

# South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE)

*Report of the Fourth Meeting  
18–20 December 2012, Bangkok, Thailand*



**World Health  
Organization**

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## Acronyms & Abbreviations

AFP	acute flaccid paralysis
cVDPV2	circulating vaccine derived polio virus type 2
GPEI	Global Polio Eradication Initiative
ICMR	Indian Council of Medical Research
IMB	Independent Monitoring Board
LGA	local government area
NCCPE	National Certification Committee for Polio Eradication
NPSP	National Polio Surveillance Project
SEA-RCCPE	South-East Asia Regional Certification Commission for Polio Eradication
SEARO	South-East Asia Regional Office
WHO	World Health Organization





# 1. Introduction

The fourth meeting of the South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE) was held from 18 to 20 December 2012 in Bangkok, Thailand. The meeting was chaired by Dr Supamit Chunsuttiwat of Thailand. In addition to the SEA-RCCPE members, there were representatives from WHO headquarters, WHO-SEARO, WHO-India (NPSP), NCCPE, India-Laboratory Taskforce, United States Centers for Disease Control and Prevention, and the Bill and Melinda Gates Foundation. For the agenda and list of participants of the meeting see annexes 1 and 2, respectively.

During the third meeting of the SEA-RCCPE held in New Delhi, India, from 27 to 28 August 2012, the following conclusions and recommendations were made on the preliminary documentation submitted by the India-NCCPE:

- (1) Due to the massive volume of information, the SEA-RCCPE requested that the India documentation be briefed by sub-national divisions to be determined by the NCCPE and based on the most logical split (i.e., grouping states and union territories on the date of their last wild poliovirus case).
- (2) The first block should be reviewed in December 2012, the second block in March 2013, and the third block in October 2013.
- (3) The accreditation status of each polio laboratory should be included as part of the full documentation.
- (4) Phase-1 laboratory containment progress needs to be included as a part of all certification briefings.

The fourth meeting of the SEA-RCCPE was convened for the NCCPE and India-Laboratory Task Force with support from NPSP to present the first block of certification data and the updated phase-1 laboratory containment plan. The Commission was also provided with global and regional polio eradication overviews, and a review of the recommendations from the most recent Independent Monitoring Board (IMB) report.

## **2. Global progress towards polio eradication**

The global polio eradication programme has made tremendous progress towards eradication in 2012. Most significantly, India was removed from the list of endemic countries on 25 February 2012 after being polio-free for more than a year. In May 2012, at the Sixty-fifth World Health Assembly, Member states declared that “completion of polio eradication is a programmatic emergency for global public health.”

As of December 2012, there was a significant reduction in the number of polio cases in Afghanistan, Chad and Pakistan as compared to 2011. However, Nigeria showed an increase during the same period. The Khyber Pakhtunkwa (KP) and Federally Administered Tribal Areas (FATA) of Pakistan continue to be areas of concern and reservoirs for the poliovirus. Nigeria was the only country to report wild poliovirus type 3 cases during the last seven months of 2012. There were also circulating vaccine-derived poliovirus (cVDPV) type 2 case outbreaks in Pakistan, Democratic Republic of the Congo, Chad and Nigeria, Somalia and Kenya in 2012.

Based on the epidemiology over the last twelve months, GPEI has recommended that the remaining three polio endemic countries implement emergency operations for their polio eradication programmes with four components: (1) head of state oversight, (2) polio control rooms at the national and state levels, (3) district/LGA accountability, and (4) partner surge optimization. Table 1 shows the implementation of the emergency plans in each of the endemic countries.

The key actions taken to improve the implementation of emergency plan include the following;

- (1) sharing best practices from India
- (2) improving micro-plans in Nigeria
- (3) better strategies for insecure areas on Afghanistan, Nigeria and Pakistan.

The GPEI also introduced the polio endgame strategy that includes: (1) interruption of wild poliovirus transmission in Afghanistan, Nigeria and Pakistan; (2) withdrawal of the Sabin type-2 component of the oral polio

vaccine; (3) re-energization of polio-free certification and phase-1 laboratory containment activities, and (4) development of a comprehensive plan for the polio legacy.

**Table 1: Implementation of the emergency plan for polio eradication**

<b>Status of Programme Accountability Frameworks</b>			
	<b>Nigeria</b>	<b>Pakistan</b>	<b>Afghanistan</b>
<b>Head of State Oversight</b>	+++	+++	++
<b>Polio control rooms (national, state)</b>	++	++	+
<b>District/LGA accountability</b>	++	++	+
<b>Partner surge optimization</b>	++	++	+

+ minimum achievement ++ moderate achievement +++ fully achieved

### 3. Recommendations from the seventh meeting of the Independent Monitoring Board (IMB)

The Independent Monitoring Board (IMB) was formed in 2010 to review and monitor the progress on the Global Polio Eradication programme through 2012. Most recently, the IMB met in London, England from 29 to 31 October 2012. The majority of the report and recommendations focused on Afghanistan, Pakistan and Nigeria. A couple of points directed towards India were as follows;

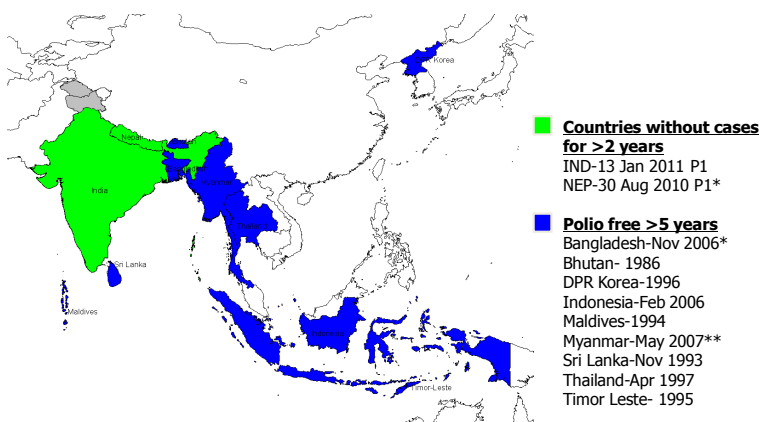
- India should plan for simulation exercise to test its emergency response readiness.
- The simulation exercise should be on an unannounced date in mid-2013 in a group of randomly selected districts.

- The rapid response of the Government of India to a false positive report of a “wild poliovirus” that resulted from a laboratory contamination demonstrated the readiness of their emergency response plans.
- WHO should follow up with the Government of India to document lessons learnt from the laboratory contamination incident.

## 4. Progress of polio eradication in the South-East Asia Region

The South-East Asia Region has been polio-free for almost two years. The last case of wild poliovirus was reported from India in January 2011. (See Figure 1 for details of the polio status in each country.)

Figure 1: Status of polio eEradication in the South-East Asia Region



\*BAN – 2006 and NEP – 2010: WPV outbreaks from India importations

\*\*MMR – 2007 Type1 Poliovirus outbreak in province Rakhine (district Maungdaw) bordering Bangladesh.

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## 5. Progress of polio eradication in India

India has achieved its longest polio-free period ever with the last wild poliovirus case reported on 13 January 2011 from Howrah, West Bengal.

The historically polio-endemic states of Bihar and Uttar Pradesh have remained free of polio for more than two years. The last type-2 polio case was reported from Aligarh, Uttar Pradesh in August, 1999 and the last type-3 polio case was reported from Pakur, Jharkhand in October 2010. Progress was due to strong, focused actions by the government and partners based on programmatic needs. Importation of poliovirus from neighbouring and distant countries remains a risk, and aggressive actions are being taken to mitigate these risks and develop a comprehensive polio end-game strategy. India, along with other countries of the South-East Asia Region are preparing for polio-free certification in February 2014.

Despite the remarkable achievement by India, the country programme has identified six areas of risk. (See Figure 2 for details.)

Figure 2: **Current risks to polio eradication in India**



In order to respond to a polio outbreak, the following measures have been put in place:

- (1) Polio emergency plans have been prepared by all states, which are revised annually.

- (2) States are ready to respond within seven days of case notification.
- (3) Emergency preparedness and response groups have been constituted in all states.
- (4) 190 rapid response team (RRT) members have been identified and trained.
- (5) More than 400 000 high-risk areas have been identified with ongoing efforts to improve routine/supplementary immunization coverage.
- (6) Media response plans are being developed to accompany any rapid response.
- (7) Vaccine buffer stocks have been reserved in conjunction with emergency procurement plans.
- (8) Simulation exercises to test readiness are being organized and planned for 2013.

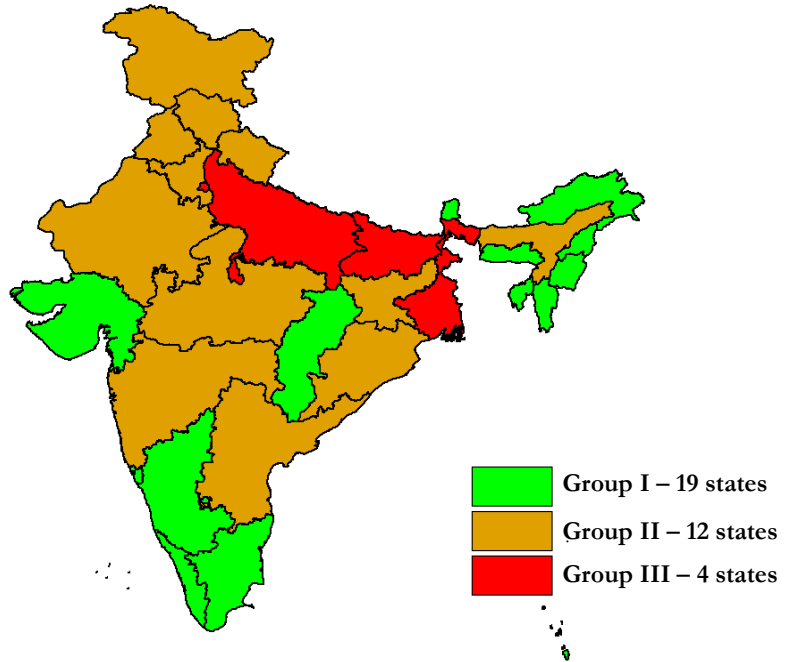
## **6. Polio-free documentation for the first block of states and union territories in India**

Based on the recommendations from the third meeting of the SEA-RCCPE in August 2012, the NCCPE has grouped the states and union territories into three blocks based on polio epidemiology. (See table 2 and Figure 3 for details.)

**Table 2:** Categorization of states and union territories

States with WPV cases reported by year	2008	2009	2010	2011	Total
<b>Block 1 States (Low Risk): Did not report any wild polio case for the last &gt; 5 years</b>					
A&N Island, Arunachal Pradesh, Chandigarh, Chhattisgarh, D&N Haveli, Daman & Diu, Goa, Gujarat, Karnataka, Kerala, Lakshadweep, Manipur, Meghalaya, Mizoram, Nagaland, Puducherry, Sikkim, Tamil Nadu, Tripura	0	0	0	0	0
<b>Block 2 States (Medium Risk): Reported wild polio virus during the last 3-5 years</b>					
Rajasthan	2	3			5
Haryana	2	2			4
Jharkhand		2	1		3
Maharashtra	2		1		3
Punjab	1	2			3
Uttarakhand	1	2			3
Odisha	2				2
Andhra Pradesh	1				1
Assam	1				1
Himachal Pradesh		1			1
Jammu & Kashmir	1		1		1
Madhya Pradesh					
<b>Block 3: States (High Risk): Reported wild polio virus during the last 3 years or traditionally endemic states</b>					
Bihar	Traditionally endemic states				
Uttar Pradesh					
Delhi	5	4	2		11
West Bengal	1		3	1	5

Figure 3: *Categorization of states and union territories*



The recommendation that India should subdivide its documentation was intended to give the RCCPE adequate time to review and understand the massive volume of material. The NCCPE decided that India should be subdivided into three blocks based on the year of the last wild poliovirus case: block 1 states that have not had a wild poliovirus case in more than five years and therefore categorized as low-risk, block 2 states that have had a wild poliovirus case between 3-5 years ago and therefore categorized as medium-risk, and block 3 states that have had wild poliovirus within the last three years and therefore, categorized as high-risk. The first block of 19 states and union territories consists of 198 out of 630 districts, comprising 265 million people, which represents 22% of the total population: Arunachal Pradesh, Chhattisgarh, Gujarat, Karnataka, Kerala, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tamil Nadu, Tripura, Andaman & Nicobar Island, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Goa, Lakshadweep and Puducherry.



## **7. Phase-1 laboratory containment activities in India**

Phase-1 laboratory containment activities include the survey and inventory of all national laboratories that contain infectious or potentially infectious polioviruses. The completion of phase-1 laboratory is a requirement for the NCCPE to submit its final national polio-free certification documentation. The Ministry of Health and Family Welfare, Government of India has endorsed the phase-1 laboratory containment activities. The Indian Council of Medical Research (ICMR) is coordinating the survey and will be involved in reviewing the laboratory data and site visits. The complete listing of all bio-medical laboratories and the dispatching of survey forms is an ongoing process. The final report on the phase-1 laboratory containment activities in India needs to be completed by December 2013.

## **8. Conclusions and recommendations for the NCCPE**

The SEA-RCCPE appreciated the detail presentations and information provided by the NCCPE on the first block of 19 states and union territories. The overall conclusion is:

“Based on the information presented by the NCCPE on the first block of 19 states and union territories, the SEA-RCCPE believes that the AFP surveillance system in these areas is capable of detecting polioviruses (wild polioviruses and vaccine-derived polioviruses). The SEA-RCCPE is convinced that the last case of wild poliovirus was detected in 2007, and that currently there is not any circulating wild poliovirus in these areas.”

Despite the high performing AFP surveillance system, there are concerns about population immunity and the accumulation of susceptible population due to poor routine immunization coverage and low coverage during national immunization days and supplementary immunization activities. Additional efforts are needed to ensure that high population immunity (at least 90% at the state level and 80% at the district level) in these 19 states and union territories is maintained to mitigate the risk of outbreaks following importation of polioviruses or the emergence of vaccine-derived polioviruses.

## **9. Recommendations for the WHO Secretariat**

The WHO Secretariat should followup the conclusions and recommendations of this meeting and prepare for the fifth meeting of the SEA-RCCPE planned for March 2013 by:

- preparing a letter for the NCCPE on the proceedings of this meeting with conclusions and recommendations;
- preparing a letter for the Government of India on the proceedings of this meeting, highlighting the Commission's concerns regarding progress towards phase-1 laboratory containment;
- following up with the polio laboratory task force coordinator to monitor progress on the phase-1 laboratory containment and to ensure that there is an update during the fifth meeting of the SEA-RCCPE in March 2013;
- coordinating with the NCCPE for the implementation of the recommendations for the first block and preparing for the second block.

## **Annex 1**

# **Agenda**

- Welcome address by the Regional Adviser
- Global overview/update on polio eradication
- Recommendations of the Independent Monitoring Board (IMB) October 2012
- Progress of polio eradication South-East Asia
- Progress of polio eradication India
- Review annual report part A of first block states, India
- Review of phase-1 laboratory containment plan
- Additional data analysis on AFP surveillance
- Review annual report part B, C and D of first block states, India
- Briefing of SEA-RCCPE chair
- Introduction to SEA-RCCPE
- Presentation of the recommendations from SEA-RCCPE
- Remarks by the Chair SEA-RCCPE
- Closing remarks

## Annex 2

# List of participants

### **RCCPE Chairpersons/Members**

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The fourth meeting of the South-East Asia Regional Commission for Certification of Polio Eradication (SEARCCPE) was held from 18 to 20 December 2012 in Bangkok, Thailand. The primary objective of this Commission is to guide Member States through the certification process for polio eradication through impartial and transparent verification.

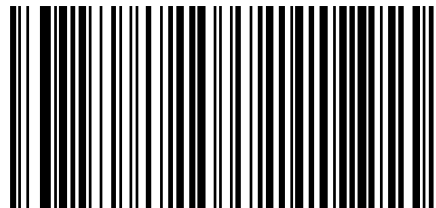
The purpose of the meeting was to review the annual reports from Member States and make recommendations to improve documentation for certification. The Region has made tremendous progress towards polio eradication and is currently on track for regional certification in February 2014.



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