

WHO Guidance for implementation of the IHR Temporary Recommendations under the IHR (2005) to reduce the international spread of polio

4 August 2014

Purpose of this document

On 5 May 2014, the Director-General of the World Health Organization (WHO) declared the international spread of wild poliovirus (WPV) a Public Health Emergency of International Concern (PHEIC). The declaration followed advice given by an Emergency Committee under the International Health Regulations (IHR) that was convened to assess whether the international spread of polio in 2014, during what is normally the 'low' season for poliovirus transmission, constituted a PHEIC. With the imminent 'high' season for poliovirus transmission (May to November/December), the Committee advised that a coordinated international effort is needed to address this extraordinary event. The Director-General has made a number of Temporary Recommendations under the IHR (2005) to reduce the risk of further international spread of wild poliovirus. These Temporary Recommendations were effective as of 5 May 2014.

On 31 July 2014, the second meeting of the IHR Emergency Committee on the International Spread of Wild Poliovirus convened. Under the IHR, the Director-General had committed to reconvene the Committee within three months of the original meeting to re-assess the situation.

This document aims to provide updated guidance to countries in implementing Temporary Recommendations and address any external enquiries as necessary.

Background

During the Executive Board (EB) meeting of WHO in January 2014, Member States expressed alarm at the escalating international spread of WPV during 2013 and requested the Director-General convene an IHR Emergency Committee to consider and provide views to the Director-General on:

1. Whether the international spread of WPV constitutes a PHEIC; and if yes,
2. What Temporary Recommendations should be considered to reduce the risk of international spread.

On 28-29 April 2014, the Emergency Committee was convened, and determined that the current international spread of WPV in 2014, during what is normally the 'low' season for poliovirus transmission, is an extraordinary event and a public health risk to other countries. A coordinated international response was deemed essential to prevent this from worsening with the imminent 'high' season for poliovirus transmission. The Director-General subsequently declared the current situation a PHEIC.

In 2014, ten countries have active WPV transmission that could spread to other countries through population movements. During the period January to June 2014, WPV spread internationally in three major epidemiologic zones: in central Asia (from Pakistan to Afghanistan); in the Middle East (from Syria to Iraq); and, in central Africa (from Cameroon to Equatorial Guinea, and from Equatorial Guinea to Brazil).

On 31 July 2014, the Emergency Committee at its second meeting reassessed the situation and examined actions that countries have taken to implement the Temporary Recommendations since the declaration of the PHEIC, and the actions to implement polio eradication strategies. In summary, the Emergency Committee advised that conditions for a PHEIC continue to be met, and that the Temporary Recommendations should remain in place. On 3 August 2014, the Director-General accepted the assessment of the Emergency Committee, and declared that the international spread of WPV in 2014 continues to constitute a PHEIC, and extended the Temporary Recommendations for 3 months, effective 3 August 2014.

The full report of the second meeting of the Emergency Committee is available [here](#).

Definitions

States with active transmission of wild poliovirus:

(defined as detection or evidence of active transmission of wild poliovirus within the previous six months, as at end July 2014):

- Islamic Republic of Pakistan (endemic country)
- Syrian Arab Republic
- Equatorial Guinea
- Cameroon
- Afghanistan (endemic country)
- Ethiopia
- Iraq
- Israel (positive environmental samples only)
- Nigeria (endemic country)
- Somalia

States Currently (since 1 Jan 2014) Exporting Wild Poliovirus

- Islamic Republic of Pakistan
- Syrian Arab Republic
- Equatorial Guinea
- Cameroon

States Infected with Wild Poliovirus but Not Currently Exporting (since 1 Jan 2014)

- Afghanistan
- Ethiopia
- Iraq
- Israel
- Nigeria
- Somalia

These lists will be updated within one day of confirmation of new active transmission or a new exportation and published on the global polio eradication web site managed by WHO at: <http://www.polioeradication.org/Infectedcountries/PolioEmergency.aspx>

States Currently Exporting Wild Poliovirus

Pakistan, Cameroon, Equatorial Guinea and the Syrian Arab Republic pose the greatest risk of further wild poliovirus exportations in 2014. These States 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. > four weeks) receive a dose of oral polio vaccine (OPV) or inactivated poliovirus vaccine (IPV) between four weeks and 12 months prior to international travel;
- ensure that those undertaking urgent travel (i.e. within four weeks), who have not received a dose of OPV or IPV in the previous four 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 two criteria have been met: (i) at least six 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.

Once a State has met the criteria to be assessed as no longer exporting wild poliovirus, it should continue to be considered as an infected State until such time as it has met the criteria to be removed from that category.

States Infected with Wild Poliovirus but Not Currently Exporting

Afghanistan, Ethiopia, Iraq, Israel, Somalia and particularly Nigeria, given the international spread from that State historically, pose an ongoing risk for new wild poliovirus exportations in 2014. These States 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 four weeks to 12 months prior to international travel; those undertaking urgent travel (i.e. within four 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 six 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.

Any polio-free State which becomes infected with wild poliovirus should immediately implement the advice for ‘States infected with wild poliovirus but not currently exporting’. The WHO Director-General should ensure an international assessment of the outbreak response is undertaken within one month of confirmation of the index case in any State which becomes newly infected. In the event of new international spread from an infected State, that State should immediately implement the vaccination requirements for ‘States currently exporting wild poliovirus’.

WHO and its partners should support States in implementing these recommendations.

Summary of vaccination recommendations for travellers

Travellers from States Currently Exporting Wild Poliovirus:

- all residents and long-term visitors (i.e. > four weeks) should receive a dose of oral polio vaccine (OPV) or inactivated polio vaccine (IPV) between four weeks and 12 months prior to international travel;
- those undertaking international urgent travel (i.e. within four weeks), who have not received a dose of OPV or IPV between four weeks to 12 months prior to travel, should receive a dose of polio vaccine at least by the time of departure as this will still provide benefit, particularly for frequent travellers;
- as proof of vaccination, travellers should receive an official certificate of vaccination. The International Certificate of Vaccination or Prophylaxis is the form specified in Annex 6 of the International Health Regulations (2005) to record polio vaccination and serve as proof of vaccination, available at: www.who.int/entity/ihr/ports_airports/icvp/en/index.html, or can be ordered from: <http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=0&codcol=69&codcch=1000>

Travellers from States Infected with Wild Poliovirus but Not Currently Exporting:

- all residents and long-term visitors should be encouraged to receive a dose of OPV or IPV four weeks to 12 months prior to international travel;
- those undertaking urgent travel (i.e. within four weeks) should be encouraged to receive a dose at least by the time of departure;
- travellers who receive such vaccination should be provided an appropriate document that records their polio vaccination status (such as the International Certificate of Vaccination or Prophylaxis)

Guidance for polio-free countries

States receiving travellers from polio-infected States

- There are no Temporary Recommendations for polio-free States.
- However, any polio-free State which becomes infected with wild poliovirus should immediately implement the advice for ‘States infected with wild poliovirus but not currently exporting’.

Note: Some countries already have polio vaccination requirements for entry (e.g. the Kingdom of Saudi Arabia, India), and others may decide to put additional measures in place to prevent the spread of poliovirus.

Additional health measures

- Polio-free countries are encouraged to enhance surveillance for polioviruses to rapidly detect any importation.

Travellers from polio-free States to polio-infected States

- While there are no Temporary Recommendations under the IHR affecting short term travellers from polio-free countries to polio-infected countries, WHO recommends that all persons travelling to polio-infected areas be fully vaccinated against polio prior to travel, as recommended in WHO’s International Travel and Health, available at <http://www.who.int/ith/en/>. In summary:
 - All travellers from polio-free countries should ensure that they have completed the age-appropriate polio vaccine series, according to their respective national immunization schedule. Adult travellers to polio-infected areas who have previously received three or more doses of OPV or IPV should also be given another one-time booster dose of polio vaccine. Travellers to polio-infected areas who have not received any polio vaccine previously should complete a primary schedule of polio vaccination before departure.
- Long-term visitors to polio-exporting and other polio-infected countries are subject to the same WHO Temporary Recommendations as local residents of that country. Individuals from polio-free countries who are planning to travel and stay in a polio-infected country for more than four weeks should consider receiving a dose of polio vaccine before departing their home country as proof of such vaccination, as above, may be required when they seek to leave the polio-infected country to return home.

Practical considerations for implementation of recommendations

The following actions may be considered to support implementation of the Temporary Recommendations:

States Currently Exporting Wild Poliovirus

- Putting in the necessary mechanisms to ensure the implementation of the recommendations and to respond to frequently asked questions by relevant stakeholders, such as medical professionals and their professional bodies.

- Ensuring sufficient supply of polio vaccine.
- Establishing vaccination posts at key border crossings, international airports and seaports.
- Communicating recommendations widely to general public, medical professionals, caregivers, travel associations, airlines, etc
- Ensuring sufficient supplies of the International Certificate of Vaccination or Prophylaxis.
- Putting in place mechanisms to monitor implementation of the recommendations, and publicly report on implementation.
- Communicating with sub-national health authorities including health officials at international points of entry and exit to ensure these recommendations are received, understood and implemented.

States Infected with Wild Poliovirus but Not Currently Exporting

- Put in the necessary mechanisms to ensure the implementation of the recommendations and to respond to frequently asked questions by relevant stakeholders, such as medical professionals and their professional bodies.
- Ensuring sufficient supply of polio vaccine.
- Communicating recommendations widely to general public, medical professionals, caregivers, travel associations, airlines, etc
- Making available appropriate documents to record the polio vaccination status of travellers.
- Putting in place mechanisms to monitor implementation of the recommendations, and publicly report on implementation.

Vaccines

- Any poliovirus type 1 containing vaccine can be used (e.g. tOPV, bOPV or IPV).
- WHO pre-qualified polio vaccines should be considered acceptable for the purposes of vaccinating travellers from polio-infected countries
- Nationally-licensed polio vaccines not yet submitted for WHO pre-qualification may also be considered acceptable for this purpose.

Special considerations

- All travellers, regardless of age, should receive vaccine.
- Pregnant women should be vaccinated as there is no evidence that OPV or IPV are unsafe for pregnant women and their unborn children¹.
- Patients with severely depressed immune function can be safely vaccinated with inactivated polio vaccine (IPV). OPV should not be given to patients whose immune system is severely depressed because of known underlying diseases such as certain primary immunodeficiencies, or to patients on medications which severely depress the body's immune system.

¹ The WHO position paper on polio vaccines, published on 28 February 2014 in the WHO's Weekly Epidemiological Record (89th year, No. 9, 2014, 89, page 73–92)

Administrative issues and timelines

- Wild poliovirus exporting countries in particular will need to reinforce the capacity to vaccinate travellers prior to departure, issue certificates, communicate to the public, and, potentially, screen at border points in order to assess the polio vaccination status of departing travellers and to manage any health measures applied to them as appropriate, in accordance with the Temporary Recommendations and the IHR.
- These recommendations were effective immediately, from 5 May 2014 and extended on 3 August 2014. It is expected that countries will rapidly progress to full implementation.
- Temporary recommendations are valid for three months and may be extended or modified by the Director General. On 3 August, the Director-General requested the Emergency Committee to reassess the situation in three months.

Monitoring and Information Sharing

- Poliomyelitis due to wild type poliovirus must be reported to WHO within 24 hours of confirmation.
- WHO will continue to monitor daily the global epidemiological situation of wild poliovirus, in both infected and polio-free countries. In the context of the Temporary Recommendations, it is very important to determine as quickly and clearly as possible whether a detected wild poliovirus isolate is 'imported' from another country or due to continued local poliovirus transmission. This determination will be made by WHO, based on epidemiologic information and genetic sequencing analysis of poliovirus strains conducted by an expert reference laboratory of the Global Polio Laboratory Network.
- Whenever there is a change in a country's status with regard to infection with wild poliovirus or exportation of wild poliovirus, the list of infected countries in each category will be updated immediately at <http://www.polioeradication.org/Infectedcountries/PolioEmergency.aspx>

The Global Polio Eradication Initiative (GPEI) website

- Global polio cases are reported weekly on the following web site: <http://www.polioeradication.org/Dataandmonitoring.aspx>

Disease outbreak news website

- Significant developments in polio epidemiology and/or risks, such as the spread of polio to a previously polio-free country, are reported in Disease Outbreak News at <http://who.int/csr/don/en/>

Event Information Site for IHR National Focal Points

- This website has been developed by WHO to facilitate secure communications with the IHR National Focal Points (NFP) as part of the implementation of the International Health Regulations (2005). Information on this site is provided by WHO to National Focal Points. Information on newly-polio infected or newly polio-exporting countries, will also be shared with the IHR National Focal Points through this event information site. The site is password protected and can be found at:
<http://apps.who.int/ihr/eventinformation/>

Communicating to target audiences

Below is a basic, step-by-step guide to assist Member States in their efforts to communicate the implications of the International Health Regulations Temporary Recommendations regarding polio to key stakeholders and populations.

1. Develop objectives:

- Clearly identify what aims the communications strategy will achieve.
- Some potential objectives might include:
 - to inform international travellers of vaccination requirements
 - to assist doctors to answer patients' questions
 - to help consulates accurately advise international travellers

2. Identify target audiences:

- Internal audiences (eg national and subnational government staff and staff within partner organizations and MoH)
- Professional audiences (e.g. paediatric associations, medical doctors, nurses, other caregivers)
- Broader audiences (eg. consulates, travellers, travel agencies, travel associations, airlines)
- Media (eg. General media, scientific media, health reporters)

3. Develop key messages:

- Tailor towards each target audience.

4. Identify spokespersons and provide training as appropriate:

- To be trained on key messages, and broader media training, as necessary and appropriate. Some potential spokespersons include:
 - MoH spokespersons
 - Independent experts
 - Caregivers and parents

5. Communicate:

- Choose channels of communication based on the target audience
- Potential channels of communication include:
 - Media
 - Social media
 - Public service announcements
 - Website content

- SMS
- Email
- Posters, billboards, brochures, guidebooks and other materials

6. Monitor impact:

- Measure the impact of your communications. Is your message getting through? Adjust your strategy as appropriate.

Further information

In addition to the WHO and Polio Eradication websites, further information can be requested at polioIHR@who.int

Summary of actions undertaken by countries in response to the PHEIC declaration in May

Pakistan

Emergency Declaration: the Prime Minister had previously declared polio a National Emergency and heads a National Task Force for Polio Eradication which last met in September 2013. Establishment of an Emergency Operation Cell (EOC) is under discussion. **Vaccination of Travellers:** the federal Ministry immediately convened an urgent meeting with provincial governments, developed a plan of action and issued SOPs for vaccination of travellers. Within 1 week, provincial Governments authorized district health officers (DHOs) and key health facilities to vaccinate travellers and issue certificates. Thirteen vaccination sites have been established, including air, sea and land entry/exit points, with 564,454 travellers vaccinated as of mid-July. Border vaccination posts with Afghanistan continue to function; 76,697 arriving children were vaccinated during May and June 2014. Temporary certificates were initially issued based on the international vaccination certificate (and the vaccination certificate used for Haji/pilgrims in Pakistan); ‘yellow cards’ have now been printed.

Eradication Activities: since the PHEIC declaration, Sub-national OPV Immunization Days (SNID) were conducted on 5-7 May (11.3 m children in 50 districts) and 19-21 May (3.9 m children). Additional, targeted campaigns have been conducted based on the evolving epidemiology, including 4 OPV campaigns to vaccinate Internally Displaced Persons (IDPs) from the key infected agency of North Waziristan after the major military operation began there in June. Coverage in accessible areas is generally reported at 80-90% or higher. However, key areas of the Federally Administered Tribal Areas (FATA) and within the major cities of Peshawar and Karachi remain at best partially vaccinated. Nine OPV campaigns are planned for the coming 6 months.

Polio surveillance performance indicators are above international standard. Activities to enhance surveillance include a national workshop on 15 May, orientation of 3,210 Health Care Providers, and a cross-border meeting with Afghanistan (10-11 July).

Equatorial Guinea

Emergency Declaration: the government has created an inter-ministerial crisis management committee chaired by the Prime Minister which meets monthly. The President and the First Lady launched the national immunization campaign. The Prime Minister has chaired a crisis meeting with Governors.

Vaccination of Travellers: an international vaccination certificate is available and a plan has been established to vaccinate at border crossings. Vaccination at other entry and exit points (2 airports and 5 land crossings) is under discussion.

Eradication Activities: since the index case, 3 OPV campaigns have been conducted targeting children <15 years (April, May), and <5 years (late May). Two campaigns targeting population <15 years are planned for July and August. No campaign has yet achieved 80% coverage throughout the country, and 6 of 7 provinces have not yet achieved international polio surveillance standards.

Syria

Emergency Declaration: following the PHEIC declaration, the Minister of Health wrote to the Minister of the Interior to open vaccination centres for international travellers and to the directors of health in the Governorates to implement the IHR temporary recommendations. A draft declaration of polio as a national emergency is pending Government approval.

Vaccination of Travellers: an official vaccination site was established for international travellers in Damascus. On 13 July a new site was opened at the main border between Syria and Lebanon with 800 travellers vaccinated and certificates issued on the first day of operation. Vaccination is free. The international certificate is available, but in limited number; pending the production of more certificates, governorates have been directed to issue a formal letter for travellers.

Eradication Activities: since 5 May there have been two nationwide OPV campaigns, with coverage of 80% or higher in all governorates. Polio surveillance indicators remain above international standard at national level.

Cameroon

Emergency Declaration: the government announced the outbreak as a public health emergency on 20 June, with an obligation on all long-term residents travelling from Cameroon to be vaccinated against polio. There was a related press release on 23 June. The Government contributed US\$ 400,000 to the outbreak response.

Vaccination of Travellers: 4,869 people have been vaccinated and issued with an international vaccination card as of 14 June 2014, primarily in the two international airports.

Eradication Activities: 3 large-scale OPV campaigns have been implemented since the PHEIC declaration, under the leadership of the Prime Minister and Minister of Health. However, no OPV campaign has achieved 80% coverage in at least 80% of districts. Surveillance strengthening has been initiated, but 5 of 10 provinces have not yet achieved the 2 key international standards for polio surveillance.

Other Countries:

States infected with wild poliovirus but not currently exporting have concentrated their efforts since 5 May on enhancing eradication activities and have not, to the knowledge of WHO, initiated new measures to vaccinate international travellers.