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Dear Colleagues,

In 2016, we have a window of opportunity to stop poliovirus transmission globally. The two critical roles for inactivated polio vaccine (IPV) are accelerating polio eradication and supporting the globally-synchronized withdrawal of trivalent oral polio vaccine (OPV), a move which will prevent outbreaks of type 2 vaccine-derived polio and which is a step on the pathway to the complete removal of OPV and transition to exclusive IPV use post eradication. However, one challenge is limited supply of IPV, because of difficulties scaling up production.

Child receives oral polio vaccine during a national immunization campaign in Pakistan. Photo: ©GPEI

IPV boosts immunity and can, in conjunction with continued improvements in OPV coverage, accelerate eradication in Afghanistan and Pakistan. IPV appears to have helped get over the finish line in Nigeria, particularly in Borno and Yobe states, where access was limited because of security concerns. Providing IPV to Afghanistan and Pakistan, and ensuring that it is used effectively there, can give a critical boost to eradication.

The two week period of April 17 to May 1 of this year will be the culmination of remarkable global collaboration. This is the period the World Health Organization's Strategic Advisory Group of Experts on immunization confirmed the switch from trivalent to bivalent OPV. Preparation for the switch includes introducing IPV into national immunization schedules in 126 countries. Eighty-one of the countries, including all countries at the highest polio risk, have already done so. Introducing IPV in so many countries in a short time, and making the trivalent-to-bivalent OPV switch are ambitious endeavors and important steps toward a polio-free world. Current projections indicate that IPV supply constraints will result in countries at lower risk of type 2 outbreaks introducing IPV into national immunization schedules after the OPV switch occurs. Stocks of IPV and of monovalent type 2 OPV are being secured through an established stockpile mechanism to stop any outbreak that occurs with type 2 vaccine-derived poliovirus following the switch.

For supplementary immunization activities to achieve eradiation and to meet routine immunization needs, an additional 10 to 15 million IPV doses per year are expected to be needed in 2016, 2017, and 2018. To limit the impact of supply gaps, the Global Polio Eradication Initiative (GPEI) has maximized effective use of available IPV and consulted with vaccine manufacturers to identify ways to increase IPV supply. GPEI continually reviews and maps vaccine requirements to avoid overstock and reduce waste. It is important that countries forecast their demands for IPV accurately and reduce waste to avoid program interruptions. We must continue working together to end polio once and for all.

Thank you for all you do to protect children's health.

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