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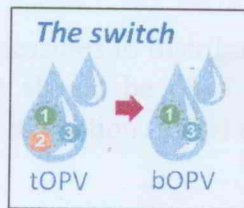
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சுகாதார, போசணமற்றும் சுதேசவத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

Provincial /Regional Directors of Health Services,
Heads/ Directors of Health Institutions,
Directors of National Hospital/Teaching Hospitals/
Provincial & District General Hospitals, Base Hospitals,
Medical Superintendents of other Hospitals,
Heads of Decentralized units,
Provincial Consultant Community Physicians,
Regional Epidemiologists/ Medical Officers (Maternal and Child Health),
Medical Officers of Health,

Polio Eradication: Polio Virus type 2 withdrawal plan: tOPV-bOPV Switch

Global Polio Eradication is planned to be achieved by 2018. Polio Eradication Initiative is working on the withdrawal of Oral Polio Vaccine globally in a phased manner and Polio Virus type 2 (PV 2) withdrawal will be the first phase. An injectable IPV single dose has been introduced already as an initial step to maintain population level immunity to PV 2.

As the next phase, trivalent Oral Polio Vaccine (tOPV) which contains Sabin Virus (polio vaccine virus) types 1, 2 & 3 will be changed over to bivalent Oral Polio Vaccine (bOPV) which contains only Sabin virus types 1 and 3. This procedure is called "Polio Switch" in the Polio Endgame Strategic plan. This should be a globally synchronized procedure and all OPV using countries will Switch over from tOPV to bOPV and in a selected Switch date during 17th April to 1st May 2016.



30th April 2016

The Switch date for Sri Lanka is 30th April 2016 and the country has to use only bOPV from 30th April 2016 onwards and any of the vaccination providing centres in the country should not use tOPV on or after 30th April 2016.

After the Switch date, from 1st May 2016 a validation procedure on certifying that tOPV is no more used in the country, will be started. Each district and provincial validation teams should visit all district main vaccine storage cold rooms and randomly selected vaccine storage centres (MOH office and hospitals, as guidelines given below) from 1st – 14th May 2016 and should assure that only bOPV is using in the country and tOPV will not be stored in any of the vaccine storage institutions or in immunization service providing centres including private health sector institutions.

Provincial and district validation reports (as described below) should receive at the Epidemiology Unit by latest on 14th May 2016 and National Validation should be finalized on 16th May 2016.

Essential procedures for the Polio Switch are given below and all health care staff should adhere to the guidelines and instructions given herewith.

Polio vaccine Switch procedure:

1. Polio vaccine switch procedure should be planned at district level to change over from tOPV to bOPV and **the responsibility will be held with Provincial Director of Health Services (PDHS), Regional Director of Health Services (RDHS), Provincial Consultant Community Physician (P/CCP), Regional Epidemiologist (RE), Medical Officer/ Maternal and Child Health (MO/MCH), Medical Officer/Planning (MO/Planning), District Supervisory Public Health Inspector (SPHI/D), Regional Supervisory Public Health Nursing Officer (RSPHNO) and Officer-in charge /Regional Medical Supplies Division (OIC/RMSD)**
2. Responsible district level officers RDHS, RE, MO/MCH, MO/Planning, SPHI/D, RSPHNO and OIC/RMSD should be considered as District Switch Coordination Committee
3. Provincial level officers PDHS, P/CCP should assist the District Switch Coordination Committee and should held with the responsibility of assuring proper functioning of Polio Switch in respective districts under purview of the each province
4. Provincial and District officers mentioned above should closely liaise with the Epidemiology Unit to get relevant instructions, receive bOPV vaccines and return remaining tOPV stocks to the Epidemiology Unit on time
5. Epidemiology Unit will take measures to distribute bOPV stocks at earliest on receiving stocks and bOPV distribution should be done based on exchange procedure for the remaining tOPV stocks at each institution (MOH office / Hospital)

6. OIC/RMSD should ready to distribute/ handover bOPV required stocks and collect tOPV remaining stocks within short time period of during the dates of 28th – 29th April 2016
7. Remaining tOPV at MOH office and hospitals should be collected on the same day by the OIC/ RMSD when hand over bOPV. Collected tOPV should be stored in a separate box/ bag , labelled as “Remaining tOPV to be returned to Epidemiology Unit”, an should store out of the cold chain at RMSD until return to Epidemiology Unit
8. All remaining tOPV should be collected in accordance with the format given in **Annexure 1** by the OIC/RMSD and each column should be filled correctly and responsible officers mentioned should be signed
9. A signed copy (Annexure 1) should be filed at RMSD and the original copy should return with the collected vaccine stocks to the Epidemiology Unit at earliest, before 7th May 2016
10. The tOPV-bOPV exchange procedure should be done during the dates of 28th- 29th April 2016 with minimum disturbance to routine Immunization clinics and without causing stock-outs and without leaving out children from OPV vaccination

11. Regional Epidemiologist and district switch coordination committee is responsible for smooth functioning of the Switch at each district

- a. Should get the final tOPV inventory (3rd inventory) to the date 31st March 2016, based on the Stock inventory format provided to all Regional Epidemiologists for the 1st and 2nd stock inventories already done to dates on 31st August 2015 and 31st December 2015.
- b. Should forward the final tOPV stock inventory (as of 31st March 2016) to the Epidemiology Unit before 10th April 2016
- c. Based on the final stock inventory and estimates for the monthly consumption prepare estimates for each MOH office and hospital in the district for
 - i. bOPV distribution plan
 - ii. tOPV remaining stock collection plan
- d. If any considerable discrepancies to the estimated plans [prepared based on tOPV remaining stock inventory and monthly consumption]and returned remaining tOPV stocks during tOPV-bOPV exchange procedure are observed, immediately actions should be taken to search for places where possible remaining tOPV would have been left out
- e. **Should instruct all Medical Officers of Health (MOOH), who held with responsibilities to**
 - i. Adjust / re-schedule immunization clinics in due on dates 28th – 29th April 2016 to facilitate the Switch procedure
 - ii. If the MOH had issued tOPV to any of the private health institutions or Private Practitioners, all remaining tOPV stocks should be collected from

- them by 27th April 2016 and should be ready to hand over all remaining tOPV to OIC/RMSD
- iii. Should balance all remaining tOPV stocks in the Vaccine Movement Register to the date 27th April 2016 and this balance tOPV stocks in the Register should tally with the physical balance of tOPV stocks in the refrigerator
 - iv. Any discrepancies in documented and physical balance of remaining tOPV in the refrigerator should be attended to immediately and should collect all remaining tOPV stocks by 3.00 pm on 27th April 2016 and to be ready to hand over to OIC/RMSD during 28th – 29th April 2016
 - v. A responsible person should be available at the MOH office during 28th – 29th April 2016 to handover remaining tOPV to OIC/RMSD and to collect and store bOPV from OIC/RMSD
 - vi. Should display **“No tOPV in this Refrigerator”** tag on the door of the refrigerator (**Annexure 2**) after certification by the Public Health Nursing Sister/ any other responsible officer for the Refrigerator and by the MOH after handing over all remaining tOPV stocks to the OIC/RMSD, to appear during the month of May
- f. In all hospitals where vaccines are stored, the Director of the Hospital is responsible to arrange relevant staff to handover remaining tOPV stocks to the OIC/RMSD and certify and make arrangements to display **“No tOPV in this Refrigerator tag”** as in Annexure 2 , after proper handing over of the remaining tOPV stocks
- g. **Private health care institutions :**
- i. Responsibility of collecting remaining tOPV stocks from all private health care institutions who receive tOPV from the Ministry of Health should return all remaining tOPV stocks to the place from where they have obtained stocks (MOH office, hospital, RMSD) before 3.00 pm on 27th April 2016
 - ii. MOH, Director/MS hospitals/OIC/RMSD are responsible to collect all remaining tOPV stocks from all private health care Institutions/Private Practitioners to whom they have issued tOPV stocks, before 3.00 pm on 27th April 2016 to be handed over to OIC/RMSD during 28th– 29th April 2016

12. The Epidemiology Unit is responsible for the following in the Switch procedure

- a. Prepare and make available the National Polio Switch Plan , functions according to the Switch Plan and monitor progress of the Polio Switch until Polio Switch validation procedure is completed on 16th May 2016
- b. Should take measures to distribute bOPV at earliest to districts for smooth functioning of the Switch

- c. Should collect remaining tOPV stocks from all districts at earliest before 7th May 2016 and take actions for destruction by incineration under supervision

Polio Switch Validation Procedure: Validation of tOPV non-usage/ non-availability and verification of bOPV usage :Validation Day 16thMay 2016

1. Implementation, monitoring and declaration of Polio Switch Validation will be held by the National Certification Committee for Polio Eradication and Measles, Rubella, Congenital Rubella Syndrome Elimination (NCCRE & MRCE) together with the Epidemiology Unit/ Ministry of Health
2. **The responsibility of provincial and district level Polio Switch Validation procedure will be held by PDHS, RDHS,P/CCP, RE, MO/MCH, MO/Planning, SPHI/D, RSPHNO and OIC/RMSD**

3. **District level Polio Switch Validation:**

- a. Validation should start from 1st May 2016 to be completed by 14th May 2016
- b. Should list out all health care institutions within the district who have stored tOPV before 30th April 2016
- c. RDHS should take actions to assign RE, MO/MCH, MO/Planning, SPHI/D, RSPHNO to visit all health care institutions where tOPV have been stored (RMSD,MOH offices, Hospitals including the private sector)
- d. The places to be visited can be divided among officers accordingly and any remaining tOPV stocks are found stored at any place the Officer visiting the institution should take immediate actions to collect and send them to OIC/RMSD of the district
- e. All Officers visiting institutions should submit a validation report as the format given in **Annexure 3** and from each district, the Regional Epidemiologist should submit a compiled validation report (**Annexure 4**) for the whole district in 3 copies to RDHS,PDHS and to the Epidemiology Unit before 4.00 pm on 14th May 2016 through Fax to 0112696583 or e mail to chepid@slt.net.lk, or epidunit@slt.net.lk or by hand

4. **Provincial level Polio Switch Validation**

- a. Provincial Director of Health Services and Provincial CCP are held with the responsibility of identifying Provincial Switch Monitoring Officers preferably those who are not directly involved in the Immunization programme

- b. TheP/CCP and identified 3-4 Switch Monitoring Officers should visit all RMSD in the province and a minimum of 10% of randomly selected vaccine storage institutions in each district (e.g. if a district has 20 MOH offices and 2 hospitals and RMSD where vaccines are stored: RMSD and at least 3 randomly selected MOH offices/hospitals should be visited by Provincial Validation Officers)
- c. If any remaining tOPV is identified in any of the place visited, immediate actions should be taken to collect them to be returned to the Epidemiology Unit and further 10% of institutions from that district should be monitored during the validation procedure
- d. From each Province a final validation report (**Annexure 5**) should be submitted to the Epidemiology Unit to be worked with NCCPE & MRCE to prepare and declare Polio Switch Validation to the Country and Regional Office / WHO on 16th May 2016

5. Private health care institutions

- a. All private health care institutions involved in vaccination procedure and storing vaccines should be included in the same validation procedure
- b. District teams should visit all tOPV vaccine storing centres (if any) and Provincial teams should visit at least 10% of the randomly selected private health care institutions for validation
- c. Director/Private Health Sector Development is held with the responsibility of communicating with all private health care institutions to get their cooperation and make feasible the district , provincial and central Switch Validation teams to facilitate visit any tOPV using private health care institutions

6. Certification of non-storage of tOPV in suppliers to the country

- a. All suppliers registered for tOPV and procured tOPV to the country within the last 5 years should be inquired for any remaining tOPV stocks and action should be taken to destroy(incineration) and get certificate of destruction of any remaining tOPV stocks, available
- b. All private health care institutions supplied by any tOPV suppliers needs to be identified and should inform to declare any remaining tOPV stocks to the Epidemiology Unit, Ministry of Health for necessary action for adequate destruction and validation procedure
- c. Epidemiology Unit, MSD, SPC and Director/ Private Health Sector Development are held with the responsibility of monitoring tOPV suppliers registered and identifying private health care institutions who have received tOPV directly from the suppliers within the last 1 year period (if any)

Further details on Polio Switch plan is provided in the Epidemiology Unit web site in the link given below

http://www.epid.gov.lk/web/images/pdf/Polio/switch_plan_sri%20lanka_updated_nov%202015.pdf

Please bring this to the notice of all health care staff in your province, district and institutions and make arrangements for effective functioning of the Polio Switch.

A necessary logistic arrangement together with the Epidemiology Unit, for success in this globally synchronized, time bound essential Polio Switch and validation procedure is very important and greatly appreciated.



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Copy:

DDG/PHS I & II

DDG/MS I & II

Chief Epidemiologist

Director/TCS

Director/Private health Sector development : to make aware all private health care institutions

Director/ MCH/FHB

Director/HEB

Director/MRI

Director/NIHS

Annexure 1: tOPV collection format : for RMSD

Remaining tOPV collection Form at District level (to be used by OIC/RMSD)

[Completed form should be returned to Epidemiology Unit with remaining tOPV vaccine stocks before 7th May 2016 & a copy should be filed at RMSD]

District:..... Date:.....

Unused remaining tOPV for distruction (Please store out of cold chain after collection from 28 th -29 th April 2016)					
Name of the Institution (MOH office / hospital)	Number doses in <u>open vial/s</u> Batch number	Number of unopened 20 dose <u>vials</u> Batch number	Number of total doses collected [physical balance]	Remaining tOPV as per Vaccine Movement Register [documented balance]	
1					
2					
3					
4					
5					
6					
7					
	Remaining stocks at RMSD				*
	District total collected				

*Remaining tOPV at RMSD as per Vaccine stock ledger

Name of the OIC/RMSD.....

Signature:.....Date :.....

Certified by Regional Epidemiologist

Name:.....

Signature:..... Date:

Annexure 2: "No tOPV in this Refrigerator tag (Please make this hang and keep for the month in May)

Name of MOH office/ Hospital:

.....

**No tOPV in this
Refrigerator**

Date tOPV removed:

PHNS/SPHM/PHM/Nursing Officer

Name:.....

Signature:.....

Supervision by

MOH/Director of the hospital

Name:.....

Signature:.....

RE/MO-MCH/MO-Planning/RSPNO/SPHI/D

Name:.....

Signature:.....

Annexure 3: Validation reporting Form : to be used by District validation officers

**Validation of tOPV withdrawal and verification of the availability of bOPV
(to be used from 1st to 14th May 2016)**

Province:..... District:.....

Date:.....

Name of the Supervisory/Validation Officers/Switch Monitoring Officers:

1.....

2.....

3.....

	Name of the Institution	Availability of tOPV		Availability of bOPV to use
		Yes/No	If yes- No. of doses	Yes/No

Remarks /If tOPV found-actions taken

.....
.....
.....

Signature:.....

Name:..... date:.....

Annexure 4: Compiled District final validation report

(to be compiled by Regional Epidemiologist in 3 copies and to be sent to Epidemiology Unit copying to PDHS and RDHS)

District:.....

Date:.....

	Name of the Institution	Availability of tOPV		Availability of bOPV to use
		Yes/No	If yes- No. of doses	Yes/No

Remarks /If tOPV found-actions taken

.....

.....

.....

Signature:.....

Name:..... date: 30 April 2016

Annexure 5:

Provincial Final Validation Report : tOPV withdrawal

(to be completed and fax (0112696583) or e mail (cheqid@slt.net.lk, or epidunit@slt.net.lk) or hand over before 4.00pm on 14th May 2016

Name of the province:.....Date :.....

Institution type reviewed		Total centres storing vaccines	Number of centres reviewed
RMSD			
MOH offices			
Hospitals	Government		
	Private		
	General Practitioner centres		
Remarks (if any)			

tOPV found: Yes/No , if yes , Number of places:.....

Actions taken:

“This is to certify that theprovince is free of tOPV storage”

P/CCP:

Name:.....

Signature:.....

PDHS:

Name:.....

Signature:.....

and / or

NCCPE members/Epidemiology Unit staff/National level officers:

Name:.....

Designation:.....

Signature:.....