

Poliomyelitis: mechanism for management of potential risks to eradication

The Sixtieth World Health Assembly,

Having considered the report on eradication of poliomyelitis;¹

Recalling resolution WHA59.1, urging Member States in which poliomyelitis is endemic to act on their commitment to interrupting transmission of wild poliovirus;

Recognizing that the occurrence of endemic poliovirus is now restricted to geographically limited areas in four countries;

Recognizing the need for international consensus on long-term policies to minimize and manage the risks of re-emergence of poliomyelitis in the post-eradication era;

Recognizing that travellers from areas where poliovirus is still circulating may pose a risk of international spread of the virus;

Noting that the maintenance of high routine immunization coverage in poliomyelitis-free countries contributes to reducing the risk of outbreaks of disease due to wild poliovirus and minimizes the risk of outbreaks due to vaccine-derived poliovirus;

Noting that planning for such international consensus must commence in the near future,

1. URGES all Member States where poliomyelitis is still prevalent in certain geographical areas, especially the four countries in which poliomyelitis is endemic:

(1) to establish mechanisms to enhance political commitment to, and engagement in, poliomyelitis eradication activities at all levels, and to engage local leadership and members of the remaining poliomyelitis-affected populations in order to ensure full acceptance of, and participation in, poliomyelitis immunization campaigns;

(2) to intensify poliomyelitis eradication activities in order rapidly to interrupt all remaining transmission of wild poliovirus;

¹ Document A60/11.

2. URGES all Member States:

- (1) to review and, if appropriate, update national recommendations on immunization against poliomyelitis in order to reduce the risk of international spread of disease;
- (2) to reduce the potential consequences of international spread of wild poliovirus by achieving and maintaining routine immunization coverage against poliomyelitis greater than 90% and, where appropriate, conducting supplementary poliomyelitis immunization activities through additional campaigns in close collaboration with mass media and involvement of the general public;
- (3) to strengthen active surveillance for acute flaccid paralysis in order rapidly to detect any circulating wild poliovirus and prepare for certification of poliomyelitis eradication;
- (4) to prepare for the long-term biocontainment of polioviruses by implementing the measures set out under phases 1 and 2 in the current edition of the WHO global action plan for laboratory containment of wild polioviruses;¹

3. REQUESTS the Director-General:

- (1) to continue to provide technical support to the remaining Member States where poliomyelitis is still prevalent in their efforts to interrupt the final chains of transmission of wild poliovirus, and to Member States at high risk of an importation of poliovirus;
- (2) to assist in mobilizing financial resources to eradicate poliomyelitis from the remaining areas where poliovirus is circulating, to provide support to countries currently free of poliomyelitis that are at high risk of an importation of poliovirus, and to minimize the risks of re-emergence of poliomyelitis in the post-eradication era;
- (3) to continue to work with other organizations of the United Nations system on security issues, through mechanisms such as “days of tranquillity”, in areas where better access is required to reach all children;
- (4) to continue to examine and disseminate measures that Member States can take for reducing the risk and consequences of international spread of polioviruses, including, if and when needed, the consideration of temporary or standing recommendations, under the International Health Regulations (2005), if such a recommendation were made, the financial and operational issues arising from its implementation, and lessons drawn, should be reported to the Health Assembly;
- (5) to submit proposals to the Sixty-first World Health Assembly with a view to minimizing the long-term risks of reintroduction of poliovirus or re-emergence of poliomyelitis in the post-eradication era, by establishing international consensus on the long-term use of poliomyelitis vaccines and biocontainment of infectious and potentially infectious poliovirus materials.

Ninth plenary meeting, 21 May 2007
A60/VR/9

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¹ Document WHO/V&B/03.11 (second edition).