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

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

- 26 years free of polio in the Americas.
- 99% decrease of polio cases in the world. An unprecedented achievement.
- Afghanistan, Nigeria and Pakistan are the last 3 endemic countries.
- The world will save $40-50 million over the next 20 years thanks to the eradication of polio.
- In 2015, the Global Commission certified the eradication of wild poliovirus type 2.
The Region of the Americas will begin to use fIPV in 2018.

TAG recommended that 16 countries in the Region switch to fIPV.

8 countries have already advanced with preparations to introduce fIPV.

The use of fIPV will save countries 60%.

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

The Americas administer more than 10 million doses of BCG each year intradermally:
- 833,000 doses per month
- 192,000 doses per week
- 27,000 doses per day
- 1,142 doses per hour
- 19 doses per minute

2018
16 countries
10 million
60%
CELEBRATING 26 YEARS WITHOUT POLIO IN THE AMERICAS

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

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

24 OCTOBER 2017 | WORLD POLIO DAY