



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Crisis management and preparedness in health

Luxembourg, 10 October 2019

Audio meeting of the Health Security Committee – 10 October 2019

Public Flash report

Proof of polio vaccination for travellers from Indonesia; Circulating Vaccine-derived poliovirus type 2 infections; rescEU Medical Stockpiling of Ebola vaccines and therapeutics

Chair: Wolfgang Philipp, Head of Unit, SANTE C3

Audio participants: AT, BG, CZ, DE, ES, FI, HU, IT, LT, LV, NL, MT, NO, PT, DG RTD, DG ECHO, ECDC, EMA, WHO Euro and HQ.

The Chair welcomed the Members of the Health Security Committee (HSC) as well as representatives from WHO, ECDC, RTD, ECHO and EMA. The Chair presented the agenda in order to discuss proof of polio vaccination for travellers from Indonesia; type 2 vaccine derived polio infections; rescEU Medical Stockpiling of Ebola vaccines and therapeutics.

No further points were added to the agenda.

1. Proof of polio vaccination for travellers from Indonesia

Following the 21st meeting of the Emergency Committee under the International Health Regulations (IHR) of May 2019, the Emergency Committee agreed that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern and recommended the extension of temporary recommendations to a number of Countries. Indonesia was included in the list as a Country infected with circulating vaccine-derived poliovirus type 1 (cVDPV1) with potential risk of international spread. The Italian authorities have advised to require visa applicants in Indonesia to produce an International Certificate of Vaccination or Prophylaxis attesting that they have received a dose of polio vaccine in the previous four weeks to 12 months prior to travel.

Italy gave an overview on the introduction of requirements for visa applicants from Indonesia, highlighting that other countries of the Schengen area do not implement the same precautionary measures, making them largely ineffective. In such a situation, the measures adopted by Italy can have an economic impact without ensuring effective health prevention. While remaining convinced of the need for health controls, Italy was aware of the importance of a strategy shared with other EU countries.

ECDC presented the epidemiological situation in Indonesia. The latest report of an acute flaccid paralysis case with cVDPV1 polio was detected in the Papua province in January 2019.

One case of confirmed cVDPV1 acute flaccid paralysis was detected in January 2019, with onset of symptoms in November 2018. Two additional positive samples of the same virus strain from two healthy children in the same province have also been confirmed. WHO and partners are supporting the Ministry of Health and local public health authorities in delivering supplementary vaccination in this area.

WHO presented the temporary recommendations issued by the Emergency Committee under the IHR in relation to Indonesia. The temporary recommendations are intended for the affected countries listed in the Statement of the respective IHR Emergency Committee Regarding the International Spread of Poliovirus (21st IHR EC in May 2019 and the 22nd IHR EC in September 2019). The recommendations include actions such as ensuring that all residents and long-term visitors receive a dose of vaccine between four weeks and 12 months prior to international travel; ensuring that those undertaking urgent travel (i.e. within four weeks), receive a dose of polio vaccine at least by the time of departure; ensuring that such travellers are provided with an International Certificate of Vaccination or Prophylaxis to record their polio vaccination; and restricting at the point of departure the international travel of any resident lacking documentation of appropriate polio vaccination. WHO highlighted that temporary recommendations may regard travellers to and/or from Indonesia, but they are intended for the affected countries in the list of States infected with WPV1, cVDPV1 or cVDPV3 with potential risk of international spread, in this case Indonesia, and not for other countries.

The HSC discussed the measures taken by Italy. Four HSC members indicated that the WHO temporary recommendations issued by the Emergency Committee under the IHR were intended for Indonesia, and that they were not planning on taking any measures similar to those taken by Italy. Some members mentioned that traveller's information has been updated in their country.

- **SANTE** to share the Statement of the Twenty-first and Twenty-second IHR Emergency Committee, including temporary recommendations:
<https://www.who.int/news-room/detail/29-05-2019-statement-of-the-twenty-first-ih-emergency-committee> (May 2019)
<https://www.who.int/news-room/detail/03-10-2019-statement-of-the-twenty-second-ih-emergency-committee-regarding-the-international-spread-of-poliovirus> (September 2019)
- **Italy** to update the HSC on developments about their visa requirements for travellers from Indonesia.

2. Circulating Vaccine-derived poliovirus type 2 (cVDPV2) outbreaks

In September 2019, the Emergency Committee under the IHR highlighted that the multiple cVDPV2 outbreaks on the continent of Africa are now at unprecedented levels and need to be treated by countries as a national public health emergency. The situation is concerning especially given the widening immunity gap in young children. The global nature of the risk is highlighted by the appearance of cVDPV2 in China and the Philippines, with undetected transmission for about a year in China, and much longer in the Philippines. Use of monovalent oral poliovirus vaccine type 2 (mOPV2) is now clearly demonstrated as a source of cVDPV2 emergence. In countries that have not used mOPV2, presumed to be due to the spread of Sabin-like viruses.

SANTE noted that the situation may have repercussions at global level on polio eradication efforts.

ECDC presented the epidemiological situation. Following the eradication of Wild Polio Virus type 2 in 2015, the trivalent oral poliovirus vaccine was replaced with the bivalent oral poliovirus vaccine (bOPV) in routine immunization around the world since April 2016. Bivalent OPV contains only attenuated virus of serotypes 1 and 3 and does not give immunity against serotype 2. The objective of the switch was to stop the emergence of cVDPV2 caused by the attenuated type 2 strain of the trivalent vaccine. The switch was expected to lead to an increase in the number of individuals susceptible to poliovirus type 2, which in turn was expected to increase to some extent the risk of new cVDPV type 2 outbreaks after OPV type 2 cessation. To mitigate the risks associated with the withdrawal of OPV2, SAGE recommended that all OPV-using countries introduce at least 1 dose of IPV into their routine immunisation program. However challenges remain for this strategy in undervaccinated areas and a progressive increase in cVDPV outbreaks has been reported since the switch, particularly in African countries (3 outbreaks in 2016, 4 in 2017, 6 in 2018 and 15 outbreaks so far in 2019). As of 1 October, 82 cases of cVDPV2 have been reported in 2019 in Angola, Benin, Cameroon, CAR, China, DRC, Ethiopia, Ghana, Mozambique, Niger, Nigeria, Philippines, Somalia. Challenges include the immunisation gap for polio type 2 virus, as well as the inaccessibility of undervaccinated areas. The increased need for supplementary vaccination with mOPV2 in the event of outbreaks is challenged by the limited stock of available vaccines for this strain at global level. Large population movements across countries, the possible asymptomatic presentation of polio infections and gaps in surveillance systems facilitate the progressive involvement of increasing number of countries in Africa and beyond. In the EU, all Member States use IPV vaccines which confers immunity to poliovirus type 2. The 33rd meeting of the WHO European Regional Commission for Certification of Poliomyelitis Eradication held in May 2019 concluded that there was no wild poliovirus or cVDPV transmission in the WHO European Region in 2018. They concluded that Romania, Bosnia and Herzegovina and Ukraine remain at high risk of a sustained polio outbreak in the event of importation of WPV or emergence of cVDPV due to suboptimal programme performance, particularly low population immunity. ECDC assessed that the risk of spread of polio is low in the EU at the moment, if a high level of vaccination coverage and surveillance are maintained.

WHO agreed with ECDC's analysis and informed about two upcoming WHO meetings on polio and cVDPV2 outbreaks.

- **WHO** to update SANTE with information to share with the HSC following the upcoming WHO meetings on polio.

3. Short update on rescEU Medical Stockpiling - Ebola vaccines and therapeutics

SANTE informed on a proposal drafted with ECHO and EMA, under which Ebola vaccines and therapeutics could be procured via DG ECHO's rescEU reserve. The aim is to have a small emergency stockpile at a centralized level in case of need.

SANTE and ECHO presented an outline and a tentative timeline for the process, involving formal agreement from the Civil Protection Committee and the set up of a specific task team (including representatives of interested Member and Participating States, technical experts, DG ECHO, DG SANTE and the EMA). DG SANTE will seek to have the input and expertise

of interested representatives of the HSC to be included within the task team and SANTE will also ensure that the information between DG ECHO's counterparts and frameworks is transmitted to the HSC.

The **HSC** discussed on the timeline for this proposal, the possible expansion in scope to other medical countermeasures, and regulatory aspects for vaccine labels. **SANTE, ECHO and EMA** addressed the questions from HSC members.

- **SANTE** to update the HSC on the development of the proposal of medical stockpiling under the rescEU framework.
- **SANTE** to share emergency contact details in case of need. The 'Urgent contact' section on the Early Warning and Response System (EWRS) contains emergency contacts in SANTE and details on the Medevac operating procedures agreed with ECHO and WHO.

4. Closing of the meeting

No issues raised were raised under AOB. SANTE thanked participants and closed the meeting.