

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

*Report of the Fifth Meeting
Malé, Maldives, 4-7 March 2013*



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Acronyms

AFP	acute flaccid paralysis
cVDPV2	circulating vaccine derived polio virus (type 2)
GBS	Guillain–Barré Syndrome
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
OPV	oral polio vaccine
RI	routine immunization
SEA-RCCPE	South-East Asia Regional Certification Commission for Polio Eradication
SIA	supplementary immunization activity
SEARO	Regional Office for South-East Asia
VDPV	vaccine derived poliovirus
WHO	World Health Organization
WPV	wild poliovirus

1. Introduction

The fifth meeting of the South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE) was held from 4 to 7 March 2013 in Malé, Maldives. Dr Supamit Chunsuttiwat of Thailand chaired the meeting. In addition to the SEA-RCCPE members, there were representatives from WHO headquarters, Regional office and India Country office (NPSP), NCCPE, and the India-Laboratory Taskforce. See annexes 1 and 2, respectively for the agenda and list of participants of the meeting.

The fourth meeting of the SEA-RCCPE held in Bangkok, Thailand from 18 to 20 December 2012, studied the preliminary documentation submitted by the India-NCCPE. The following conclusions and recommendations were made:

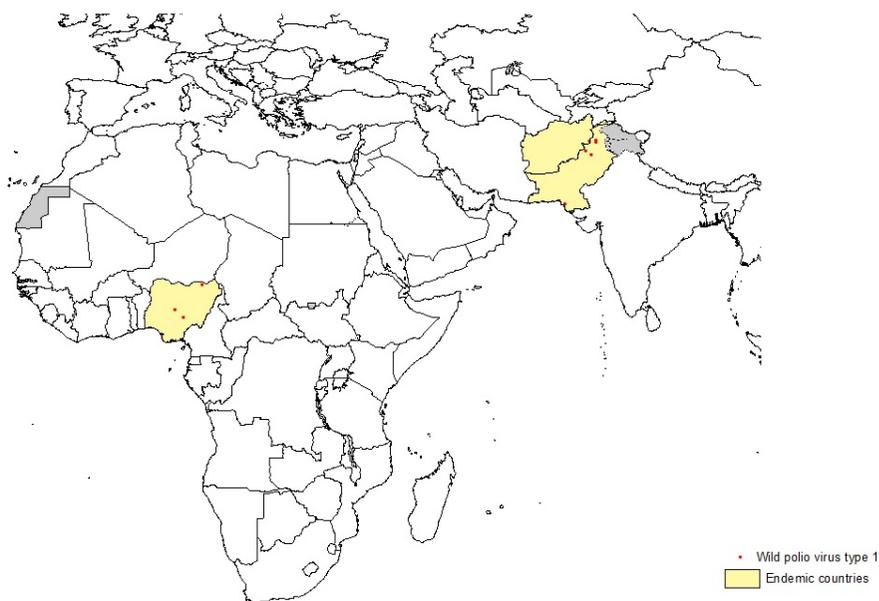
- (1) Based on the information presented by India on the first block of 19 “low-risk” states and union territories, the SEA-RCCPE believed that the AFP surveillance system in these areas is capable of detecting wild and vaccine-derived polioviruses. The SEA-RCCPE was convinced that the last case of wild virus was detected in 2007, and that there was no wild virus circulating in these areas.
- (2) SEA-RCCPE still had 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.
- (3) Additional efforts were needed to ensure that high population immunity in these 19 states and union territories was maintained.

The fifth meeting of the SEA-RCCPE was convened for NCCPE and the India Laboratory Task Force supported by NPSP to present certification data including updated phase-1 laboratory containment plans. The Commission was also provided with global and regional polio eradication overviews.

2. Global progress towards polio eradication

Significant progress was made by the global polio eradication programme in 2012, though polio remained endemic in Afghanistan, Nigeria and Pakistan. India was removed from the list of endemic countries on 25 February 2012 after being polio-free for more than a year. At the Sixty-fifth World Health Assembly in May 2012, Member States declared that “completion of polio eradication is a programmatic emergency for global public health.”

Figure 1. **Global distribution of wild poliovirus, 1 January—5 March 2013**



There were significantly fewer wild poliovirus cases in Afghanistan, Chad and Pakistan in 2012 compared to 2011. However, compared to 2011, Nigeria showed an increase and was the only country to report type-3 wild poliovirus cases during the last nine months of 2012. Overall in 2012, Afghanistan reported 37 cases, Chad 5, Nigeria 122 and Pakistan 58. The Khyber Pakhtunkwa (KP) and Federally Administered Tribal Areas (FATA) of Pakistan continue to be areas of concern and reservoirs for the poliovirus. In 2012, there were circulating vaccine-derived poliovirus

(cVDPV) type 2 case outbreaks in Afghanistan, Chad, Kenya, Nigeria, Pakistan and Somalia and two cases of type 3 cVDPV in Yemen.

Tragically, in December 2012, nine polio vaccinators were shot and killed while vaccinating children in Pakistan near KP, Peshawar and Karachi. Again in February 2013, nine polio vaccinators were shot and killed in Nigeria's northern state of Kano. The impact of these senseless acts of violence in Pakistan and Nigeria is still not clear, but polio vaccination activities in these areas are expected to be negatively impacted.

3. Recommendations from the meeting of the Independent Monitoring Board, Global Polio Eradication Initiative, London, 29–31 October 2012

The Independent Monitoring Board (IMB) was formed in 2010 to review and monitor progress on the Global Polio Eradication Initiative (GPEI). The main conclusions of the IMB at its meeting in London, 29–31 October 2012 included the recognition that there were fewer polio cases in 2012 than ever in history, with only 94 districts in four affected countries. The commitment to polio eradication is an unprecedented priority, mostly due to the WHO declaration of polio as a global public health emergency. The goal of eradicating polio was not achieved by 2012, but prospects of attaining the goal are brighter than ever. There continues to be a high risk of more cases in more countries in 2013, underscoring the high priority to reduce risks and maintain progress toward eradication. Ten specific comments and recommendations were made:

- (1) International Health Regulations (IHR) should designate an expert review committee to urgently issue, by May 2013, a standing recommendation to introduce pre-travel vaccination and vaccination checks in Afghanistan, Nigeria and Pakistan. No citizen from an endemic country should be allowed into any country without a valid vaccination certificate.
- (2) Leaders and partners of endemic and infected countries should establish five priority low season goals to be achieved by April

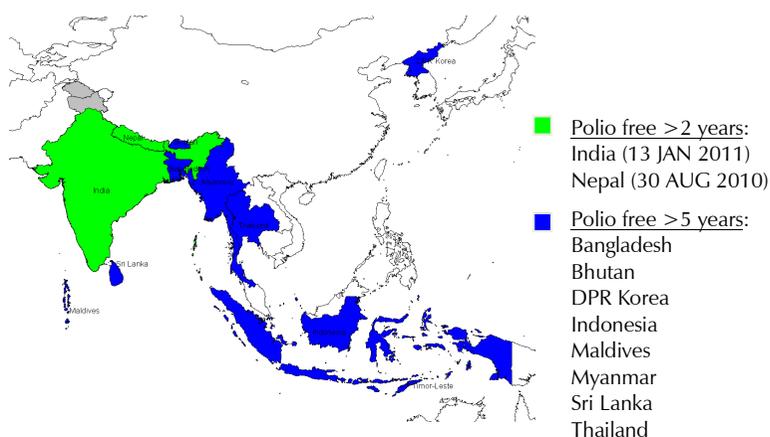
2013. An update on priority goals and a progress report is to be presented at the IMB meeting in May 2013.
- (3) An analysis of the relationship between the number and quality of SIAs should be completed to guide decisions about the optimum interval between rounds.
 - (4) All district and local government-level polio committees and task forces in endemic and infected countries should include a parent, representing all parents in the district.
 - (5) Every opportunity should be taken to pair other health interventions with the administration of polio vaccine.
 - (6) A report on global vaccine supply should be provided at each of the future meetings of the IMB.
 - (7) GPEI will establish a systematic process to capture lessons learnt; some regional efforts are ongoing, for example, AFRO is planning to put together a best practices document.
 - (8) Intensive polio watch will be set up in polio-free countries at the highest risk of importation and outbreaks. WHO should issue action plans for strengthening vaccination coverage and surveillance in these countries.
 - (9) India should plan for a simulation exercise to test readiness for emergency response, to begin in a randomly selected group of districts in mid-2013.
 - (10) A live web-cam video feed will be broadcast online from the Nigeria Emergency Polio Operations Center, allowing IMB and other partners to observe and provide input at any time.

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

The South-East Asia Region has been polio-free for over two years. India has achieved its longest polio-free period ever with the last wild poliovirus case reported on 13 January 2011 from Howrah, West Bengal (Figure 1). 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 while the last

type-3 polio case was reported from Pakur, Jharkhand in October 2010. Importation of poliovirus from neighbouring and distant countries continues to be a risk.

Figure 2: **Status of polio eradication in the South-East Asia Region**



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

**Myanmar – 2007 type1 poliovirus outbreak in province Rakhine (district Maungdaw) bordering Bangladesh.

5. Recommendations for NCCPE

Bangladesh, Bhutan, India (block II), Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste submitted 2012 annual updates for the RCCPE to review. The report from the Democratic People's Republic of Korea is pending.

The SEA-RCCPE reviewed each country report and made specific recommendations to improve the national certification process and documentation. General recommendations for all programmes are followed by National Certification Committee-specific recommendations (Tables 1 and 2).

General programme recommendations:

- (1) Overall population immunity must be ensured through high routine immunization coverage and high quality SIAs to prevent circulation after importation of poliovirus and emergence of vaccine derived polio viruses (VDPVs). The minimum coverage at the national, state and district levels should be 90%.
- (2) Functioning of a uniform and highly sensitive AFP surveillance system to verify the absence of poliovirus and guarantee the timely detection and response to importations and VDPVs should be ensured.
- (3) All National Certification Committees (NCCs) should review with their respective national health authorities the current WHO recommendations for polio vaccination requirement for travellers. Regardless of age, all travellers to countries or areas with current or recent poliovirus transmission, or those who plan to attend mass gatherings with the risk of exposure to infected persons should be fully vaccinated (per International Health and Travel) against polio before departure.
- (4) All NCCs should advocate with their respective governments to support the IMB's recommendation on the use of the IHR to require polio immunization for travellers and to urge the WHO Director-General to move forward with the implementation of this recommendation prior to the Sixty-sixth World Health Assembly in May 2013.

General recommendations for NCC annual reports:

- (1) An accurate explanation of the population immunity throughout the country that includes a description of routine immunization coverage and any additional supplementary immunization activities (SIAs) should be ensured.
- (2) Any immunity gaps (OPV3 coverage $\leq 90\%$ national, $\leq 80\%$ district) should be thoroughly described, including any immunization activities planned to prevent circulation after importation of poliovirus and/or the emergence of VDPVs.
- (3) It must be ensured that a detailed description of any process or impact surveillance indicator that is below global standards is provided in the report.

- (4) A clear description of cross-border areas and any bilateral/multilateral collaborations to synchronize immunization and surveillance activities should be ensured.
- (5) An updated copy of the national outbreak and preparedness plan that includes source of vaccine (self-procurement, UNICEF) and licensure status (mOPV, bOPV, tOPV) should be provided as an annex to the annual report.
- (6) A description of plans to test outbreak and preparedness plan (i.e., simulation exercises) should be provided.
- (7) All graphs/charts and maps should have clear legends.
- (8) The Guillain–Barré Syndrome (GBS) rate should be calculated as part of the non-polio AFP rate.
- (9) A copy of the updated phase-1 laboratory containment documents should be provided as an annex to the 2012 annual report.
- (10) Reports should have an executive summary, and should be signed by the NCC chairperson.
- (11) A copy of the conflict of interest statement should be provided to all NCC members to the WHO/SEARO secretariat.

Country-specific comments and recommendations:

India-specific recommendations are presented in Table 1 and recommendations for other Member States of the SEA Region in Table 2. Based on the recommendations from the third meeting of the SEA-RCCPE in August 2012, the NCCPE grouped the states and union territories of India into three blocks on the basis of polio epidemiology. States that did not report wild poliovirus for more than five years were designated Block 1, Low-risk. States that reported wild poliovirus in the previous 3–5 years were designated Block II, medium-risk. And states that reported wild poliovirus within the past three years or were historically endemic states were designated Block 3, high-risk. The report on Block 1, low-risk states was previously presented at the fourth meeting of SEA-RCCPE in December 2012. The report on Block 2, medium-risk states including Andhra Pradesh, Assam, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Maharashtra, Madhya Pradesh, Odisha, Punjab, Rajasthan and Uttarakhand were presented at the fifth meeting of SEA-RCCPE.

Country-specific recommendations below also include comments on phase-1 laboratory containment activities. These 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 final report on the phase-1 laboratory containment activities needs to be completed by December 2013.

Table 1. India Block 2, Medium-risk states specific recommendations

Country	Comments and Recommendations
India (Block II)	<ol style="list-style-type: none"> <li data-bbox="436 683 1243 852">(1) Based on the information presented by the India NCCPE on the 12 states in Block 2, the SEA-RCCPE believes that the AFP surveillance system is capable of detecting polioviruses (WPV/VDPVs) and that there is no circulating poliovirus in these areas. <li data-bbox="436 877 1243 977">(2) Despite high performing SIAs, the RCC is concerned about population immunity and the accumulation of susceptibles due to poor RI coverage in some areas. <li data-bbox="436 1002 1243 1170">(3) India NCC should provide additional information describing population immunity (i.e. vaccination coverage surveys, immunization status of NPAFP cases, sero-surveys) to reassure the RCC that there is a low risk of outbreaks and circulation following importation of WPVs or cVDPVs. <li data-bbox="436 1195 1243 1257">(4) The RCC is concerned about the status of phase-1 laboratory containment in India. <li data-bbox="436 1282 1243 1489">(5) Completion of phase-I laboratory containment is a requirement for India to submit its national polio-free certification documentation. If not completed and verified by December 2013, the RCC cannot consider the India documentation and the regional polio-free certification will be delayed. <li data-bbox="436 1514 1243 1611">(6) India NCC should prepare documentation on Block 3, high-risk states for review at the October 2013 SEA-RCCPE meeting.

Table 2. SEAR country-specific recommendations (excluding India)

Country	Comments and Recommendations
Bangladesh	<ul style="list-style-type: none"> (1) Additional information and/or reasons for poor performance of the AFP surveillance system with regard to timeliness and completeness of reporting should be provided. (2) A description of any plans/strategies for maintaining high population immunity for displaced persons/refugees/migrants during a natural and/or man-made disaster should be provided.
Bhutan	<ul style="list-style-type: none"> (1) Population data on the under five-year-old population and on mobile and nomadic groups should be confirmed. (2) An explanation of immunization target population and coverage should be provided. (3) A line-list of all AFP cases with diagnoses in the annual update should be included. (4) Additional information on the last polio case in 1986 and AFP surveillance activities through 2012 should be provided.
Indonesia	<ul style="list-style-type: none"> (1) A detailed description of OPV3 dropout rates and any areas with low routine immunization coverage (national/sub-national) should be provided. (2) Any additional activities to address low coverage (such as backlog fighting) should be described. (3) A description of high-risk areas should be provided and planned interventions, specifically in border areas with Malaysia, Papua New Guinea and Timor-Leste should be discussed. (4) Advocacy for risk mitigation activities (SIAs) and district level prioritization of polio eradication should be ensured.

Maldives	<p>(1) A detailed explanation of the effects of the following issues on the surveillance and immunization programme should be provided:</p> <ul style="list-style-type: none"> • reversion to centralization from decentralization • governance and funding • high number of expatriate doctors and high health staff turnover <p>(2) Advocacy for explanation of active surveillance should be undertaken in all hospitals.</p> <p>(3) NCC meetings and activities should be re-established in 2013.</p>
Myanmar	<p>(1) Areas of poor access and poor immunization coverage and plans to address them should be described.</p> <p>(2) Information on the recent changes in the country's routine immunization schedule should be provided and the impact on coverage assessed.</p> <p>(3) A detailed description of any risk assessment and cross-border activities should be provided.</p>
Nepal	<p>(1) Detailed description of 2012 NID and MR campaign + OPV including coverage and target populations should be furnished.</p> <p>(2) Non-polio AFP rate and a specified rate of GBS should be included.</p> <p>(3) Information on-hard-to reach populations and any specific plans to improve coverage should be submitted.</p>

Sri Lanka	<ol style="list-style-type: none">(1) Further evidence of polio-free status despite low non-polio AFP rate (review for accuracy) should be provided.(2) Explanation of low performing areas (coverage or surveillance) and the plan for improvement should be provided.(3) An AFP surveillance review should be discussed and planned in the report.(4) Discussions should be held on getting up an active surveillance system.
Thailand	<ol style="list-style-type: none">(1) The executive summary should be duly edited, mentioning the significance of Thailand's fully accredited regional reference laboratory.(2) Further information should be provided on the expert review committee's discarded specimen data, clarifying if any case(s) are VAPP.(3) Any updated risk assessment for importation should be included.
Timor-Leste	<ol style="list-style-type: none">(1) A detailed description of areas with low OPV3 coverage and plans for any SIA to increase should be provided.(2) Any additional surveillance or immunization data (independent survey) that would increase confidence in the country polio-free status report should be furnished.(3) Details of the specimen collection and transport process and any plans for improvement should be submitted.(4) Multi-lingual AFP surveillance guidelines and manuals should be obtained.

6. Recommendations

WHO should follow up the conclusions and recommendations of this meeting and prepare for the sixth meeting of the SEA-RCCPE planned for October 2013 as follows:

- (1) A letter should be prepared for the NCCPE on the proceedings of this meeting with conclusions and recommendations.

- (2) A letter should be addressed to the Government of India on the proceedings of this meeting, highlighting the Commission's concerns regarding progress towards phase-1 laboratory containment.
- (3) A meeting should be organized between the RCC Chair, additional members of the RCC and appropriate representatives from the Government of India.
- (4) The polio laboratory task force coordinator should be contacted to follow up on monitoring of progress on the phase-1 laboratory containment and to ensure that there is an update during the sixth meeting of the SEA-RCCPE in October 2013.
- (5) Implementation of the recommendations for the second block and preparation for the third block should be coordinated with the NCCPE.

Table 3: *Timeline for polio certification in the South-East Asia Region*

December 2012	<p>Fourth meeting of the SEA-RCCPE:</p> <ul style="list-style-type: none"> ➤ review of preliminary documentation from India (block 1) and phase-1 laboratory containment plan.
March 2013	<p>Fifth meeting of the SEA-RCCPE:</p> <ul style="list-style-type: none"> ➤ review of 2012 annual updates from Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste; ➤ review of preliminary documentation from India (block 2) and phase-1 laboratory containment plan.
October 2013	<p>Sixth meeting of the SEA-RCCPE:</p> <ul style="list-style-type: none"> ➤ review of preliminary documentation from India (block 3) and phase-1 laboratory containment plan; ➤ review of documentation from Democratic People's Republic of Korea and Re-review of documentation from Timor-Leste including phase-1 laboratory containment plans; ➤ review of GCC requirements for submission of regional documentation;

	<ul style="list-style-type: none">➤ review of documentation from all Member States for submission to the GCC.
February 2014	<p>Seventh meeting of the SEA-RCCPE:</p> <ul style="list-style-type: none">➤ review of 2013 annual updates from Bangladesh, Bhutan, Democratic People's Republic of Korea, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste;➤ review of full certification documentation from India with phase-1 laboratory containment documentation;➤ submission of SEA-RCCPE report to the GCCPE.

Annex 1

Agenda

- Polio eradication: Global overview/update
- Recommendation of Independent Monitoring Board (IMB)
- Regional update: Eastern Mediterranean Report
- Preliminary documentation: India Block II (A)
- Preliminary documentation: India Block II (B)
- Preliminary documentation: India Block II (C)
- Report on laboratories containment activities, India
- Annual updates of national documentation and laboratory containment activities on: Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.
- Conclusions and recommendations

Annex 2

List of participants

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The fifth meeting of the South-East Asia Regional Commission for Certification of Polio Eradication (SEA-RCCPE) was held from 4 to 7 March in Malé, Maldives. The primary objective of this Commission is to guide Member States through the certification process for polio eradication through impartial and transparent verification.

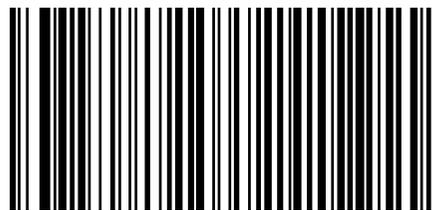
The purpose of the meeting was to review the annual reports from Member States and make recommendations to improve documentation for certification. The Region has made tremendous progress towards polio eradication and is currently on track for regional certification in February 2014.



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