Annual Progress Report on
National Documentation for Certification of Poliomyelitis Eradication

Name of Country: _____

Year: _____

Submitted to WHO/EMRO on: _____

Note: *This document is to be submitted annually by the National Certification Committees (NCCs) of countries which have not yet achieved the polio-free status (endemic) to the Regional Certification Commission (RCC) for Polio Eradication.*

Eastern Mediterranean Region
World Health Organization
Cairo, Egypt

TABLE OF SECTIONS

Progress Report

The summary annual progress report on National Documentation for Certification of Polio Eradication should include a summary of the method of work of the NCC and its main findings conclusions and recommendations to the Regional Commission in terms of progress toward interrupting wild poliovirus transmission, risks to efforts for eradication drive and appropriateness and soundness of risk mitigation measures and plans. It should include any concerns about the National Polio Eradication and EPI Programme or significant gaps in information needed. It can also further elaborate to address the following:

Section 1: NATIONAL CERTIFICATION COMMITTEE:

1.1 Membership

The RCC emphasizes the importance that all Member States follow the guidelines provided on the composition and membership of national certification committees (NCCs) and avoid potential conflict of interest caused by employees of the national immunization programme, ministries of health or public health institutes serving as members of the NCC

	Name	NCC Status	Position	Organization	Contact details (email, tel.)	Signature*
1		*Chairperson*				
2		*Member*				
3		*Member*				
4		*Member*				
5		*Member*				
6		*Member*				
7		*Member*				

* Electronic signature is also acceptable

Please provide current terms of reference (ToR) of the NCC in an attachment

1.2 Activities conducted by the NCC

Please provide general information about NCC activities in 2018, including key issues addressed at the meetings and list any concerns that have arisen, including concerns from the NCC about the national programme, challenges in organizing and/or holding regular NCC meetings

NCC Meeting Date	Key issues discussed	Main concerns/challenges	Actions proposed/Status (e.g. implemented/in progress/not implemented)

Note: Minutes of the National Certification Committee (NCC) meetings should be available upon request of the Regional Certification Commission (RCC) for Polio Eradication.

Section 2: RESPONSE TO COMMENTS OF THE RCC ON THE PREVIOUS REPORT

2.1 Please attach a copy of the comments of the Regional Certification Commission on the previously submitted report and the response of the national EPI/Polio Eradication programme and NCC.

Please present your response to this item in the form of an annotated table, given below, with 3 columns:

Item number	RCC Comments	Response of the National Programme specific & brief	Problems or challenges encountered in responding to these recommendations

Section 3: PERFORMANCES OF AFP SURVEILLANCE AND ANALYSIS

3.1 Type of surveillance for polioviruses

_____

_____

3.2 Completeness of routine and active surveillance systems

_____

_____

3.3 Performance of AFP surveillance and case investigation

_____

_____

3.4 Polio compatible cases

_____

_____

3.5 Independent review / assessment of AFP surveillance, summary findings and recommendation status

_____

_____

3.6 Risk assessment and mitigation

3.6 (a) Please elaborate methodology used for risk assessment, different criteria/variables and frequency

Type here

3.6 (b) Please mention overall impression of risk assessment at the national and sub-national levels

Type here

3.6 (c) Please categorize risks for un-detected poliovirus transmission, risk of WPV importation or emergence of VDPVs and capacity of the country / program to conduct a rapid response in areas without transmission for long period

Type here

3.6 (d) Please specify identified high-risk districts and provinces or subset of population groups and why are they categorized as high-risk?

Type here

3.7 Risk mitigation activities

In the table below, please provide a list of programme–related activities planned to mitigate risk of poliovirus transmission. This may include supplementary immunization activities, surveillance reviews/assessments, coverage or seroprevalence studies, meetings or any other relevant activities you may consider important to downgrade a risk.

Area of work	Responsibility, Tentative time frame (month/year)	Activities
Immunization		
Surveillance (including laboratory network)		
Capacity building		
Risk assessment/analysis		
Poliovirus containment		
Outbreak preparedness plan		
Other		

3.8 Has an updated outbreak response plan incorporated in the National Emergency Action Plan of Action during the year under review?

Yes ☐ No ☐

Please submit your most recent version of the polio outbreak preparedness and response plan along with this report in an attachment

Please indicate below whether below criteria have been considered in your preparedness plan

Criteria	Description	Yes	No
Definitions	Essential terms – such as "wild poliovirus", "circulating vaccine-derived poliovirus", "poliovirus event", "poliovirus outbreak", "acute flaccid paralysis (AFP)", "hot AFP case", etc. - have been considered to ensure a common understanding	☐	☐
Notification	The national government will notify it to WHO as an Public Health Emergency of International Concern (PHEIC) in accordance with IHR, wherever relevant	☐	☐
Surveillance	Methods and strategies to strengthen the ability to detect wild poliovirus or circulating vaccine-derived poliovirus in a poliovirus event or poliovirus outbreak (e.g. environmental) are presented in the plan.	☐	☐
Immunization response	Upon confirmation of a poliovirus outbreak, a country will plan a coordinated immunization response; first SIA will be launched within 14 days from confirmation of the poliovirus outbreak	☐	☐
Internal communication	Formal, informal, and instrumental communication within the structures of an organisational system is considered to share information and coordinate actions (e.g. advocacy activities, informing UN agencies, meetings with key-stakeholder, social mobilization, etc.)	☐	☐
External communication	Providing the public with information about the ongoing situation and the (expected) outcome of poliovirus event or outbreak (e.g. mass media communication, online communication activities, interpersonal communication, media response plan, media focal person, etc.) is considered	☐	☐
Vaccine regulation	Regulative aspects – such as licensure of vaccines, availability of vaccines, legal framework for importation (particularly for mOPV2), procurement of vaccines – are considered in order to respond to a poliovirus event or outbreak.	☐	☐
Funding	Availability of budget and structures of cash-flow for financing the response to a poliovirus event or outbreak, such as paying for equipment, human resources and other financial expenses are considered.	☐	☐
Management	Process is described in a specific, achievable and time-bond way, with regards to the respective responsibilities of the key stakeholders.	☐	☐

3.9 Was the plan tested in a simulation exercise to assess national capabilities to implement the plan?

Yes ☐ No ☐

3.10 Please present <u>tables and maps</u> of:

a) Non-polio AFP Rate
b) Percent of AFP cases with adequate samples and compatible cases
c) A spot map showing different level/categorization of access to districts for surveillance activities – fully accessible, partially accessible or inaccessible.
d) Wild virus and VDPV cases by type
e) Risk assessment maps

Any other <u>necessary</u> tables and maps may be included

Section 4: SUPPLEMENTARY SURVEILLANCE ACTIVITIES

4.1 Supplementary surveillance activities for certification of poliomyelitis eradication, including stool survey, environmental surveillance, community based surveillance etc, if any. Describe each activity while reflecting its type; risk category, location and size of benefited population; and results and impact, if any. Add additional page(s), if needed.

_____

Type of high risk area or population	*Major Location(s)*	*Estimated population*		
		<1 Year	*<5 Years*	*<15 Years*

NB: please add additional rows, if needed.

4.2 Immunization activities for polio eradication

a) Routine polio immunization coverage, both OPV and IPV
b) Immunization in high risk areas and among high risk populations
c) Supplementary Immunization activities for polio eradication
d) Immunity profile

4.3 Polio Vaccination status of AFP cases

Please present in the table below polio vaccination status of AFP cases detected in 2018

	0 doses	1-3 doses	4-6	7+	Un-known	Total
0 – 5 months						
6 – 59 months						
6 years and older						
Total						

Please draw the profile for the last 5 years obtained from the number of polio vaccine doses received by the non-polio AFP cases 6-59 months in the form of a bar chart in which the number of doses are categorized to 4 categories: 0 doses, 1-3 doses, 4-6 doses and 7 doses and over.

Should the number of AFP cases 6-59 months be ten or more, please make two profiles one for cases aged 6-23 months and the other for cases aged 6-59 months.

Please present tables and maps of:

- Routine polio immunization coverage
- National and Sub-national Immunization Days and coverage

Any other ONLY necessary tables and maps may be included, e.g., results of independent surveys/studies.

Section 5: LABORATORY ACTIVITIES FOR POLIO ERADICATION

5.1 Poliovirus laboratory functions and performance

Laboratories carrying out diagnostic analysis	National Poliovirus Laboratory	Polio Regional Reference Laboratory	Global Specialized Laboratory
Virus Isolation			
ITD - RT-PCR			
Nucleotide Sequencing			
Environmental Sewage Water Testing			
Primary Immunodeficiency Surveillance			
Serology			
Other (please specify)			

Please provide any comments/discussion points/additional information, if any

5.2 Summary of laboratory investigations for poliovirus 2018

Please fill in the table below and do not leave any blank cells.

ENV – environnemental surveillance
EV – enterovirus surveillance

- **Number of cases AND samples (samples for ENV only), (NOTE: this is specimen based data analysis).**
- **Poliovirus must be excluded from a possible mixture**

Type of surveillance and source of specimens	Total cases	Total samples	Samples positive for wild type PV			Samples positive for Sabin PV			Samples positive for VDPV			NPEV typed Samples	Non-type able / NEV Samples	Negative	Completeness of stool samples analysis	
			Type 1	Type 2	Type 3	Type 1	Type 2	Type 3	Type 1	Type 2	Type 3				Processed	Not Processed
AFP cases																
Contacts of AFP cases																
Environmental Surveillance																
Other (specify here)																

- PV – poliovirus; NPEV – non-polio enterovirus; NEV – non-enterovirus; VDPV – vaccine-derived poliovirus; AFP – acute flaccid paralysis;
- actual numbers from 0 to infinity
- NA – data not available
- ND – not done

5.3 For countries with a national polio laboratory, please enter data of last WHO Accreditation review

Type of Lab	Date last WHO Accreditation	Annual **number** of specimens processed	Results reported on time (%)	NPEV isolation rate (%)	Correct polio typing result (%)	Proficiency test score (%)				Score of onsite review	Fully accredited (yes / no)
						Virus isolation	ITD	Sequencing	Env. Surv lab		
Virus Isolation											
ITD											
Nucleotide Sequencing											
Env. Surveillance											

Section 6: UPDATE ON CONTAINMENT OF POLIOVIRUSES

6.1 Progress in containment

6.1 (a) **Has a National Containment Coordinator been nominated?**

☐ Yes ☐ No

If "YES" please give name and address?

Type here

If "NO" please explain why?

Type here

6.1 (b) **Has a National Containment Committee / Task Force been designated?**

☐ Yes ☐ No

If "YES" please give names, affiliations and address?

Type here

If "NO" please explain why?

Type here

6.1 (c) **Has a National Plan of Action (NAP) for containment of polioviruses and potentially infectious material for completion of Phase 1 of the GAPIII been implemented?**

If "YES" please attach a copy?

Type here

If "NO" please explain why?

Type here

6.1 (d) **Has a national survey of laboratories been completed in order to identify all those laboratories in the country with wild poliovirus type 2, vaccine derived poliovirus type 2 and/or potential infectious material?**

☐ Yes ☐ No

If "NO" please explain why?

Type here

6.1 (e) **Is NCC involved in the process of implementation of NAP for implementation of Phase 1 of GAPIII?**

☐ Yes ☐ No

If "NO" please explain why? If yes, how?

Type here

6.2 Has a national inventory of laboratories holding poliovirus type 2 material been established?

☐ Yes ☐ No Not Applicable ☐

If "YES" please indicate whether all PV2 materials were properly contained, transferred or destroyed by end of July 2016 as requested[1]?

Poliovirus type 2 (WPV, VDPV, Sabin)	**YES (date)**	**NO (please explain why)***
PV2 materials contained and PEF designated		
PV2 materials transferred. If yes please indicate where		
PV2 materials destroyed with official record		

* Explain why?

Type here

6.3 Polio Essential Facility (PEF)

Is any of the facilities has been designated as Polio Essential Facility?

☐ Yes ☐ No Not Applicable ☐

Please report the current progress in containment certification for every designated Poliovirus-essential facility (PEF) in the country. If there is no PEF in the country please skip this question:

[1] WHO letter to all Member States on 9 April 2015

Designated PEF (Name)	Current progress with containment certification (please indicate dates, even if approximate, for all positive answers)			
	Application for a CP* is planned for (please indicate date)	Application for a CP has been submitted to (NAC) (Y/N)	Application is under review of GCC (Y/N)	CP is issued by GCC (Y/N)

*CP – certificate of participation[2] is issued by National Authority for Containment (NAC)

Please provide comments, if any

type here

6.4 Has a National Authority for Containment (NAC) been nominated?

☐ Yes ☐ No Not Applicable ☐

If "Yes" please provide name, expertise and affiliation of the NAC members

S. No.	Name	Expertise	Institution (affiliation)

IMPORTANT:

For the completion of the Phase 1 for all PV2 materials please refer to Annex 1 (Progress Reporting Form-2 on Preparation for Poliovirus Containment and Completion of Phase 1 of GAPIII) of this annual progress report on sustaining polio-free status and provide information as requested. The Form-2 should be filled by the National Polio Containment Coordinator (NPCC)

[2] A certificate that can only be awarded to facilities in countries that have demonstrated compliance with the required secondary and tertiary safeguards described in GAPIII. A CP indicates that the national authority for containment, in consultation with the GCC, has recognized a facility as a suitable candidate to become a poliovirus-essential facility. A CP formalizes the eligibility of the facility to engage in the GAPIII CCS process and its commitment to achieve an interim certificate of containment/certificate of containment. A GCC-endorsed CP bears the signature of the GCC and a unique certificate of containment number

ANNEX-1

FORM 2: PROGRESS REPORTING FORM ON PREPARATIONS FOR POLIOVIRUS CONTAINMENT AND COMPLETION OF PHASE I OF GAPIII

06 March 2022

CONTENTS

Abbreviations and Acronyms

CCS	GAPIII Containment Certification Scheme
GAPIII	Global Action Plan III for Poliovirus Containment
GCC	Global Commission for the Certification of the Eradication of Poliomyelitis
IM	Infectious material
MoH	Ministry of Health
NAC	National authority for containment
NCC	National Certification Committee for Poliomyelitis Eradication
NPCC	National Poliovirus Containment Coordinator
NTFC	National Task Force for Containment
OPV	Oral polio vaccine
bOPV	Bivalent oral polio vaccine (containing attenuated Sabin poliovirus type 1 and type 3)
mOPV	Monovalent oral polio vaccine (containing one type of attenuated Sabin poliovirus)
mOPV1	Monovalent oral polio vaccine type 1
mOPV2	Monovalent oral polio vaccine type 2
mOPV3	Monovalent oral polio vaccine type 3
OPV1	Oral polio vaccine type 1
OPV2	Oral polio vaccine type 2
OPV3	Oral polio vaccine type 3
tOPV	Trivalent oral polio vaccine (containing attenuated Sabin poliovirus type 1, type 2 and type 3)
PEF	Poliovirus-essential facility
PIM	Potentially infectious material
PV	Poliovirus
PV1	Poliovirus type 1
PV2	Poliovirus type 2
PV3	Poliovirus type 3
VDPV	Vaccine-derived poliovirus
VDPV1	Vaccine-derived poliovirus type 1
VDPV2	Vaccine-derived poliovirus type 2
VDPV3	Vaccine-derived poliovirus type 3
WHO	World Health Organization
WPV	Wild poliovirus
WPV1	Wild poliovirus type 1
WPV2	Wild poliovirus type 2
WPV3	Wild Poliovirus type 3

Declarations

National Poliovirus Containment coordinators (NPCCs), National Task Force for Containment (NTFCs), or other identified focal points, as appropriate, are expected to complete this form annually and deliver it to the Chair of the National Certification Committee for Poliomyelitis Eradication (NCC) in support of the finalization of national reports.

Details of the person[3] submitting this form to the NCC Chair:

Name:	
Designation:	☐ NPCC ☐ NTF Chair ☐ Other If other, please specify:
Data provided refer to country/territory:	
E-mail:	
Reporting period:	
Signature:	
Date of submission to the NCC Chair:	

With the publication of the new *WHO Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses* (PIM Guidance, 10 April 2018), the Global Certification Commission for the Eradication of Poliomyelitis (GCC) requests:

1. The establishment of a standardized data collection and verification mechanism;
2. NCC/RCC reports to clearly indicate where and when activities in Phase I have been completed, based on a standardized data collection and verification mechanism, so that, on the basis of equivalent data quality between regions, the GCC can declare global completion of Phase I;
3. The completion of Phase I for all type 2 poliovirus (PV2) within one year of its publication (by 10 April 2019);
4. Countries affected by ongoing transmission of cVDPV2 to repeat their inventories and destroy, transfer or contain PV2 materials after the outbreak is declared closed;
5. RCCs to urge countries to complete the identification, destruction, transfer or containment (Phase I of GAPIII) of WPV1 and WPV3 materials by the end of Phase II of GAPIII. Phase II ends with GCC's declaration of global eradication of poliomyelitis;
6. Countries planning to designate facilities for the retention of WPV1 and WPV3 materials to weigh the risks and benefits of having such facilities and the commitments that will be required to comply with the primary (facility), secondary (population immunity) and tertiary (sanitation and hygiene) safeguards.

NOTE[4]: A facility is defined as any site (e.g. laboratory, repository or vaccine production unit) owned or operated by any level of government, academic institution, corporation, company, partnership, society, association, firm, sole proprietorship or other legal entity.

Details of the NCC Chair:

[3] NPCC/NTFC Chair/Other

[4] Containment Certification Scheme to support the WHO Global Action Plan for Poliovirus Containment (CCS)

Name:	
Designation:	NCC Chair
Country:	
E-mail:	
Reporting period:	
I, the NCC Chair, declare that all sections in this form are completed:	☐ Yes ☐ No If no, please explain[5]:
Signature:	
Date:	

1. NCC's follow-up on previous RCC recommendations related to poliovirus containment

List of previous RCC recommendations

N°	Previous RCC recommendation(s)[6] related to poliovirus containment in the country/territory	Date of issuance (dd/mm/yyyy)	Follow-up action taken to address RCC recommendation(s)
1.			
2.			
3.			

Please add rows as necessary

[5] E.g. data on the retention of OPV1/Sabin1, OPV3/Sabin3 and bOPV will only be collected after the last use of bOPV and mOPV1/mOPV3

[6] Previous RCC recommendations related to poliovirus containment may be obtained from the NCC Chair

2. Identification and survey of facilities

List of all facilities in the country/territory

A current, exhaustive and comprehensive list of **all** facilities in the country/territory is established and available:		☐ Yes ☐ No ☐ Other If other, please specify:
If **yes**, how many facilities in total are there in the country/territory?		
If **no**:	By when is the comprehensive list of facilities expected to be completed?	Expected date:
	By whom is the comprehensive list of facilities expected to be completed?	

NOTE 1[7]: GCC set the deadline for completion of Phase I for all PV2 at one year after the publication of the *Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses* (i.e. by 10 April 2019), and for WPV1 & WPV3 before the global declaration of WPV eradication.

NOTE 2[4]: GCC requested RCCs to urge countries to complete the identification, destruction, transfer or containment (Phase I) of WPV1 and WPV3 materials by the end of Phase II.

NOTE 3[4]: GCC recommended that at the time of WPV eradication, all facilities retaining WPVs should have a certificate of containment (CC), and if not, have a time-limited interim certificate of containment (ICC), with a clear end point for obtaining a CC agreed with the GCC.

NOTE 4[8]: Certification of WPV eradication should only occur when all WPV materials, in facilities designated for retaining them, are safely and securely contained.

[7] Report of the special meeting of the Global Commission for the Certification of the Eradication of Poliomyelitis on poliovirus containment, Geneva, Switzerland, 23-25 October 2017 (http://polioeradication.org/wp-content/uploads/2018/03/polio-global-certification-commission-report-2017-10-20180314-en.pdf)

[8] Report from the Seventeenth Meeting Global Commission for the Certification of the Eradication of Poliomyelitis, Geneva, Switzerland, 26-27 February 2018 (http://polioeradication.org/wp-content/uploads/2018/04/polio-eradication-certification-17th-meeting-global-commission-for-certification-of-poliomyelitis-eradication-20180412.pdf)

Facilities surveyed during the current reporting period

Reporting period (dd/mm/yyyy – dd/mm/yyyy):	
FORM 1[9] (or an equivalent questionnaire) has been supplied to **all** facilities in the country/territory:	☐ Yes ☐ No ☐ Other If other, please specify:
N° of facilities that received FORM 1 (or an equivalent questionnaire):	
N° of complete responses obtained from these facilities:	
N° of facilities that sent in an incomplete response:	
N° of facilities that did not respond:	
PV types addressed in this reporting period:	☐ PV1 ☐ PV2 ☐ PV3

Facilities that do not retain any PV

A detailed list of facilities that never possessed, destroyed, inactivated or transferred to a PEF their poliovirus infectious or potentially infectious materials (PV IM or PIM) should be maintained as a national inventory and be made available to the RCC upon request.

N° of facilities that never had any PV IM or PIM:	
N° of facilities that have destroyed, inactivated or transferred to a PEF all their PV IM or PIM:	
Total N° of facilities that **do not retain** any PV IM or PIM:	

[9] FORM 1: Facility reporting form (link)

3. Retention of poliovirus infectious or potentially infectious material (PV IM or PIM)

The retention of WPV/VDPV IM, WPV/VDPV PIM, or OPV/Sabin IM is subject to the approval of the responsible national authority (e.g. MoH) and to the certified implementation of containment requirements following timelines described in GAPIII. National authorities (e.g. MoH) of countries retaining such materials for critical functions must:

1. Approve the retention of PV materials requiring containment, i.e. WPV/VDPV IM, WPV/VDPV PIM, or OPV/Sabin IM.
2. Designate as poliovirus-essential (PEFs) those facilities where such materials are/will be retained.
3. Nominate a national authority for containment (NAC) responsible for the containment certification of designated PEFs against GAPIII, following CCS.

Facilities retaining OPV/Sabin PIM must declare this to their national authorities (e.g. MoH) and are encouraged to follow the WHO recommendations for the safe retention and handling of these materials provided in the PIM Guidance.

List of facilities retaining WPV/VDPV IM or PIM, and requiring containment

WPV2 was declared eradicated in September 2015. Please provide complete data on the identification of WPV2/VDPV2 IM, and ensure that complete data on the identification and retention of WPV2/VDPV2 PIM are provided **within 1 year of** the publication of the PIM Guidance (i.e. by 10 April 2019). In countries that experienced VDPV2 circulation and the use of mOPV2 for outbreak response purposes after the switch from tOPV to bOPV, the collection of data on OPV2/Sabin2 IM or PIM will only be completed after the last use of mOPV2.

The collection of data on the identification and retention of WPV1/VDPV1 IM or PIM and WPV3/VDPV3 IM or PIM has started. Please ensure that complete data for WPV1/WPV3 IM or PIM are provided before the global declaration of WPV eradication. As the use of bOPV and/or mOPV1/mOPV3 will continue beyond the global declaration of WPV eradication, VDPV1/VDPV3 are expected to continue to circulate. For this reason, the collection of data on VDPV1/VDPV3 IM or PIM will only be completed after the last use of bOPV and/or mOPV1/mOPV3.

N°	Facility name and address	WPV/VDPV	Type of material
1.		☐ WPV1/VDPV1	☐ IM
			☐ PIM
		☐ WPV2/VDPV2	☐ IM
			☐ PIM
		☐ WPV3/VDPV3	☐ IM
			☐ PIM
2.		☐ WPV1/VDPV1	☐ IM
			☐ PIM
		☐	☐ IM

N°	Facility name and address	WPV/VDPV	Type of material
		WPV2/VDPV2	☐ PIM
		☐ WPV3/VDPV3	☐ IM
			☐ PIM
3.		☐ WPV1/VDPV1	☐ IM
			☐ PIM
		☐ WPV2/VDPV2	☐ IM
			☐ PIM
		☐ WPV3/VDPV3	☐ IM
			☐ PIM

Please add rows as needed.

List of facilities retaining OPV2/Sabin2 IM and requiring containment

Please provide complete data on the identification and retention of OPV2/Sabin2 IM. In countries that experienced VDPV2 circulation and the use of mOPV2 for outbreak response purposes after the switch from tOPV to bOPV, the collection of data on OPV2/Sabin2 IM will only be completed after the last use of mOPV2.

N°	Facility name and address	OPV/Sabin IM
1.		☐ mOPV2
		☐ tOPV
		☐ Sabin2
2.		☐ mOPV2
		☐ tOPV
		☐ Sabin2
3.		☐ mOPV2
		☐ tOPV
		☐ Sabin2

Please add rows as needed

List of facilities retaining OPV1/Sabin1 or OPV3/Sabin3 IM[14], requiring containment in Phase III of GAPIII

The collection of data on OPV1/Sabin1 and OPV3/Sabin3 IM has started. However, as the use of bOPV and/or mOPV1/mOPV3 will continue beyond the global eradication of WPV

[14] In countries using bOPV and/or mOPV1/mOPV3, the collection of these data may only be requested after the last use of these vaccines.

eradication, OPV1/Sabin1 and OPV3/Sabin3 strains are expected to continue to circulate, and the collection of data on OPV1/Sabin1 and OPV3/Sabin3 IM will only be completed after the last use of bOPV and/or mOPV1/mOPV3.

N°	Facility name and address	OPV1/Sabin1 or OPV3/Sabin3 IM
1.		☐ mOPV1
		☐ mOPV3
		☐ Sabin1
		☐ Sabin3
		☐ bOPV
2.		☐ mOPV1
		☐ mOPV3
		☐ Sabin1
		☐ Sabin3
		☐ bOPV
3.		☐ mOPV1
		☐ mOPV3
		☐ Sabin1
		☐ Sabin3
		☐ bOPV

Please add rows as needed

List of facilities retaining OPV/Sabin PIM

Please ensure that complete data on the identification and retention of OPV2/Sabin2 PIM are provided **within 1 year of** the publication of the PIM Guidance (i.e. by 10 April 2019). In countries that experienced VDPV2 circulation and the use of mOPV2 for outbreak response purposes after the switch from tOPV to bOPV, the collection of data on OPV2/Sabin2 PIM will only be completed after the last use of mOPV2.

In countries that experienced the use of bOPV, and/or VDPV1/VDPV3 circulation and the use of mOPV1/mOPV3 for outbreak response purposes after the switch from tOPV to bOPV, the collection of data on OPV1/Sabin1 and/or OPV3/Sabin3 PIM will only be completed after the last use of bOPV, mOPV1 and/or mOPV3, respectively.

N°	Facility name and address	OPV/Sabin PIM
1.		☐ OPV1/Sabin1
		☐ OPV2/Sabin2
		☐ OPV3/Sabin3
2.		☐

		OPV1/Sabin1
		☐ OPV2/Sabin2
		☐ OPV3/Sabin3
3.		☐ OPV1/Sabin1
		☐ OPV2/Sabin2
		☐ OPV3/Sabin3

Please add rows as needed

4. Designation of poliovirus-essential facilities (PEFs)

The retention of WPV/VDPV IM, WPV/VDPV PIM, or OPV/Sabin IM is subject to the approval of the responsible national authority (e.g. MoH) and to the facility's implementation of containment requirements described in GAPIII, assessed and certified by the national authority for containment (NAC) and GCC, following CCS.

Are there any national plans for the designation of PEFs in the country/territory?	☐ Yes ☐ No ☐ Other If other, please specify:
Expected total n° of designated PEFs in the country/territory (for all PV types):	

List of designated PEFs in the country:

N°	Facility name and address	Date of designation (dd/mm/yyyy)
1.		
2.		
3.		

Please add rows as needed.

5. Nomination of the National Authority for Containment (NAC) in countries / territories with designated PEFs

Countries retaining or planning to retain polioviruses requiring appropriate containment need to nominate the NAC for the containment assessment and certification of designated PEFs against GAPIII. Please provide the list of NAC members.

	Members	Date of nomination (dd/mm/yyyy)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please add rows as needed