

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ
WELTGESUNDHEITSORGANISATION
BCEMUPHAЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ

REGIONAL OFFICE FOR EUROPE BUREAU RÉGIONAL DE L'EUROPE REGIONALBÜRO FÜR EUROPA EBPOПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

## Head office:

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark Tel.: +45 45 33 70 00; Fax: +45 45 33 70 01 Email: contact@euro.who.int Website: http://www.euro.who.int

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Date: 28 November 2013

All Ministers of Health in the WHO European Region

Dear Sir/Madam,

## Polio vaccine supply for potential outbreak management

The ongoing polio outbreak in the Middle East and especially the Syrian Arab Republic is becoming a matter of great concern. Globally, there are in addition currently three countries endemic for polio, Afghanistan, Nigeria, and Pakistan, and recent re-introduction of polio into the Horn of Africa and Cameroon. The risk for polio reintroduction into Europe remains high as long as any country remains infected with polio. In fact, this risk has not been significantly increased for the Region of Europe due to recent migrant movements of refugees, asylum seekers and travellers. Through the Regional Certification Commission for Poliomyelitis Eradication, there is a well developed mechanism for assessing the risk of transmission following an importation of wild poliovirus and this is done annually by the Commission for the Region and every Member State. Since environmental samples tested positive for wild poliovirus in Israel this year, additional activities have been conducted to closely monitor the polio free status of the Region.

There are three foundations for ensuring the polio free status of each Member State and the Region, as outlined by the Polio Regional Certification Commission and in regional polio outbreak management guidelines\*. These include 1) high population immunity of both resident and special groups (migratory, underserved, and refugee populations); 2) quality surveillance systems to provide timely alert of potential poliovirus cases; and 3) strong national preparedness plans for outbreak management and response. For quality surveillance, the gold standard remains Acute Flaccid Paralysis (AFP) surveillance. Those countries not conducting AFP surveillance should continue and intensify their environmental and/or enterovirus surveillance.

National preparedness plans should be updated regularly and reflect current global and regional recommendations, including oral polio vaccine (OPV) as the vaccine of choice for outbreak response. Given the tremendous demands on global OPV supply, it is an ongoing challenge to ensure sufficient OPV is available for outbreak management, currently infected countries and countries using the product in routine immunization. The attached Annex provides some details on global efforts to ensure availability of OPV for emergencies in any Member State, as well as polio vaccination recommendations for travellers and refugee populations in your country. WHO can facilitate access to global OPV stocks for any country that may require support.

\* http://www.euro.who.int/ data/assets/pdf\_file/0016/200752/Report-of-the-27th-Meeting-of-the-European-Regional-Certification-Commission-for-Poliomyelitis-Eradication.pdf\_and\_http://www.euro.who.int/\_data/assets/pdf\_file/0008/86498/E91123.pdf

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I trust that you will take appropriate actions on this important issue, particularly to maintain high quality surveillance for wild polio virus circulation and ensure high population immunity in your country. The Vaccine Preventable Diseases and Immunization (VPI) team at the World Health Organization, Regional Office Europe is available to assist as needed and can be contacted at vaccine@euro.who.int.

Please accept the assurance of my highest consideration.

Yours very truly,

Zsuzsanna Jakab, Regional Director