When in November 2015 Myanmar reported an outbreak of circulating vaccine-derived polio, Ko Aung became anxious for his five-month-old son.

Ko Aung and his wife Daw Khin (names changed) make an itinerant living selling fish across Myanmar’s hardscrabble interior. They have no fixed address, meaning their baby boy has no regular health care provider. After learning of the country’s nation-wide polio vaccination drive at a festival in Magway, they seized the opportunity for their son to get protection against the debilitating disease. Ko Aung came to know that the vaccine was an absolute must to protect children against polio as well as the circulating vaccine-derived polio virus. Both can cripple a child for life.

“On the festival’s loudspeaker announcements were made stressing the importance of polio vaccination. We don’t have an address so couldn’t receive the door-to-door leaflets the midwives and volunteers had been distributing,” Ko Aung says. “Without the announcement and the festival’s vaccination booth we wouldn’t have been able to immunize our boy.”

WHO South-East Asia Region was certified polio free on 27 March 2014. However, the risk of polio persists until poliovirus is eradicated globally. Outbreaks of polio have been declared a Public Health Emergency of International Concern. Any case of polio or circulating vaccine-derived poliovirus (cVPDP) needs to be reported under the International Health Regulations, and countries must employ a robust emergency response to curtail the spread of polio or cVDPVs.
After Myanmar reported two cases of vaccine-derived polio type 2 in Rakhine State’s Maungdaw Township in April and November, the Ministry of Health, with support of WHO, UNICEF and partners of the Global Polio Eradication Initiative, rolled out an intensive immunisation response against the cVDPV.

WHO Representative to Myanmar Dr Jorge M Luna says the response to the cVDPV outbreak was swift, coordinated and effective. “The Ministry of Health and partners immediately planned and undertook a nationwide polio immunization campaign targeting all children in high-risk areas below five years of age, which was later expanded to children up to 10 years in Maungdaw and Buthidaung township”, he says. “Two ‘mop-up’ rounds targeting vulnerable children in high-risk areas were conducted in December. Since then two sub-national and national immunisation rounds have been held. We’ve now immunized more than 4.5 million children in all 330 townships across the country.”

The need to provide maximum coverage can be well understood. Communities that are under-immunized and lack access to adequate sanitation and hygiene facilities are vulnerable to the spread of vaccine-derived poliovirus, which can be passed via the excreta of children that have immunity. Contrary to the virus’ namesake, the problem is not vaccines but low vaccination coverage. Though routine immunization coverage has increased in Myanmar in recent years, in some of Rakhine’s townships it remains incomplete.

Despite these challenges, Dr Bohara of the WHO Expanded Programme on Immunization (EPI) says responding to the outbreak was made easier as a result of the expansion of other routine immunization programs in recent times. “Planning and implementing the outbreak response program was relatively straightforward due to the infrastructure created by a nationwide measles and rubella campaign that was conducted early last year,” he says, adding, “Strengthening health systems and routine immunization remains the greatest ally we have in combating disease outbreaks.”

Myanmar’s health workforce was likewise critical. Over 12 000 midwives and 24 000 health volunteers were mobilized to reach the most remote and inaccessible parts of the country. Once there they administered vaccines arriving via air-drop; increased awareness via door-to-door visits; and communicated risk at the community level.

“Myanmar’s midwives are the backbone of the health system and efforts to strengthen immunization in the country,” says Dr Htar Htar Lin, Deputy Director of the EPI Programme of Myanmar’s Ministry of Health, at the briefing before the last round of the polio campaign. “They are committed and dedicated to their work in the face of many difficulties – from the challenge of reaching their work stations to ensuring that no child is missed,” she says. “The control of this outbreak couldn’t have happened without them.” The commitment and oversight of the Ministry of Health and the Government of Myanmar is central to ensuring that immunization activities can be planned and carried out effectively throughout the country.

To address the risk of VDPVs, the polio eradication programme has recommended a global vaccine switch this year from the traditionally used trivalent oral polio vaccine (tOPV) to the bivalent oral polio vaccine (bOPV). Simultaneously, adding a single dose of Inactivated Polio Vaccine (IPV) to the childhood immunisation programme is being recommended ahead of the
vaccine switch to help boost the immunity of children. Myanmar introduced IPV in December 2015 and is moving ahead with the switch.

WHO South-East Asia’s Regional Director Dr Poonam Khetrapal Singh urges all countries in the Region to introduce IPVs in their routine schedule, and to make the switch as soon as possible. “Moving to inactivated vaccines and replacing tOPVC with bOPV in a coordinated, timely manner will lead us to prevail against polio once and for all. The polio endgame is in sight. We must take the final steps needed to make polio history,” she says.

For Ko Aung and Daw Khin, whose son has now received his first dose of oral polio vaccine, the need for vigilance and further immunization remains. As the young family return to their fish stall near the towering Shwe Mann Settaw Pagoda, the festival’s loudspeaker continues broadcasting its message through the searing afternoon heat. Health systems must not be complacent.