1. IPV INTRODUCTION KEY MESSAGES

Media resource kit

Main Message: The introduction of inactivated polio vaccine (IPV) into routine immunization schedules is a critical step to strengthen routine immunization and achieve a lasting polio-free world

Supporting Messages:

- Thanks to the power of vaccines, a comprehensive approach is being adopted for completing polio eradication and elimination of all polio disease.
- Since the Global Polio Eradication Initiative was formed in 1988, the incidence of polio has been reduced by 99% worldwide, from more than 350,000 cases every year to 416 cases in 2013.
- This progress is thanks to the large-scale use of oral polio vaccine (OPV) and its unique ability to induce mucosal immunity, required to interrupt person-to-person spread of the virus.
- The optimal use of the different available vaccines to prevent paralytic polio and stop poliovirus transmission in different settings is constantly being assessed, and new evidence now demonstrates that adding a dose of IPV is even more effective at stopping the virus and protecting children, than using OPV alone.
- The use of routine immunization as the primary way to deliver IPV will be critical to secure a polio-free future and to help sustain the gains made by the eradication efforts.
- To capitalize on this progress, the global community has put together a plan to secure a lasting polio-free world – the *Polio Eradication and Endgame Strategic Plan 2013-2018*

Main Message: IPV, when administered in conjunction with OPV, has been found to boost mucosal immunity better than administering OPV alone

Supporting Messages:

- Mucosal immunity is needed to interrupt person-to-person spread of poliovirus. OPV has a unique profile to induce mucosal immunity, and hence it has been the primary tool to eradicate polio.
- Although IPV has a limited capacity to induce mucosal immunity when used alone, new evidence shows that when used in conjunction with OPV, IPV can boost mucosal immunity even better than OPV alone.
- By introducing IPV into routine immunization, and using it alongside OPV:

    - Polio-free countries are better protected against polio re-infection or re-emergence
    - Children are better protected from all polio disease
    - Eradication of remaining strains of wild poliovirus transmission will be accelerated
- IPV is an extremely safe vaccine, whether used alone or in combination with other vaccines.
- When receiving IPV during routine immunization, children will also benefit by being immunised with other potentially life-saving vaccines.

Main Message: The introduction of IPV and the eventual phased removal of OPV is necessary to secure a lasting polio-free world, free of all polio disease

OPV is extremely safe and effective at protecting children against lifelong polio paralysis.

The impact of OPV has been dramatic - over the past 10 years, more than 10 billion doses of OPV have been given to nearly three billion children worldwide, preventing more than 10 million cases of polio and reducing disease incidence by more than 99%.

OPV contains attenuated (weakened) polioviruses. On extremely rare occasions, the use of OPV can result in cases of polio due to vaccine-associated paralytic polio (VAPP) and circulating vaccine-derived polioviruses (cVDPVs).

Until now, the benefits of OPV use have far outweighed any small, associated risks. Now that polio eradication is in reach and fewer cases of polio are reported, a new plan has been devised to minimise the small risks of OPV while still achieving the global eradication goal.

For this reason, the Polio Eradication and Endgame Strategic Plan 2013-2018 calls for the global cessation of all OPV in routine immunization programmes as soon as possible after the eradication of wild poliovirus transmission. The Plan was endorsed by the World Health Assembly, and follows technical guidance of the Strategic Advisory Group of Experts on immunization (SAGE), the independent global panel of experts advising the World Health Organization on all matters relating to immunization.

The cessation of OPV will be completed in a phased manner, beginning with a switch from trivalent OPV (containing type 1, 2 and 3 serotypes) to bivalent OPV (containing only type 1 and 3 serotypes). The advantage of this is that wild poliovirus type 2 (WPV2) has been eradicated since 1999, and the type 2 component in trivalent OPV is responsible for virtually all cVDPV cases. There is therefore a public health priority to remove this component as quickly as possible. Following the

eradication of the remaining strains of wild poliovirus type 1 and 3, all OPV use will then be stopped.

IPV is needed to enable countries to maintain immunity levels to all polioviruses, initially to enable sustained immunity to type 2, after the type 2 component in trivalent OPV has been removed with the switch to bivalent OPV. That is why there is a worldwide roll-out of the vaccine across 126 countries by the end of 2015 – the largest globally-coordinated vaccine introduction project in history.

Main Message: Adding at least one dose of IPV into routine immunization schedules will reduce any risks associated with the withdrawal of type 2-containing OPV, by boosting immunity to type 2 poliovirus

Supporting Message:

- The last case of wild poliovirus type 2 was reported in 1999
- This means that the extremely small risk of paralytic polio disease due to the type 2 component of OPV now outweighs its benefits
- IPV protects against all three strains of virus, including type 2 poliovirus.

Main Message: IPV is considered very safe, whether given alone or in combination with other vaccines. It protects children against all three strains of poliovirus, and when used together with OPV, can boost immunity. IPV can be administered to prematurely born infants (i.e., <37 weeks gestation) at the recommended age concurrent with other routine vaccinations.

Supporting Messages

- Children are given vaccines at a young age because this is when they are most vulnerable to life-threatening diseases
- Routine immunization is often the first and only contact a child in developing countries has with primary healthcare, after birth.
- IPV is equally effective when given alone or with other vaccines.
- Multiple injections are an effective and efficient way to help protect the health of children.
- Multiple injections administered by well-trained health workers have a well-established record of safety and acceptance.
- Multiple injections do not increase Adverse Events Following Immunization (AEFI).
- Multiple injections to protect children from life-threatening diseases would mean fewer visits to the health centre for caregivers
- Administering vaccines during a single visit may help prevent missed opportunities to vaccinate due to parents unable to return

Main Message: This will be a vaccine introduction on an entirely unprecedented scale

Supporting Messages

- 126 countries will be working to introduce IPV before the end of 2015, building on previous learning and expertise in introducing new vaccines
- Wild polio cases are at the lowest level in history. With the prospect of eradicating wild poliovirus transmission realistic and achievable in the near-term, aggressive timelines are required to avoid missing this window of opportunity
- Support from all levels of government and civil society will be needed to ensure this introduction is a success

Main Message: Support is available to help countries introduce IPV

Supporting Messages

- Technical assistance is available to countries from WHO and UNICEF regional offices and other immunization partners
- GAVI-eligible and GAVI-graduating countries are entitled to financial support from the GAVI Alliance
- Other lower-middle and middle income countries may access low-cost IPV through UNICEF procurement processes