%
99

99% decrease of polio cases in the world.
An unprecedented achievement



Polio

Facts and numbers to remember

3
Countries



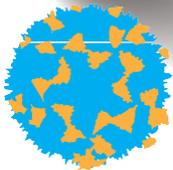
Afghanistan, Nigeria and Pakistan are the last 3 endemic countries

\$
40-50
Million



The world will save \$40-50 million over the next 20 years thanks to the eradication of polio

2015



In 2015, the Global Commission certified of the eradication of wild poliovirus **type 2**



Fractional doses of IPV

Facts and numbers to remember

The Region of the Americas will begin to use fIPV in 2018

The Americas administer more than 10 million doses of BCG each year intradermally



833,000 / per month
192,000 / per week
27,000 / per day
1,142 / per hour
19 / per minute

There is an abundance of positive experience with intradermal vaccination in the Region of the Americas.



TAG recommended that 16 countries in the Region switch to fIPV

The use of fIPV will save countries 60%

8 countries have already advanced with preparations to introduce fIPV



CELEBRATING 26 YEARS WITHOUT POLIO IN THE AMERICAS

WHAT YEAR DID YOUR COUNTRY REPORT ITS LAST CASE OF POLIO?

 Antigua & Barbuda	1960	 Guyana	1962
 Argentina	1984	 Haiti	1989
 Bahamas	1978	 Honduras	1989
 Barbados	1967	 Jamaica	1982
 Belize	1981	 Mexico	1990
 Bolivia	1986	 Nicaragua	1981
 Brazil	1989	 Panama	1972
 Canada	1977	 Paraguay	1985
 Cayman Islands	1957	 Peru	1991
 Chile	1975	 St. Kitts & Nevis	1960
 Colombia	1991	 St. Vincent & Grenadines	1977
 Costa Rica	1973	 Suriname	1980
 Cuba	1962	 Trinidad & Tobago	1972
 Dominican Republic	1985	 Turks & Caicos	1972
 Ecuador	1990	 United States	1979
 El Salvador	1987	 Uruguay	1978
 Grenada	1955	 Venezuela	1989
 Guatemala	1990		

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