WHO statement on the third meeting of the International Health Regulations Emergency Committee regarding the international spread of wild poliovirus

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The third meeting of the Emergency Committee under the IHR (2005) regarding the international spread of wild poliovirus in 2014 was convened by the Director-General through electronic correspondence from 2 through 7 November 2014.1 The following IHR States Parties submitted an update on the implementation of the Temporary Recommendations since the Committee last met on 31 July 2014: Cameroon, Equatorial Guinea, Pakistan and the Syrian Arab Republic.

The Committee noted that the international spread of wild poliovirus has continued since 31 July 2014, with at least 3 new exportations from Pakistan into neighbouring Afghanistan. There has been no other documented international spread of wild poliovirus since March 2014.

The risk of new international spread from Pakistan was assessed to have increased substantively since 31 July 2014, as cases have escalated during the current high transmission season and there has been no significant improvement in the underlying factors that are driving transmission in the country. The risk of new international spread from the other 9 currently infected States appears to have declined, with only 2 of those States having reported new cases since 31 July: Somalia (1 case) and Afghanistan (7 cases, most of which were due to imported virus).

The Committee remains concerned that implementation of the Temporary Recommendations is still incomplete, especially as immunization systems have continued to deteriorate in a number of the countries at greatest risk of new importations, particularly those affected by conflict. The Committee concluded that the countries identified at its 2nd meeting as ‘States currently exporting wild poliovirus’ or ‘States infected with wild poliovirus but not currently exporting’ had not met fully the criteria for removing the recommended measures for reducing the risk of international spread of wild poliovirus. These criteria require documentation of the full application of high quality eradication activities in all infected and high-risk areas of these countries and that at least 6 months have passed without an exportation or, in the case of non-exporting countries, detection of wild poliovirus transmission from any source.

The Committee assessed that the event still constitutes a Public Health Emergency of International Concern and recommended the extension of the Temporary Recommendations for a further 3 months.

Recognizing the escalating wild poliovirus transmission in Pakistan, with more reported cases than at any time in the past 14 years and ongoing cross-border exportation of the virus, the Committee provided the following additional advice to the Director-General for

her consideration to reduce further the risk of international spread of wild poliovirus:

- Pakistan should restrict at the point of departure the international travel of any resident lacking documentation of appropriate polio vaccination. These recommendations apply to international travellers from all points of departure, irrespective of the means of conveyance (e.g. road, air, sea);
- Pakistan should note that the recommendation stated previously for urgent travel remains valid (i.e. those undertaking urgent travel who have not received appropriate polio vaccination must receive a dose of polio vaccine at least by the time of departure and be provided with appropriate documentation of that dose);
- in advance of the next meeting of the Committee, Pakistan should provide to the Director-General a report on the implementation by month of the Temporary Recommendations on international travel, including the number of residents whose travel was restricted and the number of travellers who were vaccinated and provided appropriate documentation at the point of departure.

If the existing and additional Temporary Recommendations for the vaccination of travellers from Pakistan cannot be fully implemented by the time the Committee next meets, the Committee will consider additional measures such as entry screening to reduce the risk of international spread.

The Director-General accepted the Committee's assessment and declared that the international spread of wild poliovirus continued to constitute a PHEIC. The Director-General endorsed the Committee's additional advice on reducing the risk of international spread from Pakistan. The Director-General thanked the Committee Members and Advisors for their advice, requested their reassessment of this situation within three months and issued the following Temporary Recommendations under the IHR (2005), effective 13 November 2014:

States currently exporting wild poliovirus

Pakistan, Cameroon, Equatorial Guinea and the Syrian Arab Republic should:

- officially declare, if not already done, at the level of head of state or government, that the interruption of poliovirus transmission is a national public health emergency;
- ensure that all residents and long-term visitors (i.e. > 4 weeks) receive a dose of OPV or inactivated poliovirus vaccine (IPV) between 4 weeks and 12 months prior to international travel;
- ensure that those undertaking urgent travel (i.e. within 4 weeks), who have not received a dose of OPV or IPV in the previous 4 weeks to 12 months, receive a dose of polio vaccine at least by the time of departure as this will still provide benefit, particularly for frequent travellers;
- ensure that such travellers are provided with an International Certificate of Vaccination or Prophylaxis in the form specified in Annex 6 of the International Health Regulations (2005) to record their polio vaccination and serve as proof of vaccination;

- maintain these measures until the following criteria have been met: (i) at least 6 months have passed without new exportations and (ii) there is documentation of full application of high quality eradication activities in all infected and high risk areas; in the absence of such documentation these measures should be maintained until at least 12 months have passed without new exportations.

Pakistan should in addition:

- restrict at the point of departure the international travel of any resident lacking documentation of appropriate polio vaccination. These recommendations apply to international travellers from all points of departure, irrespective of the means of conveyance (e.g. road, air, sea);
- note that the recommendation stated previously for urgent travel remains valid (i.e. those undertaking urgent travel who have not received appropriate polio vaccination must receive a dose of polio vaccine at least by the time of departure and be provided with appropriate documentation of that dose);
- in advance of the next meeting of the Committee, should provide to the Director-General a report on the implementation by month of the Temporary Recommendations on international travel, including the number of residents whose travel was restricted and the number of travellers who were vaccinated and provided appropriate documentation at the point of departure.

States infected with wild poliovirus but not currently exporting

Afghanistan, Ethiopia, Iraq, Israel, Nigeria and Somalia should:

- officially declare, if not already done, at the level of head of state or government, that the interruption of poliovirus transmission is a national public health emergency;
- encourage residents and long-term visitors to receive a dose of OPV or IPV 4 weeks to 12 months prior to international travel; those undertaking urgent travel (i.e. within 4 weeks) should be encouraged to receive a dose at least by the time of departure;
- ensure that travellers who receive such vaccination have access to an appropriate document to record their polio vaccination status;
- maintain these measures until the following criteria have been met: (i) at least 6 months have passed without the detection of wild poliovirus transmission in the country from any source, and (ii) there is documentation of full application of high quality eradication activities in all infected and high risk areas; in the absence of such documentation these measures should be maintained until at least 12 months without evidence of transmission.

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1 Emergency Committee Members and Advisors: list of names, affiliations and interests
The same Members and Advisors were invited to both meetings of the Emergency Committee.

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