KEY POLIOVIRUS CONTAINMENT ACTIVITIES, RESOLUTION WHA71.16.

To implement in ALL COUNTRIES

- ✓ Empower the functions of the National Poliovirus Containment Coordinator (NPCC) in order to ensure that the inventory process is thorough and all-encompassing. Since materials may also be present in government and non-government sectors (e.g. education, industry, etc.), cross-sectoral collaboration is of the utmost importance.
- ✓ Complete inventories of poliovirus infectious and potentially infectious materials for all three poliovirus serotypes and destroy all unneeded materials in accordance with WHO guidance.
- ✓ Apply the Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses published in April 2018, implement the appropriate risk mitigation strategies according to the materials potentially infectious for polioviruses handled in these laboratories, and sign the statement of responsibility.
- ✓ Maintain the commitment to minimize the risk of facility-associated re-introduction of poliovirus into a polio-free community. Countries should ensure that their polio-free status is not put at risk by the sudden willingness of a facility to manipulate poliovirus, out of containment, after
- ✓ certification and OPV cessation.

Additionally, COUNTRIES with poliovirus-essential facility (PEF)

- ✓ Reduce, to an absolute minimum, the number of PEFs designated for poliovirus retention, prioritizing only those facilities performing the most critical functions, such as vaccine research and production.
- ✓ Support the National Authority for Containment (NAC) in its work on the certification of the implementation of appropriate poliovirus containment measures.
- ✓ Seek the formal engagement of all facilities that are planning to retain poliovirus materials of any serotype in the global Containment Certification Scheme (CCS) by the end of 2019.
- ✓ Be aware of the current recommendations by SAGE[1] on secondary safeguards for countries hosting PEFs:

    - Countries with PEFs using a single dose of IPV should adjust their IPV schedule, coverage targets and geographical scope as soon as possible, and no later than at the time of all OPV cessation, as follows: i) at least two IPV doses in routine immunization, IPV1 at four months and IPV2 at least four months after IPV1 (full or fractional, standalone or in combination vaccines); and ii >= 90% of IPV2 coverage in infants within 100 km of the PEF.

[1]Meeting of the Strategic Advisory Group of Experts on immunization, April 2018 – conclusions and recommendations. *Weekly Epidemiological Record* 2018; 93:329–44