

14th Meeting of the Global Commission for the Certification of Poliomyelitis Eradication (GCC)

Bali, Indonesia, 20-21 September, 2015

Summary of findings, decisions and recommendations

Introduction and background

The 14th meeting of the Global Commission for the Certification of Poliomyelitis Eradication (GCC) was conducted in Bali, Indonesia, on 20-21 September 2015.

The meeting was attended by Dr Anthony Adams, Chair of the GCC and also Chair, RCC/WPR, as well as the following GCC members: Dr Supamit Chunsuttiwat, Chair, RCC/SEAR, Dr David Salisbury, Chair, RCC/EUR, Dr. Rose Leke, Chair, RCC/AFR, Dr Arlene King, Chair, RCC/AMR, and Dr Yagoub Al-Mazrou, Chair, RCC/EMR.

Participants from WHO were Dr Hamid Jafari, Dr Nicoletta Previsani and Dr Rudolf Tangermann, WHO/HQ, Dr Mbaye Salla, WHO/AFRO, Dr Cristina Pedreira and Dr Gloria Rey, WHO/AMRO (PAHO), Dr Humayun Asghar, WHO/EMRO, Dr Shahin Huseynov, WHO/EURO, Dr Sigrun Roesel and Dr Sunil Bahl, WHO/SEARO, and Dr Tigran AVAGYAN, WHO/WPRO. Also attending, as observers, were Dr Deblina Datta, Dr Mark Pallansch, and Dr Steve Wassilak from the Centers for Disease Control and Prevention, USA.

The GCC was convened with two primary objectives:

- to declare eradication of wild poliovirus type 2 (WPV2), following a review of the available evidence, and
- to review and endorse the Containment Certification Scheme (CCS) proposed for poliovirus essential facilities.

WHO's global Scientific Advisory Group of Experts on immunization, SAGE, at their next meeting in October, is expected to confirm April 2016 as the date for globally synchronized withdrawal of OPV2¹. Declaration of global eradication of WPV2 by GCC is one of the prerequisites for OPV2 withdrawal.

Additional objectives of the GCC meeting were:

1. to review progress towards completion of polio eradication globally;
2. to assess progress toward completion of phase I poliovirus containment activities, under GAP III, with appropriate handling / containment of residual WPV type 2 materials
3. to receive reports from the RCCs on progress towards regional certification and on maintenance of polio-free status;
4. to review and provide guidance on the core Terms of Reference of RCCs,
5. to review the newly published global polio outbreak response SOPs for updating national outbreak preparedness and response plans.

1 Global polio situation

- The GCC noted the significant progress made by the GPEI since 2014, with only 3 remaining countries considered endemic for polio, of which one - *Nigeria*- reported its last WPV1 polio case more than one year ago, and will soon be removed from the list of endemic countries². Considerable progress was seen in 2015 in *Pakistan*, with only 32 cases reported to date,

¹ SAGE, at their October 2015 meeting, confirmed April 2016 as the date for the 'switch'

² WHO removed Nigeria from the list of polio-endemic countries on 25 September, 2015

compared to 145 cases at the same time in 2014. No case was reported from Karachi City since October 2014.

- The SAGE Polio Working Group met recently to review preparations for the planned tOPV-bOPV switch, in particular the progress towards interrupting transmission of persistent cVDPV2 in Pakistan and Nigeria. Substantial progress is being made towards the introduction of one dose of IPV into the routine immunization programme of all countries not already using IPV, and towards the switch in April 2016, when tOPV will be replaced with bOPV for routine immunization in 156 OPV-using countries.
- The Working Group decided to recommend to SAGE that the 'switch' should proceed in April 2016, while Pakistan should increase the pre-switch use of tOPV during SIAs, and the recently detected cVDPV2 outbreaks in Guinea (Mali) and South Sudan, should be stopped as an urgent priority.
- In the same context, the GPEI has recommended that an immediate local mop up response with at least 3 tOPV SIAs should be implemented following any new detection / emergence of VDPV2, even before classification of the strain as cVDPV2.
- GPEI priorities for the next 12 months are to a) stop WPV in Pakistan and Afghanistan, b) intensify surveillance for all polioviruses, particularly in polio-free areas at risk of outbreaks following importation, c) ensure preparedness for the tOPV-bOPV switch, d) reduce the risk of international spread of poliovirus, and e) make progress on polio legacy planning.

2 Declaration on the eradication of wild poliovirus type 2

- The GCC noted the excellent response to the survey conducted in all Regions requesting WHO Member States (MS) to provide information about the last WPV2, if at all, detected in the country. Detailed response tables were received from all WHO Regional teams and reviewed at the meeting.
- Of 194 MS, responses were received from 189 countries (97%); all MS responded in AFR, SEAR and WPR, while only 5 MS did not respond by the time of the GCC meeting: Italy and San Marino in EUR, Bolivia and Guatemala in AMR, and Libya in EMRO. Information from the regional and global polio laboratory networks, that included data for the non-responding MS, provided additional evidence.
- The evidence reviewed confirmed that no endemic wild poliovirus type 2 cases have been reported worldwide since the last case of WPV2 was detected in northern India in October 1999; this is despite substantial improvements in AFP surveillance and expansion of environmental surveillance globally since that time.
- Improvements of surveillance since 2000, both in Regions which have already been certified as WPV-free and in the two remaining endemic Regions, have in fact allowed detection of types 1 and 3 WPV in endemic countries and in polio-free areas affected by virus re-introduction. Likewise, surveillance systems repeatedly detected vaccine-derived polioviruses (VDPV), of which more than 90% were type 2 VDPVs. WPV2 has not been detected in any of the nearly 2 million appropriate samples that have been tested in WHO-accredited poliovirus laboratories since the last case of WPV2 in 1999.

- After carefully considering the evidence provided, the GCC decided that it was in a position to issue a formal declaration on the eradication of WPV2, as planned in the context of preparing for the tOPV to bOPV switch. Commission members issued a certificate with the following declaration:

" We, the members of the Global Commission for the Certification of Poliomyelitis Eradication, conclude today, 20th September 2015, that indigenous wild poliovirus type 2 has been eradicated worldwide."

Recommendations:

- ***The GCC recommended that WHO centrally archive all feedback reports received from MS, as well as data from the global laboratory network on the last WPV2 detections.***
- ***In view of the continued detection of type 2 vaccine-derived poliovirus, the Commission also advised that WHO and the GPEI should prepare a clear and concise statement on the GCC declaration, to prevent any misconception of the public, as much as possible.***

3 Poliovirus containment: progress towards implementing GAP III and the proposed Containment Certification Scheme for oversight of the certification of essential facilities

- Poliovirus containment is one of the five readiness criteria for the tOPV to bOPV switch. Poliovirus containment activities, described in GAP III and endorsed by WHA in May 2015, address the risk of release and transmission of poliovirus from facilities. Of current relevance are:
 - Phase I: Reduction in the number of facilities handling or storing PV2, involving identification of facilities and destruction of unneeded PV2 materials, and designation of poliovirus-essential facilities planning to retain PV2 for critical international functions.
 - Phase II: appropriate containment of PV2 in poliovirus-essential facilities and certification of containment.
- All countries of AMRO, EURO, SEARO, and WPRO completed WPV inventories in the past. WPV2 updates are on track and due by end-Sept (SEARO), end-Nov (EURO and WPRO) and end-Jan (AMRO). Despite the fact that only 15/47 countries in AFR and 18/21 countries of EMR had completed the WPV inventory in the past, these two regions are also expected to report back on the completion of Phase I for WPV2 by end-2015. Designations of candidate PV-essential facilities in all regions are also due by end-2015. It is expected that Phase I will significantly reduce the number of facilities that will continue to handle and store PV2 worldwide. Such PV-essential facilities include PV vaccine production facilities, research facilities, and facilities housing repositories.
- Although the number of designated 'PV-essential facilities' that will retain type 2 poliovirus materials is anticipated to be less than 50 in a limited number of countries, and the deadlines to meet GAP III requirements are set in early 2016, it is anticipated that the full implementation of containment requirements described in Phase II of GAP III will take a significant additional amount of time.
- The implementation of containment in poliovirus-essential facilities will take considerable time because a number of facilities are not yet ready and need time and resources to meet the containment requirements described in GAP III; there also is a need to develop national

regulatory frameworks for containment in the host countries that do not yet have such regulations in place. In addition, there is a need for designation or identification of national authorities for containment (NACs) in each host country, as well as for the establishment of international expertise to help oversee and guide the certification of containment in PV-essential facilities.

- Interim risk management measures with interim certification of containment are proposed for Phase II, until full containment is implemented. The principles of the scheme to oversee the certification of poliovirus containment in poliovirus-essential facilities were presented to the GCC, for their review and endorsement.
- The roles and responsibilities of GCC as the body responsible for confirmation of global containment were also described. In order to perform these new tasks, GCC approved the plan to be guided by a working group of containment experts that would be nominated based on experience, knowledge and understanding of containment issues.

Recommendations:

- ***The GCC urges to complete Phase I of containment on time in all Regions and WHO MS according to GAP III timelines, including the destruction of unneeded poliovirus type 2 material.***
- ***The GCC endorses the planned intensified communication and advocacy efforts to raise awareness of and engage all relevant parties and groups for the completion of Phase I, especially in countries where the finalization of Phase I is at risk of being delayed.***
- ***The GCC also recommends to focus special advocacy and communication activities on countries considering the designation of poliovirus-essential facilities, to ensure that countries fully understand the requirements and implications of hosting PV-essential facilities.***
- ***Specific guidance and information material should also be prepared to alert and inform non-poliovirus laboratory networks storing potentially poliovirus-contaminated clinical samples (e.g. Rotavirus and Influenza research laboratories) .***
- ***The GCC endorses the Containment Certification Scheme (CCS) to certify poliovirus-essential facilities as proposed by the Secretariat, and agrees with the role the GCC is expected to play in its oversight.***
- ***The GCC strongly recommends to establish a group of independent experts to advise the GCC on the approval of certification of poliovirus-essential facilities.***

4 Terms of reference of GCC and Regional Commissions for the Certification of Eradication of poliomyelitis

- The GCC discussed the Terms of Reference (TORs) of Global and Regional polio certification bodies, noting that the core TORs of RCCs were to certify their Region as free of circulating indigenous wild poliovirus (endemic Region), and to assist in maintaining the Region's WPV-free status (certified Regions), as well as to oversee progress towards implementing poliovirus containment, while the main remit of the GCC will be to eventually certify the global eradication of wild polioviruses.

- The GCC also noted that the two recent charges to the GCC and RCCs in the context of preparing for the tOPV-bOPV switch - to declare WPV2 eradication and monitor pre-switch progress towards implementing containment (GAP III) - were completely within the core mandate of the certification groups.
- Also, RCCs have begun to formally expand their TORs to address the progress in the implementation of the GPEI 2013-18 Strategic Plan and of the polio endgame. Overseeing progress of the 'endgame' constitutes the main TOR of the newly established 'Regional Commission for the Polio Endgame' in the Region of the Americas.
- The GCC appreciates the current roles of RCCs, including monitoring and overseeing elements of the polio endgame. However, RCCs should carefully consider the roles that are not part of their core mandate. For example, while the RCCs may receive national reports on destruction of tOPV stocks in the context of the planned switch, the validation or certification of removal and destruction of tOPV is not within the core mandate of RCCs or GCC.
- The GCC reaffirmed its decision of 2012 to delay by 12-24 months after the switch from tOPV to bOPV its decision on whether a formal process was needed to validate the absence of vaccine-derived polioviruses.

Recommendation:

- ***The GCC agreed that RCCs, in their work with NCCs and MS, should continue to focus on their core TORs. RCCs are welcome to monitor implementation of the polio endgame; however, such additional TORs should be limited to certification or validation processes related to their core mandate.***
- ***The Commission also maintained their 2012 decision to delay by 1 to 2 years after the withdrawal of type 2 OPV any decision on whether a formal process for the validation / certification of the eradication of VDPVs was needed.***

5 New outbreak response SOPs and national importation preparedness plans

- As endemic wild poliovirus transmission is at an all-time low, it is increasingly important that new poliovirus outbreaks, whether related to poliovirus importations or the emergence of vaccine-derived poliovirus, be responded to as rapidly as possible with large-scale response immunization activities of high quality.
- In this context, new outbreak response Standard Operating Procedures (SOPs) have recently been elaborated which include new performance standards and provide more detailed advice than previously existing guidelines on how governments and GPEI partners should collaborate to assure effective outbreak response. In addition, a protocol for notification and response to type 2 poliovirus outbreaks in the era following cessation of type 2 OPV has been endorsed by SAGE.
- The new SOPs outline a number of main strategies and critical functions to be employed jointly by national governments and GPEI partners to rapidly interrupt new outbreaks; the new SOPs were endorsed in the 68th World Health Assembly resolution on polio eradication in 2015.
- The level of preparedness to respond to new outbreaks in polio-free MS is one of the important parameters overseen by RCCs in their work to maintain polio-free status in the Region. Each polio-free MS is expected to review and update their existing 'outbreak preparedness plan', as

part of the annual update report submitted to the RCC. RCCs have noted that the quality of outbreak preparedness plans varies considerably between countries.

- The systematic approach and key elements of the new outbreak SOPs and the protocol for detection and response to type 2 poliovirus in the post OPV2 cessation era should be incorporated into the national outbreak preparedness plans.

Recommendation:

- ***The GCC notes the increasing importance of immediate and large-scale response to possible new outbreaks in polio-free areas, and that new and improved outbreak response SOPs and the protocol for responding to type 2 poliovirus in the post OPV2 cessation era were recently endorsed by the World Health Assembly.***
- ***The GCC endorses the initiative to standardize and improve the quality of national level polio outbreak preparedness plans through the use of templates based on the new outbreak response SOPs and the protocol for responding to type 2 poliovirus in the post-OPV2 cessation era.***

6 Reports from the Regions

a) African Region

- Responses to the request on information about the last WPV2 detection were received from all 47 AFR Member States (MS); only 8 of 47 MS reported that they had ever detected WPV2 (Algeria, Benin, Cote d'Ivoire, Nigeria, Central African Republic, Kenya, Madagascar, and South Africa), with the most recent detection reported from Nigeria in 1998.
- Progress towards implementing Phase I of containment (GAPIII) in the Region has been slow. While WHO AFRO, upon request from countries, trained 20 consultants to assist countries with Phase I (GAP III), many of these consultants have not yet begun to assist countries, as concerned countries have not yet requested their support.
- The overall epidemiological situation in the Region looks better than ever before - nearly 14 months have passed since the last WPV1 was detected in Nigeria.
- However, recent VDPV outbreaks occurred in 2014-15 in Madagascar (type 1), South Sudan (type2), and Guinea (type 2), and require an ongoing response.
- While AFP surveillance quality indicators are at the required level in most countries, subnational surveillance quality gaps remain, and initiatives are ongoing to strengthen AFP surveillance and SIA quality in the lowest performing countries. Environmental surveillance is being expanded to include DR Congo, Madagascar and Burkina Faso in 2015, and S. Sudan, Central African Republic and possibly other countries in 2016³.
- The African Regional Certification Commission (ARCC) met in June 2015 and reviewed progress towards regional certification. NCCs in most countries have had refresher trainings on polio eradication, and on their roles and responsibilities as NCC. Overall, as of September 2015, full

³ Countries for expansion of environmental surveillance in 2016 are regional, not global priorities.

national documentation has been accepted from 29 of 47 MS; 4 countries will present final documentation at the next ARCC meeting to be held in Madagascar in November 2015.

Recommendations:

- ***The GCC acknowledges the considerable progress made towards interrupting WPV transmission, and towards certification in the African Region.***
- ***The GCC is concerned by the relatively slow speed of progress to finalize containment Phase I, to complete inventories according to the GAP III timeline, and to formalize the decisions to destroy unneeded and contain needed WPV2 materials in AFR MS; the Commission encouraged the ARCC and WHO AFRO to pro-actively work with all countries to finalize Phase I as soon as possible and submit relevant reports.***

b) Region of the Americas

- The Americas became a global leader in polio eradication and were the first WHO Region to be certified WPV-free by an independent Regional Certification Commission more than 24 years ago; this Commission was dissolved following regional certification in 1994. However, a 'Regional Certification Commission for the Polio Endgame for the Americas' (RCC) was recently re-established in the Region; main TORs of the new Commission are to assure that the Region has fulfilled all necessary requirements for the polio endgame, according to the GPEI's Global 2013-18 Strategic Plan.
- Independent NCCs are currently being re-established to assess, verify and present 'national endgame documentation'. The first RCC meeting was held in June (at PAHO), and the second meeting followed in August 2015 in Bogota, Columbia. The Commission will meet again in Brazil in December 2015.
- The majority of the 35 WHO MS in the Region of the Americas responded to the request for information on the 'last WPV2', except for two countries - Guatemala and Bolivia; data is available from the Regional laboratory database to indicate that WPV2 has never previously been detected in both countries.
- Responses were also received from 10 of the 11 non-MS territories which belong to PAHO, but are not WHO Member States; this includes reports on WPV2 from public health administrations of all Caribbean island territories which are overseas territories linked to France, the Netherlands and the UK.
- The last WPV2 in the Americas was detected in 1989 in Peru - the same country which reported the last (type 1) wild poliovirus case in the Region overall in 1991.
- Phase I of the containment global action plan III (GAP III) was adapted in the Region to target WPV infectious and potentially infectious material of *all types*, not just WPV2, to be either destroyed or contained in poliovirus-essential facilities by the end of 2015. 41 of 45 expected national containment coordinators have been designated. The implementation of GAP III was discussed at the RCC meeting in August 2015 in Bogota. It is hoped that reports describing the updated WPV2 inventory, including the formal decision to destroy unneeded and contain needed WPV2 materials (under GAP III) will be received by end-January 2016.

- AFP surveillance has been maintained in all countries of the Americas; however, AFP quality varies considerably by country, and the adequacy of stool samples has become an issue in recent years. Reported OPV3 coverage is maintained at 90% overall, with a slightly decreasing trend since 2011.

Recommendations:

- *The GCC recognizes the great achievements in polio eradication in the Americas, which became the first Region to be certified polio-free and served as a model to initiate PE efforts globally. The GCC also welcomes the re-established RCC and looks forward to close and fruitful collaboration.*
- *The GCC recognizes the impressive efforts made by the new RCC to date to achieve the necessary prerequisites for the 'switch'. At the present time, PAHO has decided to address all WPV in Phase I activities, not just WPV2.*
- *However, the GCC notes that a considerable amount of work needs still to be done in the Region and urges acceleration of activities as much as possible to complete Phase I (GAP III) by the required deadline.*

c) Eastern Mediterranean Region

- All MS except 1 (Libya) have responded to the request for information on the last WPV2. The last WPV2 detected in the Region was reported from Afghanistan in 1997.
- Work on containment is progressing, led by National Containment Coordinators in all countries who are working on completing the GAP III / Phase I survey and inventory. Known WPV2 material has already been destroyed in all countries except in Pakistan; however, it is anticipated that all WPV2 material will be destroyed by end-2015. Updated reports on completion of Phase I are expected to identify any additional unneeded WPV2 materials for destruction or containment in designated essential facilities.
- 15 of 21 MS have already introduced IPV, with the remainder planning to introduce IPV by January 2016; it is unclear when IPV will be introduced in Yemen, given the current armed conflict.
- The epidemiological situation in the Region is encouraging. After a resurgence of polio in 2014, 2015 saw great progress in Pakistan, with only 32 cases reported to date, compared to 145 cases at the same time in 2014. No case has been reported from Karachi City since October 2014.
- Progress in Pakistan is mainly due to much improved government commitment, establishment of national and provincial Emergency Operations Centers (EOCs) for polio eradication, the use of a number of innovative approaches to reach and vaccinate children persistently missed by SIAs, and a documented substantial decline in the number of children missed during SIAs.
- The Afghanistan programme has not seen the same level of progress in 2015 as in Pakistan. The new Afghan government has expressed its commitment for the national polio initiative, which needs to be further complemented through engaging newly appointed provincial governors in key provinces. The program has developed a new National Emergency Action Plan (NEAP) for polio eradication and is focusing all efforts on reaching persistently missed children in known high-risk areas; EOCs are being established at the national level and in the Eastern and Southern

Region. Negotiations are ongoing with all parties to the conflict to gain access to the relatively small areas which remain inaccessible during SIAs.

- The last cVPDV2 cases occurred in Pakistan in December 2014, and in Afghanistan in March 2013.
- There has been progress towards regional certification, with final national documentation accepted from 17 / 22 EMR Member countries; the two endemic countries submit annual progress reports.

Recommendations:

- ***The GCC noted the good progress made towards interrupting transmission in the Region, including the encouraging decrease in reported cases in Pakistan, just before the high transmission season.***
- ***The Commission also commended the progress made towards implementing containment activities for Phase I of GAP III, and urged WHO to continue working with all governments to assure the timely completion of phase I of GAP III.***

d) European Region

- By the time of the Bali GCC meeting, only 2 of 53 EUR MS - Italy⁴ and San Marino - had not responded to the request for information on 'last WPV2'; according to the regional lab network, Italy detected WPV2 last in 1980.
- PV containment and GAP III implementation in the Region are of high priority globally, but also face particular hurdles, because of the presence of 4 Salk-IPV manufacturers. Compliance with GAP III of these IPV manufacturers is not demonstrated yet, and is anticipated to require considerable effort and resources. Meetings on the need to comply with GAP III have been held with manufacturers. Additional meetings with national authorities and manufacturers of Salk IPV are planned to develop a clear roadmap for establishing national regulations, as well as for the implementation and certification of containment.
- The engagement of national authorities for containment (NACs) of these countries will need to be further optimized. An advocacy strategy is being prepared to improve engagement and response from concerned countries.
- Most countries in the Region already use IPV either exclusively (33 countries) or in an IPV-OPV sequential schedule (12 countries). IPV introduction in the remaining countries is proceeding well, and it is expected that all 53 MS will have at least 1 IPV dose in their schedule by April 2016.
- The work of the RCC EUR continues to be based largely on a detailed risk assessment, using standard immunization and surveillance indicators to quantify risk, as well as on expert opinion. There are currently three countries assessed at high-risk of outbreaks following importation: Ukraine, Romania, and Bosnia-Herzegovina. The current large influx of migrants and refugees is rapidly changing the risk profile in parts of several EUR countries.
- The RCC continues to be deeply concerned, specifically about Ukraine, where a cVDPV 1 outbreak is ongoing, and where the risk of an outbreak following importation is high. The

⁴ Italy sent its formal response shortly after the Bali meeting of the GCC.

Ukraine NCC was particularly concerned about serious gaps in AFP surveillance, which has been virtually absent since 2014 in the conflict areas of eastern Ukraine.

- The Region also continues to conduct polio outbreak simulation exercises (POSE), at country, regional and also inter-regional level, to test the existing polio outbreak preparedness plans. The RCC / EUR strongly encourages other Regions to conduct similar simulation exercises, since much can be learned by actually testing outbreak preparedness plans; polio outbreak response plans are being aligned with other emergency response activities.

Recommendations:

- ***The GCC noted the effective use of risk assessment as well as outbreak response exercises in the Region, and recommends that other Regions promote the use of the POSE tool***
- ***The GCC strongly encourages WHO to work closely with both IPV manufacturers and their respective national authorities to assure their urgent compliance with GAP III recommendations.***

e) South-East Asian Region

- All eleven MS reported back on the 'last WPV2'; 7 of 11 never detected WPV2, while 3 MS reported their last WPV2 in 1993 (Sri Lanka, Thailand) and 1999 (India, this is the last reported WPV2 case globally).
- National containment task forces are active in all MS, with WHO currently visiting all countries to support completion of Phase I and preparations for Phase II. A regional workshop on containment for 11 National Containment Coordinators will be held in November 2015, and work is ongoing with GPLN labs on the implementation of GAP III requirements.
- Regional WPV2 infectious / potentially infectious material has been consolidated in one facility in India. India and Indonesia are considering the designation of 'PV-essential facilities', including laboratory and S-IPV production facilities. In India, potentially infectious material in 49 facilities will be destroyed or transferred to only one PV-essential facility before end-2015.
- IPV introduction in the context of OPV2 withdrawal is proceeding; 6 MS have introduced IPV (Nepal, Maldives, Bangladesh, DPR Korea, Sri Lanka and Bhutan), and 4 other MS have plans to introduce IPV by December 2015. Indonesia currently plans to introduce IPV in July 2016.
- Following regional certification in 2014, NCCs were instructed to remain operational and begin to focus on activities towards keeping countries and the Region free of polio; the NCC TORs will be updated accordingly. The RCC has updated its TORs to address the needs of the endgame strategy, through 2018, and is currently concentrating on the readiness for OPV2 withdrawal.
- AFP surveillance overall is at the required level nationally in 8 of 11 MS, with non-polio AFP rates below 2/100.000 only in Myanmar, Sri Lanka and Timor L'Este. The Region plans to conduct combined EPI programme and VPD surveillance reviews in four countries in 2015-16. Environmental surveillance for PVs is ongoing in India, Indonesia and Bangladesh. There is a plan to expand environmental surveillance to Myanmar, Nepal, Thailand and Timor L'Este in 2016.
- In June 2015, VPDV2 was detected in a child in Myanmar (AFP case, not immune-compromised), with no current evidence of circulation. Two tOPV SNIDs in low RI coverage areas are being considered. VDPV2 was detected in AFP cases and through environmental surveillance in India

in 2014 and 2015; 3 of the VDPV2 isolates detected in 2015 were found in one sampling site in Punjab. The three isolates were genetically linked, with epidemiological and virological evidence indicating that the source may have been a possibly immune-deficient individual. Follow-up samples from the same site have so far been negative.

- Routine immunization is a concern in five MS including India - which continues to do multiple SIAs and RI catch-up campaigns.

Recommendations:

- ***The GCC recommends that WHO systematically work with MS to prepare for OPV2 withdrawal in April 2016, and is encouraged to hear about plans for only 1 poliovirus-essential laboratory facility in India, with possibly a few more poliovirus-essential s-IPV vaccine production facilities in India and Indonesia.***
- ***The GCC appreciates the thorough approach taken by India to investigate and clarify the circumstances of detecting genetically linked VDPV2 repeatedly from environmental samples in Punjab, and to implement supplementary tOPV response activities in low-coverage areas.***

f) Western Pacific Region

- All MS and non-MS territories in the Region, except one non-MS territory (Pitcairn island, total population < 20) have responded to the 'last WPV2' query; no country reports WPV2 since the last WPV2 case was reported from Lao People's Democratic Republic in 1993⁵.
- Completion of Phase I of GAP III is delayed in the Region, and some countries are at risk of missing the end-2015 deadline. GAPIII implementation training workshops for candidate poliovirus-essential facilities, NACs and other stakeholders are planned in February 2016.
- IPV introduction pre-switch is assured in the majority of countries by the end of 2015; there are delays for Mongolia and Vietnam (both countries belong to 'risk tier 4 countries') until 2016 due to IPV supply constraints. All national switch plans are on-track, as is the licensing of bOPV. Additional resources are needed for training and monitoring around the switch.
- The last indigenous WPV was reported in 1997, and the last importation-related case occurred in China in 2011. The most recent regional risk assessment labeled Cambodia, PNG and the Philippines as 'high risk'; sub-national assessments show elevated risk also in parts of China.
- During 2014-15, polio SIAs were conducted in part of China, the Philippines, Lao PDR and PNG.

Recommendations:

- ***The Commission strongly encourages WHO to support countries in their endeavors to accelerate progress towards meeting the GAP III, Phase I timelines i.e. completion of the Phase I inventory by the end of this year, including formal decisions to destroy unneeded and contain needed WPV2 materials.***

⁵ As of the finalization of this report, a new outbreak of circulating VDPV1 in Lao PDR is being responded to with a series of large-scale SIAs targeting < 15 yr olds.