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Polio Communications Protocols: c*VDPV Outbreak*

This document is intended to guide communications by the PACT in the event that there are reports of new cases of cVDPV in a non-endemic country. It should be used in conjunction with previously established standard operating procedures for internal communication. Note that while the protocols call for reactive statements only, a proactive statement may be considered in the case of a major cVDPV outbreak.

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PROTOCOLS

SCENARIO A: WHO first identifies and reports new cVDPV cases through official channels			
STEP	**ACTION**	**PACT LEAD**	**PACT BACK-UP**
Step 1: Alert Core PACT			
Step 1.1	Immediately after WHO HQ confirms new case(s), **Hamid Jafari** alerts **core PACT** and **GHS** of all relevant details, providing information on when cases will be made public, guidance on media inquiries and overview of next steps as per crisis protocols (*core PACT members listed in Appendix IV*)	Sona Bari	Oliver Rosenbauer
Step 2: Update and Approve Documents *(within 6 hours)*			
Step 2.1	*Tailor*: **GHS** updates template Q&A, reactive statement and talking points to reflect relevant information	John Butler	Courtney Hamilton or Sona Bari for GHS off-hours
Step 2.2	*Approval*: **GHS** secures sign-off on documents from **WHO** and other partners as needed	Sona Bari	Oliver Rosenbauer
Step 3: Alert Full PACT and Distribute Documents Internally *(embargoed until cases announced)*			
Step 3.1	*PACT*: **GHS** alerts **full PACT** of new case(s) and distributes cleared documents to share internally as needed (*full PACT members listed in Appendix IV*)	John Butler	Courtney Hamilton
Step 3.2	*Spokespeople*: **GHS** and **partners** distribute cleared documents to pre-identified **third parties** and **agency spokespeople** respectively (*POCs listed in Appendix II*)	John Butler	Courtney Hamilton
Step 3.3	*Country Offices:* **WHO/UNICEF** distribute cleared documents to **country offices**	Sona Bari and Nick Reader	Oliver Rosenbauer, Sarah Crowe
Step 4: Distribute Public Announcement			
Step 4.1	*GPEI Website/Disease Outbreak News (DoN):* **WHO** updates GPEI website with case numbers, distributes Disease Outbreak News to media	Sona Bari	Oliver Rosenbauer
Step 4.2	*Media:* If there are inquiries, **GHS** and **PACT** share reactive statement with reporters; offer spokespeople upon request	John Butler	Courtney Hamilton
Step 4.3	*PACT:* **PACT** refer to talking points and Q&A if asked to comment; refer to WHO for all technical questions	All	N/A

SCENARIO B: Media/national authorities report on new cVDPV cases before they are announced by WHO			
STEP	**ACTION**	**PACT LEAD**	**PACT BACK-UP**
Step 1: Alert Core PACT			
Step 1.1	Immediately after seeing unconfirmed public report of cVDPV cases, **any partner** alerts **core PACT** and **GHS** (*core PACT members listed in Appendix IV*)	All	N/A
Step 2: Determine Report Accuracy *(within 6 hours)*			
Step 2.1	*WHO:* **WHO** connects with country office to determine accuracy of reports	Sona Bari	Oliver Rosenbauer
Step 2.2	*PACT:* **GHS** updates and sends **core PACT** reactive statement on ongoing investigation of cases	John Butler	Courtney Hamilton or Sona Bari during GHS off-hours
Step 2.3	*PACT*: **WHO** follows up with **core PACT** to confirm/deny the report, noting if/when WHO will make official announcement	Sona Bari	Oliver Rosenbauer
Step 3: Update & Approve Documents *(within 6 hours)*			
Step 3.1	*Tailor*: **GHS** updates template Q&A, reactive statement and talking points to reflect relevant information	John Butler	Courtney Hamilton or Sona Bari during GHS off-hours
Step 3.2	*Approval*: **GHS** secures sign-off from **WHO**	Sona Bari	Oliver Rosenbauer
Step 4: Alert Full PACT and Distribute Documents Internally			
Step 4.1	*PACT*: **GHS** alerts **full PACT** and distributes cleared documents to share internally as needed (*full PACT members listed in Appendix IV*)	John Butler	Courtney Hamilton
Step 4.2	*Spokespeople*: **GHS** and **partners** distribute cleared documents to pre-identified **third parties** and **agency spokespeople** respectively (*POCs listed in Appendix II*)	John Butler	Courtney Hamilton
Step 4.3	*Country Offices:* **WHO/UNICEF** distribute cleared documents to **country offices**	Sona Bari and Nick Reader	Oliver Rosenbauer and Sarah Crowe
Step 5A: Public Response – IF REPORTS ARE CONFIRMED			
Step 5a.1	*GPEI Website/DoN:* **WHO** updates GPEI website with case numbers, distributes Disease Outbreak News to media	Sona Bari	Oliver Rosenbauer
Step 5a.2	*Media:* If there are inquiries, **GHS** and **PACT** share reactive statement with reporters; offer spokespeople upon request	John Butler	Courtney Hamilton
Step 5b.3	*PACT:* **PACT** refer to talking points and Q&A if asked to comment; refer to WHO for all technical questions	All	N/A

Step 5B: Public Response – IF REPORTS ARE DENIED			
Step 5b.1	*Media:* If there are inquiries, **GHS** and **PACT** share relevant reactive statement with reporters	John Butler/All	Courtney Hamilton
Step 5b.2	*PACT:* **PACT** refer to relevant reactive statement if asked to comment	All	N/A

APPENDIX I – Template Materials

Talking Points

- [Number of cVDPV cases in country/region due to the outbreak]
    - [Factors contributing to the outbreak (e.g., conflict, highly mobile populations, low immunization rates, insecurity)]
- [Overall status of polio eradication in country/region (e.g., date of last case)]
- [Status of outbreak response activities]
- Circulating vaccine-derived poliovirus (cVDPV) is extremely rare, having caused only 743[1] cases of paralysis in the past decade, while wide-scale oral polio vaccine (OPV) use during that same time prevented more than 10 million cases of paralysis.
    - OPV is very safe, and thanks to its unique ability to stop person-to-person spread of the virus, it is the vaccine through which to end polio.
- To achieve a lasting polio-free world, partners worldwide are actively working to eradicate both vaccine-derived and wild polio.
- The same strategies that are eliminating wild poliovirus also stop cVDPV.
    - As we work toward polio eradication, all countries must maintain strong disease surveillance and ensure all children are vaccinated, particularly in hard-to-reach and underserved areas.
- *IF IN CONFLICT AREA, E.G., CAR:* Conflict poses profound challenges to health systems and undermines immunization programs that are essential to child health.
    - We have stopped cVDPV outbreaks in conflict zones, such as South Sudan, before and have proven strategies to address these situations.
- *IF IN NIGERIA:* The program is intensifying its focus on stopping CVDPV in Nigera
- *IF IN EBOLA-AFFECTED COUNTRY:* The unprecedented Ebola outbreak in [COUNTRY] has profoundly challenged its health systems, and immunization services have been affected.
    - There were nationwide polio immunization campaigns on [DATE], and further campaigns are planned on [DATES]
    - Global polio partners are committed to providing [COUNTRY] with all the assistance it needs to protect its children and end this outbreak.

[1] Sum of cVDPV case numbers from 2004-2014

Q&As

What is circulating vaccine-derived poliovirus (cVDPV)?

- Circulating vaccine-derived poliovirus is a very rare strain of the poliovirus. When a population is under-immunized, the virus strain contained within the oral polio vaccine (OPV) can mutate and spread, causing polio paralysis.
- cVDPVs are extremely rare. In 2014, more than 100 million children were vaccinated against polio, and there were 52 cases of paralysis caused by cVDPV.

Why does the GPEI continue to use OPV when it causes polio and IPV does not?

- OPV is very safe, and thanks to its unique ability to stop person-to-person spread of the virus, it is the vaccine which has been most utilized in the global effort to eradicate polio.
    - OPV has eliminated 99% of wild polio cases worldwide and two of the three types of wild poliovirus. The program would not have been able to do this without OPV.
    - Over the past decade, 10 billion doses of OPV have been given to 2.5 billion children, preventing an estimated 10 million cases of polio.
    - It's also cheap and easy to use, allowing minimally trained health workers to deliver the vaccine.
- OPV and IPV have important but distinct strengths.
    - While IPV protects the individual from paralysis by polio, it does not stop transmission of the disease within a community. OPV remains the primary tool to root out wild polio and cVDPVs.
    - However, once wild polio transmission has been interrupted globally, there will be a complete transition to IPV to eliminate the risk of vaccine-derived poliovirus.

Does this new case of cVDPV in [COUNTRY] mean eradication progress is sliding?

- No. The polio program is prepared for cVDPV and has proven strategies to quickly stop the outbreak.
- A rapid response team of GPEI partners will be on the ground within 72 hours to assist national authorities to plan an effective response.
- GPEI has allocated additional resources to facilitate implementing the initial response.
- Significant global progress against polio in recent years demonstrates that the resources, political will, technical and scientific knowhow, and infrastructure for eradication are largely in place.
- As part of the polio eradication endgame, countries around the world will switch from trivalent to bivalent OPV, which reduces the risk of cVDPV and sets the stage to eventually stop using OPV and transition to the inactivated polio vaccine (IPV), which requires trained health workers to administer, but cannot cause cVDPV.
    - All countries are on track to introduce IPV by the end of 2015.
- As we work toward polio eradication, all countries must maintain strong disease surveillance and ensure all children are vaccinated, particularly in hard-to-reach and underserved areas.

Are we still on track to eradicate polio by the 2018 deadline?

- We've recently seen important progress in the global eradication effort that indicates we are nearing the end.
    - There hasn't been a wild polio case in Nigeria or the entire African continent since summer 2014.

  - Two of the three strains of wild polio appeared to have been eradicated.
  - Outbreaks of cVDPV and wild polio in recent years have been quickly stamped out. The [COUNTRY] government and polio partners are doing everything possible to quickly stop the spread of cVDPV.
  - The transitions to bivalent OPV and then to IPV will eventually ensure there is no risk of cVDPV.
- Eradicating polio by 2018 will be achieved with continued global commitment, and if endemic and polio-affected country governments embrace their leadership roles and enforce accountability at all levels.

Is the original $5.5 billion budget sufficient to address the outbreaks?

- The six-year Strategic Plan accounts for outbreaks and other challenges and budgets for an effective emergency response.
- Having a six-year budget gave the program the flexibility to respond to outbreaks in the Horn of Africa and Middle East while maintaining a strong focus on the endemic countries.
  - We need to continue to push for full funding of the program – fully funding the remainder of the budget is critical to ensure the program can react to new challenges with equal speed, continue executing long-term components of the Strategic Plan and transfer the polio infrastructure to benefit other health programs.
  - At the end of the 2015 low season we will be in a better position to determine if the budget requires modification.
  - The mid-term reviewing of the GPEI's Strategic Plan taking place in mid-2015 will evaluate whether there is a need for any changes to current strategies, as well as potential budget implications.

Statements

1. **Reactive: WHO confirms new cVDPV cases**
   WHO today confirmed reports of [#] cases of circulating vaccine-derived poliovirus (cVDPV) in [COUNTRY], the first case(s) in [# months/years]. [One sentence on outbreak context (e.g., low immunization rates, conflict, Ebola)].

   The [COUNTRY] government and the polio program are working quickly to respond to the outbreak using proven tactics that will prevent further spread of the disease.

   CVDPVs are extremely rare forms of poliovirus mutated from strains in oral polio vaccine (OPV), which can emerge in under-immunized populations. OPV has been a critical tool in eliminating 99% of polio cases worldwide, and while cVDPV is very uncommon, partners are actively working to eradicate both vaccine-derived and wild polio. The same strategies that are eliminating wild poliovirus also stop cVDPV – it remains critical that all countries, in particular [NEIGHBORING COUNTRIES], maintain strong disease surveillance and ensure all children are vaccinated, especially in hard-to-reach and underserved areas.

   For more information on OPV and cVDPV, please see [LINK TO CVDPV FACT SHEET].

2. **Reactive: Media first reports new cases; under WHO investigation**
   WHO is currently investigating reports of circulating vaccine-derived polio (cVDPV) in [COUNTRY]. We will share additional information as soon as it is available.

Regardless of the results of our investigation, to stop both wild polio and cVDPV, it remains critical that all countries maintain strong disease surveillance and ensure all children are vaccinated, particularly in hard-to-reach and underserved areas.

CVDPVs are extremely rare forms of poliovirus mutated from strains in oral polio vaccine (OPV), which can emerge in under-immunized populations. OPV has been a critical tool in eliminating 99% of polio cases worldwide, and while cVDPV is very uncommon, partners are actively working to eradicate both vaccine-derived and wild polio.

For more information on OPV and cVDPV, please see [LINK TO CVDPV FACT SHEET].

If pressed:
Several illnesses can cause symptoms similar to polio, which is why laboratory testing is essential to officially confirm a polio case. This approach is endorsed by all GPEI partners.

We are currently investigating the origins of the recent reports and hope to have further information shortly.

3. **Reactive: Media reports new cases; WHO determines reports are inaccurate**
Following a thorough investigation, WHO has determined that reports of circulating vaccine-derived polio (cVDPV) in [COUNTRY] are inaccurate. WHO continues to monitor the situation closely to ensure the country remains polio-free.

   Although the investigation did not confirm any cases of cVDPV, this instance underscores the importance of maintaining strong worldwide disease surveillance and ensuring that all children are vaccinated, particularly in hard-to-reach and underserved areas.

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   For more information on OPV and cVDPV, please see [LINK TO CVDPV FACT SHEET].

APPENDIX II – Core National/Regional Spokespeople

The following primary spokespeople will be made available for interviews should a cVDPV outbreak occur in their country/region, according to the outbreak SOPs (Ministry of Health, WHO and UNICEF country offices). The dedicated PACT POC is responsible for confirming their availability and sharing GPEI messaging ahead of any conversations with media. Note that partners will provide additional agency spokespeople as relevant to the context and timing.

Horn of Africa:

- Salla Mbaye, Polio Eradication Program Manager, WHO AFRO (*POC: WHO*)
- Fred Were, Dean of School of Medicine, University of Nairobi, Kenya *(POC: GHS)*

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Central Africa:

- Salla Mbaye, Polio Eradication Program Manager, WHO AFRO (*POC: WHO*)
- Clarisse Loe Loumou, Pediatrician, Alternative Sante Cameroon; GAVI CSO Constituency *(POC: GHS)*

Middle East:

- Chris Maher, Emergencies Manager, WHO *(POC: WHO)*
- Elias Durry, Senior Advisor on Polio, WHO *(POC: WHO)*
- Maria Calivis, UNICEF Regional Director, Middle East *(POC: UNICEF)*

Ukraine/Eastern Europe:

- Naveed Sadozai, WHO HQ *(POC: WHO)*

West Africa (including Nigeria):

- Oyewale Tomori, President, Nigeria Academy of Sciences *(POC: GHS)*
- Samba Sow, Director General, Mali Center for Vaccine Development *(POC: GHS)*
- *New WHO lead to be confirmed*

India:

- *TK from WHO & UNICEF*

APPENDIX III – Key PACT Members' Contact Information

WHO	
Sona Bari	**O:** +41 22 791 1476 **M:** +41 79 475 5511
Oliver Rosenbauer	**O:** +41 22 791 3832 **M:** +41 79 500 6536
UNICEF	
UNICEF POC TBD	**O:** **M:**
Sarah Crowe	**M:** + 1 646-209-1590
GHS	
John Butler	**M:** +1 917-573-1339
Courtney Hamilton	**M:** +1 412-736-4596

APPENDIX IV – PACT Members by Working Group

GROUP	Rotary	CDC	UNICEF	WHO	BMGF	Other
Core PACT pact-core@googlegroups.com	Carol Pandak Petina Dixon Jenkins Michelle Kloempken	Gena Hill Jason Cecil Alan Janssen Molly Kurnit	Jalpa Ratna (co-chair)	Clare Creo (co-chair) Sona Bari	Sara Rogge Rachel Lonsdale	
Full PACT polio-advocacy-group@googlegroups.com	Carol Pandak Petina Dixon Jenkins Michelle Kloempken Anna Rieder Stéphanie Tobler Kris Tsau Judith Diment	Alan Janssen Gena Hill Jason Cecil Molly Kurnit	Jalpa Ratna Michiyo Shima Anjali Kaur Jasmine Pittenger Sarah Crowe Sherine Guirguis Maryna Yaroschuk	Clare Creo Violaine Messager Sona Bari Oliver Rosenbauer Cindy Aiello Cristina Del Pueyo Leilia Dore Heather Monnet Samantha Lovell Sarah Kline	Taufiq Rahim Rachel Lonsdale Chelsea Minkler Hannah Cameron Nicole Bates Sara Rogge Stephanie Drozer Stephanie Lazar Rissa Durham	*GHS*: John Butler Courtney Hamilton Leah Sandals Mary Robbins *GPP*: Alison Shea Antoine Pouliot Judith Rowland Mick Sheldrick Simon Moss *UNF*: Devi Thomas Eric Porterfield John Lange Kate Dodson Kimberly Sutton Steve Strickland *Other*: Claire Thomas-Daoulas (APCO) Nualchan Sakchalathorn