

Meeting Report

Twenty-first Meeting of the Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific



10-12 November 2015
Tokyo, Japan



WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

MEETING REPORT

TWENTY-FIRST MEETING OF THE REGIONAL COMMISSION FOR THE
CERTIFICATION OF POLIOMYELITIS ERADICATION
IN THE WESTERN PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
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NOTE

The views expressed in this report are those of the participants of the Twenty-First Meeting of the Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Twenty-First Meeting of the Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific in Tokyo, Japan from 10 to 12 November 2015.

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Keywords:

Immunization / Poliomyelitis – Prevention and control / Poliovirus vaccines / Vaccination

ABBREVIATIONS

AFP	acute flaccid paralysis
bOPV	bivalent oral polio vaccine
cVDPV1	type 1 circulating vaccine derived polio virus
GCC	Global Certification Commission
IPV	inactivated polio vaccine
NAC	national authorities for containment
NCC	National Certification Committee
NIID	National Institute of Infectious Diseases
OPV	oral polio vaccine
RCC	Regional Commission for the Certification of Poliomyelitis Eradication
SAGE	Strategic Advisory Group of Experts
SIA	supplementary immunization activity
SIREP	Special Integrated Routine EPI Strengthening Programme
SRCC	Subregional Committee for the Certification of Poliomyelitis Eradication
tOPV	trivalent oral polio vaccine
WPV2	wild poliovirus type 2

SUMMARY

The Twenty-first meeting of the Regional Commission for the Certification of Poliomyelitis Eradication (RCC) in the Western Pacific was held on 10–12 November 2015 in Tokyo, Japan. The RCC meets annually to review and evaluate progress reports on maintaining polio-free status submitted by the national certification committees (NCCs) and from the Subregional Certification Committee for the Pacific island countries and areas (SRCC). The NCC and SRCC reports also include updated information on the status of implementing recommendations from the 2014 RCC meeting.

During the meeting, the RCC reviewed the status of each Western Pacific country's polio eradication programme in the context of the polio endgame strategy with special emphasis on achieving and maintaining sensitive acute flaccid paralysis (AFP) surveillance and high population immunity through routine and supplemental polio immunization activities. The RCC took note of the recent type 1 circulating vaccine derived poliovirus (cVDPV1) outbreak in the Lao People's Democratic Republic.

After thorough discussion and deliberation, the RCC concluded that the Region remains free of wild poliovirus and thus retains its status as polio-free. Key general recommendations to all Member States included the following:

- The RCC requests that countries maintain updated outbreak preparedness and response plans that are harmonized with key elements of the global standard operating procedures and response to type 2 polioviruses.
- Within three months of the switch, the national programmes should look for geographic and temporal clustering of any type 2 polioviruses.
- Countries and areas should work to meet the *WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use* recommendations and timelines including destruction of all un-needed type 2 polioviruses by recommended timelines.
- The RCC recommends all countries and areas finalize the nomination of essential facilities and report to the Regional Office for the Western Pacific as soon as possible. To minimize the risk of containment breaches, the number of polio essential facilities should be reduced to a minimum.

1. INTRODUCTION

1.1 Meeting organization

The Twenty-first meeting of the Regional Commission for the Certification of Poliomyelitis Eradication (RCC) in the Western Pacific was held on 10–12 November 2015 in Tokyo, Japan, where Japan's National Institute of Infectious Diseases (NIID) provided meeting space. The RCC meets annually to review the maintenance of poliomyelitis-free status, the quality of acute flaccid paralysis (AFP) surveillance against standard indicators, and population immunity by reviewing coverage of routine and supplemental polio vaccination. This annual meeting fulfils the RCC's mandate annually to assess progress and achievements, which are then reported to the Global Certification Commission.

The meeting was attended by six members of the RCC (one member was unable to attend), 17 Chairs of National Certification Committees (NCCs) or delegates, one temporary adviser, and seven observers. The meeting was supported by a WHO Secretariat of eight from headquarters (2), other WHO regional offices (2), and from the Western Pacific Regional Office (4).

Professor Anthony Adams was appointed Chairperson, Dr Nobuhiko Okabe as Vice-Chairperson, and Dr Steven Wassilak as Rapporteur. The meeting timetable is available at Annex 1. The list of participants is available at Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

- 1) to update the Regional Certification Commission (RCC) and national certification committees (NCCs) on the global and regional status of poliomyelitis eradication and recent activities in other regions;
- 2) to review and evaluate NCC progress reports including implementation status of 2014 RCC recommendations and to make recommended actions for the countries to achieve high quality surveillance and immunization performance; and
- 3) to identify key activities for the RCC and NCCs for 2015–2018 to enhance their support to the *Polio Eradication and Endgame Strategic Plan 2013–2018*.

2. PROCEEDINGS

2.1 Opening session

Dr William Schluter delivered the opening remarks on behalf of the Dr Shin Young-soo, WHO Regional Director for the Western Pacific. Dr Shin called attention to recent historic achievements with regard to poliovirus types 2 and 3 as well as the progress towards polio-free status in the African Region. However, the continued danger of poliovirus to the Western Pacific Region was demonstrated by the recent outbreak of a type 1 circulating vaccine derived poliovirus (cVDPV1) in the Lao People's Democratic Republic.

Dr Mugen Ujiié delivered remarks on behalf of the Japan Ministry of Health, Labour and Welfare. Dr Ujiié noted the many contributions of the global polio eradication initiative in strengthening routine immunization and infectious disease surveillance programmes. Dr Ichiro Kurane then delivered remarks on behalf of the National Institute of Infectious Diseases (NIID), Japan. Polio

eradication is one of the main targets of NIID as it provides laboratory surveillance functions for several countries in the Region in addition to serving as a regional reference laboratory and a global specialized laboratory.

Dr Anthony Adams, the RCC Chairperson commented that the RCC meeting was last convened in Japan in 2000, the year that the Region first achieved polio-free status. He briefed on the outcomes of the recent meeting of the Global Certification Commission (GCC) and noted that although it is easier to count the few remaining cases, the paralysis of at least 10 million children has been prevented through the efforts of the global polio eradication initiative. The polio endgame strategy provides a road map to finally put polio behind us forever.

2.2 Global update

At the end of 2015, 14 months had passed since wild poliovirus type 1 (WPV1) was identified outside the two poliovirus-endemic countries of Afghanistan and Pakistan. WHO removed Nigeria from the list of endemic countries in September 2015. All previously identified imported WPV1 outbreaks have been stopped. WPV2 has not been reported for 15 years, and WPV3 for three years. In September, the GCC certified that WPV2 has been eradicated globally. The progress on WPV has allowed increased attention to the remaining vulnerable areas. Following a World Health Assembly resolution in May 2015, strong progress has been made to prepare for the globally synchronized switch from trivalent oral polio vaccine (tOPV) to bivalent OPV (bOPV). The Strategic Advisory Group of Experts (SAGE) recently confirmed the switch will occur in April 2016.

2.3 Regional update

Implementation of the recommendations from the 20th RCC meeting is ongoing. The main activities include strengthening of AFP surveillance, closing immunity gaps and strengthening inter-regional and inter-country cooperation in sharing information on outbreaks of vaccine-preventable diseases. The Western Pacific Region is on track in terms of preparation for the switch from tOPV to bOPV and introduction of inactivated polio vaccine (IPV). However, two countries of the Region (Mongolia and Viet Nam) will not be able to introduce IPV before the globally synchronized switch due to a shortage of global vaccine supply.

2.4 Update on regional laboratory network

The performance of the regional polio laboratory network has sustained certification standard and supports AFP surveillance activities. High levels have been achieved on performance indicators for timeliness of reporting of virus isolation and intratypic differentiation of polioviruses for all national polio laboratories. All network laboratories are participating in the quality control programme with outstanding results. Regional laboratory network meetings, trainings and on-site visits are being conducted to ensure continued high quality of laboratory testing and close monitoring of laboratory performance. Expansion of environmental surveillance is being considered in line with global guidelines to supplement AFP surveillance for prompt detection of polioviruses. In compliance with requirements for laboratory containment, all countries in the Region are finalizing preparations for destruction and/or containment of all WPV2 isolates.

2.5 Polio legacy planning and next steps in disease eradication/elimination

The fourth objective of the *Polio Eradication and Endgame Strategic Plan is 2013–2018* is legacy planning, which aims to ensure polio investments contribute to future health goals, through documenting and transitioning lessons learnt, processes and assets of the Global Polio Eradication Initiative. Since 2000, when the Region was certified polio-free, knowledge has been transferred and assets have been re-purposed to contribute to the achievement of the present regional immunization goals. However, some persistent issues (e.g. suboptimal routine vaccination coverage) and emerging challenges (e.g. repeated vaccine-preventable disease outbreaks in countries with weak national

immunization programmes) exist in the Western Pacific. The Region should continue to learn from the polio legacy to achieve more efficient, equitable and high quality services particularly for underserved, hard-to-reach, and high-risk communities to achieve regional immunization goals.

2.6 Recommendations of the 2015 Technical advisory group on immunization and vaccine-preventable diseases

The 24th Meeting of the Technical Advisory Group (TAG) on Immunizations and Vaccine Preventable Diseases took place from 8 to 12 June 2015. The TAG recommended that countries and areas in the Region achieve and maintain international standards for acute flaccid paralysis (AFP) surveillance performance supported by WHO-accredited laboratories. High-risk areas should be identified by conducting annual subnational risk assessments. Special emphasis to strengthen immunization and surveillance programmes should be given to underperforming and high-risk areas. For countries that still use OPV, the TAG recommended adherence to the timelines for IPV introduction, expediting the registration of bOPV, and completing other requirements for bOPV like ensuring its inclusion on national drug formularies. All countries and areas should comply with the requirements of the *WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use*.

2.7 Progress towards polio eradication in the WHO Eastern Mediterranean Region

Although the Eastern Mediterranean Region was responsible for all wild polio cases in the world in 2015, effective outbreak response has stopped the outbreaks that occurred in the Middle East and Horn of Africa. Populations at risk in the affected and nearby countries were protected through vaccination campaigns. Progress has been observed in polio-endemic countries with a reduction of cases in Pakistan by 80%. Initiatives like conducting IPV–OPV supplementary immunization activities (SIAs), reaching unreached in high risk areas by community engagement, health camps, close coordination with civil and/or military law enforcement agencies, and making emergency operation centres functional helped to improve the situation. There is an opportunity to reach zero polio cases in 2016; the programme plans to achieve that goal in the next eight months by adopting an aggressive and focused approach to achieve interruption.

2.8 Maintaining polio-free status and implementation of polio endgame strategy in the WHO South-East Asia Region

The Regional Commission for the Certification of Poliomyelitis Eradication in the WHO South-East Asia Region concluded at its 8th meeting in September 2015 that the wild poliovirus free status of the Region has been maintained. Vaccine-derived polioviruses reported in 2014 and 2015 from two countries (India, Myanmar) have been fully investigated and comprehensive response measures conducted. Maintaining quality AFP surveillance indicators in all countries poses challenges during the post-certification period. The performance of the polio laboratory network has been maintained at high standards. Polio SIAs and catch-up routine immunization is planned or has been conducted in countries with sub-optimal routine OPV3 coverage. Activities in preparation for the withdrawal of type 2 OPV are progressing well and switch plans are under finalization. Timely implementation of laboratory containment requirements poses a major challenge.

2.9 Country presentations

The Lao People's Democratic Republic

An outbreak of a type 1 circulating vaccine-derived poliovirus (cVDPV1) is ongoing in the country. With support from partners, the Ministry of Health is implementing response activities, including SIAs, strengthening AFP surveillance, and working to address vaccine hesitancy. The first round of the SIAs in three high-risk provinces has been completed with overall coverage estimated at 93%. Five more rounds are planned to be conducted by end of April 2016. However, some challenges are expected, such as difficult geographic access to some areas; language barriers between health-care

workers and select high-risk communities; insufficient social mobilization and limited human resources especially at health centres. IPV was introduced throughout the country in October 2015.

Cambodia

Significant achievements in the Cambodian polio programme in 2015 included producing plans for strengthening routine immunization, conducting OPV campaigns in low coverage communities, and finalizing the *National Endgame Plan*. In addition, the subnational risk assessment shows improvement over the 2015 assessment. The programme is on track to introduce IPV in December 2015 and switch to bOPV in April 2016. However, the national OPV3 coverage has decreased and areas remain with inadequate AFP surveillance and stool adequacy.

China

China maintains a strong AFP surveillance system with non-polio AFP reporting rates of more than 2.0/100 000 children under 15 years annually since 2011 and stool adequacy rates greater than 80% since 1997. China will introduce IPV vaccine manufactured in China as part of an IPV-OPV sequential schedule. One dose of IPV will be followed by three doses of OPV given at 2 months, 3 months, 4 months and 4 years. Phased introduction of IPV is planned. Huizhou Prefecture of Guangdong province started using IPV in March 2014, and Beijing introduced IPV in December 2014. Sabin-IPV was licensed for use in January 2015 with the first batch supplied to the market in June 2015. Mass vaccinations with tOPV are planned in high-risk areas prior to the switch. The national regulatory authority is accelerating approval of bOPV with licensure anticipated by December 2015.

Papua New Guinea

To address population immunity gaps in OPV3 coverage, the immunization programme plans to increase access and utilization of routine immunization services for high risk districts (hard-to-reach or underserved areas) by identifying communities, strengthening programme communication; conducting integrated SIAs in low performing districts; strengthening the involvement of the community to create ownership; strengthening monitoring and evaluation of implementation; strengthening supervision to the district; and implementing the Special Integrated Routine EPI Strengthening Programme (SIREP), which consists of quarterly implementation of the vaccination programme integrated with other maternal and child health services.

To close surveillance gaps, particularly to address inadequate and inappropriate specimen collection, the following strategies are being considered: (i) clarifying responsibilities and ownership at provincial level; (ii) sensitizing clinicians on AFP surveillance, case definition and stool collection procedures and technique; and (iii) intensifying capacity-building among health workers on adequate stool collection.

The Philippines

The Philippines has made great efforts in strengthening AFP surveillance including improving active surveillance, recruiting additional health-care professionals for SIAs and implementing new advocacy strategies linked to routine immunization services. However, many challenges remain, mostly in closing immunization gaps. The stool adequacy rate is below the target threshold at national and sub-national levels. All but three regions have sub-national OPV3 coverage (less than 80%).

Strengthening the routine immunization programme is a high priority. In 2014, one case of laboratory confirmed type 2 VDPV was detected in Region 12. This case highlights the threat of a polio outbreak and the recent sub-national polio risk assessment revealed that 78% of provinces surveyed are at high risk for poliovirus transmission following an importation.

Viet Nam

The Viet Nam polio programme has achieved high coverage with OPV3 through the routine immunization programme with very few districts falling below 90% coverage. The programme has maintained a strong training agenda for EPI staff in 2015 and the public appears to have regained trust

in vaccination after the false associations with adverse events following immunization and pentavalent vaccine. The programme has conducted robust record reviews of zero reporting areas which have revealed unreported non-polio AFP cases, highlighting the need for improved surveillance performance in these areas.

Australia

AFP surveillance is performing well. Travellers from polio-endemic countries are required to provide proof of vaccination against polio. Environmental surveillance was expanded to include major metropolitan areas like Melbourne. However, stool adequacy is low at approximately 50%. In implementing GAP III requirements the country is trying to balance national responsibility and regional benefits. A laboratory containment coordinator was appointed. However, the country still need to identify the national regulatory body, develop a poliovirus containment plan and make a final decision on whether to nominate a poliovirus essential facility as per GAP III requirements.

Brunei Darussalam

Brunei Darussalam has maintained very strong AFP surveillance and immunization coverage with IPV3 available free for all children. Preparedness and response plans have been developed and in view of challenges posed by the substantial number of travellers from the country to the Hajj, polio vaccination requirements are in place for travellers to/from polio-endemic countries.

Hong Kong SAR (China)

The Hong Kong SAR (China) polio programme continues to perform at a high level with successful AFP surveillance with monthly communication with all physician focal points from reporting hospitals. The programme also maintains high vaccination coverage with IPV3 through 100% of facility births and free immunization at public centres, school based outreach, and by maintaining a very low dropout rate. The programme has strong laboratory capacity with free services from the national laboratory to both private and public hospitals. Importation threat exists due to the high volume of international flights arriving to Hong Kong SAR (China) each year with a substantial number of visitors arriving from polio-endemic countries such as Pakistan.

Japan

Japan replaced OPV with IPV in the national immunization schedule in September 2012. While a decline in routine vaccination coverage with OPV was observed in months preceding this change, the total administrative coverage rates from the first to third dose of IPV (DTaP-sIPV and standalone cIPV) in 2013 were more than 100%. The results of a seroprevalence survey conducted in 2014 showed that antibody positive rates (neutralization test titer more than 1:4) were over 90% against all 3 types of polio virus in children aged 6 months to 2 years in 2014.

Japan's environmental surveillance network now includes 14 public health institutes as well as five collaborative-study sites covering the whole country. The increased number of AFP cases detected since August 2015 (47 AFP cases reported as of 25 October 2015) led Japan's Ministry of Health, Labour and Welfare to expand notification, survey and laboratory testing of AFP cases. No poliovirus has been detected but EV-D68 has been detected from several AFP cases. The National Regulatory Authority was assigned to support GAP III containment activities, the national polio containment coordinators were re-designated and GAP III-based questionnaire will be delivered from the Ministry of Health, Labour and Welfare to appropriate facilities to identify facilities holding poliovirus materials.

Macao SAR (China)

One AFP case was reported in 2015. The case was investigated and adequate stool specimens collected. In the last year, the surveillance system has been expanded to include one new reporting site. All reporting sites submit expected reports on time. Since December 2008, IPV has been used instead of OPV and five doses are provided in the routine immunization programme. Immunization coverage with three doses is over 93% and for four doses is over 91%. Immunization records are

checked prior to school entry at day care centres, pre-schools and primary schools. Risk factors identified include the large number of short-term visitors and unknown immunity status of illegal, immigrant and non-resident workers.

Malaysia

Performance of surveillance for AFP is of high quality. Compared to 2014, surveillance indicators improved in 2015. Coverage with polio vaccine is high. However, some issues and challenges still exist. There are two high risk states with relatively low polio vaccination coverage; the anti-vaccine movement is still present and the supply of the IPV combination vaccine is at risk. Risk of spread of wild poliovirus in case of importation is high due to migrants (at least two million documented migrants) with financial constraints to access vaccination.

Mongolia

Mongolia is maintaining high levels of immunization coverage (98%) across all provinces with increased efforts directed to identify high-risk populations in border areas. Improvements were made in strengthening AFP surveillance and routine immunization by means of increased trainings, rolling out a communications strategy and other targeted activities. A dry-run for the tOPV-bOPV switch was conducted in July to evaluate preparedness for the globally synchronized switch. There is an ongoing problem of high turnover of subnational EPI staff causing potential problems in monitoring surveillance. The global IPV supply shortage may cause delayed IPV introduction.

New Zealand

The New Zealand polio programme continues to maintain excellent progress especially in its high routine coverage with IPV3 including all ethnic minority groups. This is achieved with strong programmatic focus on reaching all underserved populations. AFP surveillance is complemented by enteroviral and environmental surveillance. A limitation of the programme is that there continues to be gaps in AFP reporting. The programme continues to underperform with regard to stool adequacy. A new containment survey was undertaken in 2015 with results pending.

The Republic of Korea

The Republic of Korea has continued to improve IPV-1 and IPV-3 coverage (from 90.6% and 86.3%, respectively, in 2010 to 98.6% and 97.8%, respectively in 2014). The Republic of Korea has sustained the certification-standard surveillance to detect polioviruses including AFP and laboratory surveillance: the non-polio AFP rate has been sustained at more than 1 since 2012; AFP cases with adequate stool samples has been sustained over 80% for more than 10 years; and the score on WHO proficiency tests has been 100 since 2007. The Republic of Korea developed the national action plan for detection of and response to importation of wild poliovirus or cVDPV, which has been reviewed by members of NCC. The national plan may be revised in 2016 upon recommendation of NCC.

Singapore

AFP surveillance includes reporting from public hospitals as well as retrospective review of the hospital discharge database. The non-polio AFP for 2015 is 1.0 with 100% stool adequacy. Immunization coverage has been over 90% since at least the early 1990s. Singapore uses a four dose primary series with IPV with an OPV booster at 10–11 years. In addition to the booster dose for school-aged children, Singapore also uses OPV in the Singapore Armed Forces and in travel clinics for unvaccinated people or travellers to polio-infected countries. Approval of bOPV by the national regulatory authority is pending. Risk factors for importation noted that more than 2000 visitors from polio-endemic countries of Afghanistan and Pakistan visit Singapore every month.

Pacific island countries and areas

The Pacific island countries and areas successfully maintained polio-free status in 2014. Risk of polio importation and spread is low. However, quality of AFP surveillance, coverage with polio vaccine, programmatic strengths and external threats and emergencies vary among the 21 countries and areas.

In 2015, only three countries reported AFP cases, all others remained silent including the six French and United States affiliated Pacific islands. Of 10 OPV-using countries, six introduced IPV. The remaining four countries will introduce by the end of 2015. Challenges in implementing national immunization programmes include the effects of El Niño and the presence of refugees with low immunization coverage in some countries and areas.

2.10 Laboratory containment

Containment is one of the readiness criteria for the global withdrawal of tOPV. Although type 2 wild poliovirus has been declared eradicated it still exists in many locations such as stored clinical specimens, research facilities and vaccine manufacturing plants. Phase 1 of containment includes activities to identify and destroy unneeded type 2 wild or Sabin poliovirus and to limit the number of laboratories that will continue to hold infectious materials. Phase 2 includes reducing the risk of accidental release from designated poliovirus-essential facilities. There are different solutions to safely handle and store poliovirus. Therefore, national authorities for containment (NACs) should be identified. NACs will certify that poliovirus-essential facilities are compliant with safe handling practices.

2.11 Switch validation

Validation of removal of tOPV from national cold chains is an important part of switch from tOPV to bOPV. The validation should happen within two weeks of the national switch day and be monitored by an independent national body. Countries are encouraged to use existing structures/bodies as switch validation committees instead of establishing new ones. As of 12 October 2015, 16 of 18 OPV-using countries in the Region have developed national switch plans. The majority of the countries designated their NCCs for polio eradication as the national switch validation committees.

2.12 Next steps in certification

In September 2015, the GCC declared the eradication of type 2 wild poliovirus. This declaration was based on formal documentation of the date of the last type 2 wild poliovirus detected from 190 of 194 Member States and verified by all six regional certification commissions and the absence of identification of any type 2 wild poliovirus in more than two million stool specimens tested by the Global Laboratory Network since 1999 when the last case was reported from Aligarh District of Northern India. The GCC may be asked to take on additional responsibilities such as certifying the findings of the NACs. The terms of reference vary among the six RCCs depending on the regions' polio-free status. The RCCs may take on additional activities to monitor activities of the polio endgame including certifying NAC findings, validating tOPV-bOPV switch activities and certifying the interruption of VDPVs.

2.13 Closing remarks

The Group Lead for Accelerated Disease Control delivered the closing remarks on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. He noted that the Member States of the Western Pacific Region implemented in a timely way the strategies of the polio endgame plan including making commitments to introduce at least one dose of IPV before end 2015; and to develop national plans for the synchronized switch from tOPV to bOPV from 17 April to 1 May 2016. The next challenge will be to achieve containment of all type 2 wild and vaccine polioviruses by updating inventories, destroying unneeded polioviruses and potentially infectious materials and designating essential facilities.

Dr Shin closed by acknowledging the generous support of international partners, namely, Rotary International PolioPlus Committee, the Bill and Melinda Gates Foundation, Gavi, the Vaccine Alliance, United Nations Children's Fund, and the governments of Australia, Japan, Norway, the

Republic of Korea, the United Kingdom of Great Britain and Northern Ireland, and the United States of America.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

3.1.1 General

The RCC concludes that the Region remains free of wild poliovirus and thus retains its polio-free status.

3.1.2 Country-specific conclusions

Australia

- The RCC commends Australia's strong commitment to meeting polio performance indicators including strong collaboration with paediatricians.

Brunei Darussalam

- The RCC commends Brunei Darussalam's strong surveillance and immunization programme.

Cambodi

- The RCC commends Cambodia's sensitive AFP surveillance and high immunization coverage.

China

- The RCC commends China's continued outstanding commitment to maintaining polio-free status.

Hong Kong SAR (China)

- The RCC commends Hong Kong SAR (China)'s strong surveillance and immunization programme.

Japan

- The RCC commends Japan's strong surveillance and immunization programme.

The Lao People's Democratic Republic

- The RCC notes:
 - the quick and adequate response to cVDPV1 outbreak;
 - the presence of high-risk communities throughout the country with historically low immunization rates and vaccine-preventable disease outbreaks;
 - 10 of 18 provinces have been identified as high or medium risk for poliovirus transmission;
 - suboptimal performance of AFP surveillance performance; and
 - that IPV has now been introduced in the routine immunization programme.

Macao SAR (China)

- The RCC commends Macao SAR (China)'s strong surveillance and immunization programme.

Malaysia

- The RCC commends Malaysia's continued commitment to meeting surveillance performance indicators and high immunization coverage.
- The RCC notes the global supply chain shortage of IPV and possible consequences to Malaysia.
- The RCC notes that pockets of migrants exist in the country with at least two million documented migrants.

Mongolia

- The RCC commends Mongolia in achieving surveillance performance indicators and high reported immunization coverage rates at provincial level.
- The RCC notes Mongolia's successful completion of a "switch dry run".

New Zealand

- The RCC commends New Zealand for augmenting AFP surveillance with zero reporting, record review of hospitalized people with discharge diagnosis consistent with AFP and enterovirus surveillance.
- The RCC commends proactive efforts to survey laboratory inventories.

Pacific island countries and areas

- The RCC commends the SRCC and the Pacific island countries and areas for continued progress despite the complexity of managing a disparate group of countries over a vast area;
- The RCC notes:
 - that the quality of AFP surveillance, coverage, programmatic strength and external threats and emergencies vary among the 21 countries;
 - in 2015 only three countries (Fiji, Solomon Islands and Vanuatu) reported AFP cases; and
 - out of 10 OPV-using countries six introduced IPV. The remaining four will introduce by the end of 2015.

Papua New Guinea

- The RCC appreciates the efforts of the NCC and National Department of Health to follow up on the RCC's recommendations to Papua New Guinea in 2013 and 2014.
- Papua New Guinea remains one of two countries at high-risk for widespread poliovirus transmission because of serious population immunity gaps.

The Philippines

- The RCC commends efforts to improve coverage and surveillance performance including substantial augmentation in human resources.
- Philippines remains by far the most populous and one of only two countries at high risk for widespread poliovirus transmission.
- A very high percentage (78%) of provinces were assessed as being at high risk for poliovirus transmission.

The Republic of Korea

- The RCC commends the Republic of Korea for their high performance in surveillance and immunization coverage.
- The RCC commends the Republic of Korea for completing the polio risk assessment.

Singapore

- The RCC commends Singapore's strong surveillance and immunization programme.

Viet Nam

- The RCC commends Viet Nam for regaining routine coverage following controversy surrounding AEFIs.
- The RCC commends Viet Nam's efforts to strengthen surveillance and to provide missed polio doses to eligible children in border areas in response to the cVDPV outbreak in the Lao People's Democratic Republic.

3.2 Recommendations**3.2.1 General Recommendations**

- 1) The RCC requests that countries maintain updated outbreak preparedness and response plans that are harmonized with key elements of the global standard operating procedures and response to type 2 polioviruses.
- 2) Within three months of the switch, the national programmes should look for geographic and temporal clustering of any type 2 polioviruses.
- 3) Countries and areas should work to meet the GAP III recommendations and timelines including destruction of all un-needed type 2 polioviruses by recommended timelines.
- 4) The RCC recommends that all countries and areas finalize the nomination of essential facilities and report to WHO Regional Office for the Western Pacific as soon as possible. To minimize the risk of containment breaches, the number of polio essential facilities should be reduced to a minimum.

3.2.2 Country-specific recommendations***Australia***

- 1) The RCC recommends that Australia continue efforts to improve collection of adequate stool specimens.
- 2) The RCC recommends that Australia nominate a polio essential facility.

3.2.2 Brunei Darussalam

- 1) The RCC recommends that Brunei Darussalam continue to maintain high performance standards to contribute to the regional polio-free status.

Cambodia

- 1) The RCC recommends that Cambodia's national immunization programme maintain the recent improvements in surveillance and coverage.
- 2) The RCC recommends that Cambodia continue with plan for IPV introduction in December 2015.

China

The RCC recommends that China:

- 1) take note of the recently issued *Reporting and Classification of Global Polio Eradication Initiative's (GPEI) Vaccine-Derived Polioviruses: GPEI guidelines and Response to type 2 vaccine-derived polioviruses prior to global tOPV withdrawal: Interim guidelines*;
- 2) Until the tOPV-bOPV switch date, be prepared to respond rapidly to any detection of a VDPV2 isolate from clinical or environmental sources;
- 3) if maintaining a national mOPV2 stockpile, the storage should be under appropriate containment and use of mOPV2 should occur only after authorization of the WHO Director-General (as described in resolution WHA68.3);
- 4) complete national switch plan as soon as possible; and
- 5) nominate one or more polio essential facilities.

Hong Kong SAR (China)

- 1) The RCC recommends that Hong Kong SAR (China) continue to maintain high performance standards to contribute to the regional polio-free status.

Japan

- 1) The RCC requests that Japan review and describe immunization coverage and population immunity at the subnational level.
- 2) The RCC recommends that Japan nominate one or more polio essential facilities.

The Lao People's Democratic Republic

The RCC recommends that the Lao People's Democratic Republic:

- 1) enhance efforts to ensure the cVDPV transmission is interrupted within 120 days of the confirmation of the outbreak;
- 2) increase AFP surveillance sensitivity by increasing the targeted NP-AFP rate to at least 2 per 100 000 children under 15 years of age for at least the duration of the outbreak;
- 3) focus increasing polio supplementary immunization activities coverage, monitoring, communications, and active case search among the high-risk communities; and
- 4) consider an after action report to consolidate learnings and develop an updated VPD outbreak preparedness and response plan.

Macao SAR (China)

- 1) To maintain momentum, the RCC requests that Macao SAR (China) prioritize attendance at the annual RCC meetings until global polio eradication is achieved.

Malaysia

- 1) The RCC strongly recommends the free polio vaccination of migrant children to prevent polio outbreaks.
- 2) The RCC recommends that rectal swabs are not adequate specimens and should not be included when calculating stool adequacy proportions.

Mongolia

- 1) The RCC recommends that Mongolia continue to maintain high performance standards to contribute to the regional polio-free status.

ANNEXES

Annex 1. Meeting timetable

Time	Tuesday, 10 November 2015	Time	Wednesday, 11 November 2015	Time	Thursday, 12 November 2015
08:00–08:30 08:30–09:00	Registration Opening ceremony <ul style="list-style-type: none"> Welcome remarks by the Responsible Officer Opening remarks of the Regional Director Opening remarks of the Ministry of Health, Labour and Welfare Opening remarks of the National Institute of Infectious Diseases Self-introduction, Election of Officers (Chair, Vice-Chair, Rapporteur) Remarks by the Regional Certification Commission (RCC) Chairperson Administrative announcements 	08:30–10:00	Country presentations (<i>continuation</i>) <ul style="list-style-type: none"> Australia Brunei Darussalam Hong Kong SAR (China) 	08:30–10:00	Closed working session
09:00–09:30	<i>GROUP PHOTO AND COFFEE BREAK</i>	10:00–10:30	<i>COFFEE BREAK</i>	10:00–10:30	<i>COFFEE BREAK</i>
09:30–09:50 09:50–10:10 10:10–10:30 10:30–10:50 10:50–11:00 11:00–11:20 11:20–11:40 11:40–12:00 12:00–12:10	1. Global update 2. Regional update 3. Update on regional laboratory network 4. Polio legacy planning and next steps in disease eradication/elimination Discussion 5. Recommendations of the 2015 Technical Advisory Group on Immunization and Vaccine-preventable Diseases 6. Progress towards polio eradication in the WHO Eastern Mediterranean Region 7. Maintaining polio-free status and implementation of polio endgame strategy in the WHO South-East Asia Region Discussion	10:30–12:00	Country presentations (<i>continuation</i>) <ul style="list-style-type: none"> Japan Macao SAR (China) Malaysia 	10:30–12:00	Closed working session (<i>continuation</i>)
12:10–13:10	<i>LUNCH BREAK</i>	12:00–13:30	<i>LUNCH BREAK</i>	12:00–13:00	<i>LUNCH BREAK</i>
13:10–15:00	Country presentations <ul style="list-style-type: none"> The Lao People's Democratic Republic China Cambodia China 	13:30–15:00	Country presentations (<i>continuation</i>) <ul style="list-style-type: none"> Mongolia New Zealand The Republic of Korea 	13:00–13:30 13:30–14:00 14:00–14:30 14:30–15:00	8. Laboratory containment 9. Switch validation 10. Next steps in certification Discussion
15:00–15:30	<i>COFFEE BREAK</i>	15:00–15:30	<i>COFFEE BREAK</i>	15:00–15:30	<i>COFFEE BREAK</i>

15:30–17:00	Country presentations (<i>continuation</i>) <ul style="list-style-type: none"> • Papua New Guinea • The Philippines • Viet Nam 	15:30–16:30	Country presentations (<i>continuation</i>) <ul style="list-style-type: none"> • Singapore • Pacific island countries and areas 	15:30–16:30 16:30–17:00	11. Regional Certification Commission conclusions and recommendations Closing session
18:00–19:30	Regional Director's reception				

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