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Regional Office for South-East Asia

Polio Eradication

Report of the
sixth Meeting of the South-East Asia Regional Certification Commission (SEA-RCCPE)

Kathmandu, 25–27 November 2013

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Polio eradication

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Acronyms

AFP	acute flaccid paralysis
AFR	WHO African Region
bOPV	bivalent oral polio vaccine
cVDPV2	circulating vaccine derived poliovirus type 2
CDR	Democratic Republic of Congo
EPI	Expanded Programme on Immunization
ERC	Expert Review Committee
GCCPE	Global Commission for Certification of Polio Eradication
GSL	Global Specialized Laboratory
HQ	WHO Headquarters
IPV	inactivated poliovirus vaccine
IRI	intensification of routine immunization
mOPV	monovalent oral polio vaccine
NCCPE	National Certification Committee for Polio Eradication
OPV	oral polio vaccine
SEA-RCCPE	Regional Certification Commission for Polio Eradication
RRL	Regional Reference Laboratory
SAGE	Strategic Advisory Group of Experts
SEAR	WHO South-East Asia Region
SIA	supplementary immunization activities
tOPV	trivalent oral polio vaccine

UNICEF	United Nations Children Fund
VDPV	vaccine derived poliovirus
VPD	Vaccine Preventable Disease
WHO	World Health Organization
WPV	wild poliovirus
WPR	WHO Western Pacific Region

1. Introduction

Polio eradication is a programmatic emergency for the global public health community and continues to be a high priority in the South-East Asia Region. The SEA Region has been maintaining its polio-free status for the past 34 months since reporting its last wild polio case from India on 13 January 2011. The Region is firmly on track for polio-free certification in early 2014. To ensure all requirements for certification of polio eradication are met by the Member States, the sixth meeting of the South-East Asia Regional Commission for Certification of Polio Eradication (SEA-RCCPE) was conducted with the following objectives:

- to update SEA-RCCPE members and NCC chairpersons on global and regional polio eradication progress;
- to review 2012 annual updates of the national documentation from Democratic People's Republic of Korea and Timor-Leste;
- to review national documentation from India (Block-3 states: Bihar, Delhi, Uttar Pradesh and West Bengal);
- to review the phase-1 laboratory containment activities of India;
- to review and update the regional certification plan, 2013–2014;
- to update the Global Commission for Certification of Polio Eradication (GCCPE) on the SEA regional polio-free certification plan and progress.

The meeting was attended by the SEA-RCCPE members, NCCPE members of India, Democratic People's Republic of Korea and Timor-Leste and representatives from the WHO/HQ and the regional offices for Africa (AFRO), South-East Asia (SEAR), Western Pacific Region (WPR). The meeting began with a moment of silence for Dr Ali Jaffer Mohamed, the former SEA-RCCPE member who passed away during a certification mission in Indonesia on 14 May 2013. Professor Tariq Iqbal Bhutta, a member of the Eastern Mediterranean Regional Commission for Certification of Polio

Eradication, was also introduced as a new member of the SEA-RCCPE in place of Dr Ali Jaffer Mohamed.

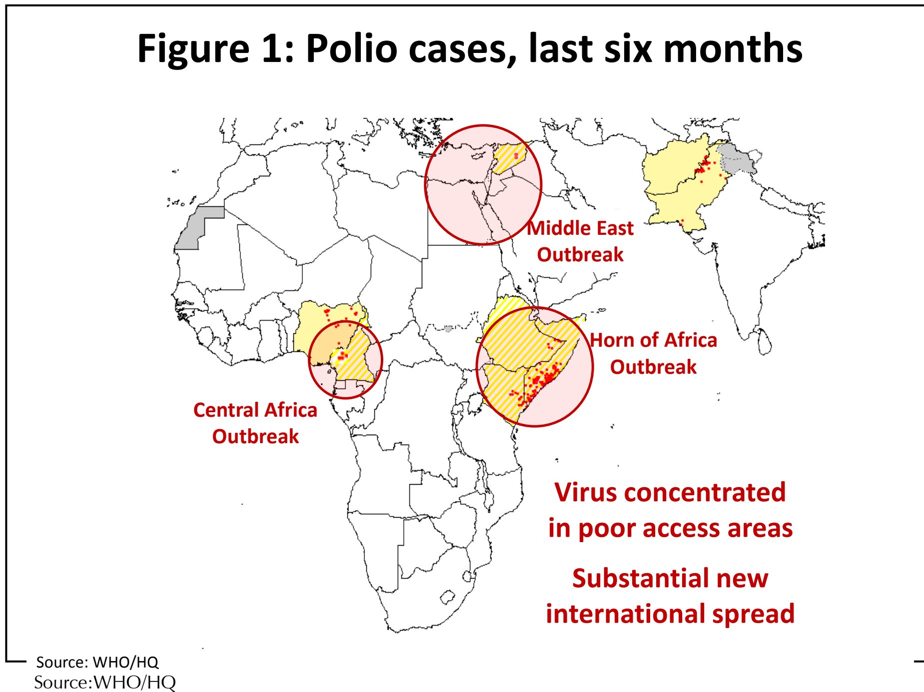
The NCCPE of the Democratic People's Republic of Korea, India and Timor-Leste presented their annual updates on the national documentations for certification of polio eradication and progress made to date. The NCCPEs from Bangladesh, Bhutan, Indonesia, Myanmar, Maldives, Nepal, Sri Lanka and Thailand were not present at this meeting, but their updated reports were reviewed by the Commission. The SEA-RCCPE was very pleased to note the tremendous progress made by the Democratic People's Republic of Korea, India (Block-3) and Timor-Leste on the evidence gathering for polio-free status, especially related to AFP surveillance performance indicators, immunization coverage figures, the risk analysis and risk mitigation activities and the phase-1 laboratory containment activities. The NCCPE of these countries are confident that these countries are maintaining polio-free status and will remain polio-free based on the evidence provided by the respective national programmes.

2. Update on Global Polio Eradication and Endgame Strategic Plan

In 2013, the total case count of polio cases increased globally; however, in the last six months of the year, the endemic country case count has declined by 40%, with no virus reported from three of the seven 'reservoirs'. Most notable is that as of 25 November 2013, no type-3 wild poliovirus (WPV) has been reported globally since the last case from Nigeria on 10 November 2012. It was also worth mentioning that no endemic virus has been detected in Afghanistan during the second half of 2013.

The year was also marked by a substantial new international spread as seen in the outbreaks in the Middle East and in Africa (Figure 1).

Figure 1: *Polio cases, last six months*



Source:WHO/HQ

Environmental surveillance in Israel is also suggesting that WPV1 has been circulating since February 2013 in the southern and central parts of the country, as well as in the West Bank and Gaza Strip.

Globally, the last case of wild poliovirus type-2 was reported in 1999 from India; however, type-2 circulating vaccine derived poliovirus (cVDPV2) outbreaks have been occurring in endemic and re-infected countries. The polio endgame goal is to complete eradication of all wild and vaccine-related polioviruses through strengthening immunization systems and withdrawal of the type-2 component of the trivalent oral polio vaccine (tOPV). Before this withdrawal and switch from tOPV to bOPV, a dose of inactivated poliovirus vaccine (IPV) is to be introduced in the routine immunization schedule for a number of reasons such as to reduce the risks due to OPV type-2 withdrawal; help interrupt transmission if type-2 outbreaks occur; and boost immunity against polio types 1 & 3. The strategic advisory group of experts (SAGE) recommended in November 2013 that IPV should be given at or after 14 weeks of age (DTP3 contact), in addition to OPV and all polio-endemic and high risk countries should

establish a plan for IPV introduction by mid-2014, while all other countries using only OPV should establish a plan for IPV introduction by the end of 2014.

3. Regional update on polio eradication

3.1 WHO African Region

The African Region remains polio endemic as of 2013. Nonetheless, progress has been made in 2013 with no WPV type-3 case reported from Africa. The last WPV3 case was reported from Nigeria on 10 November 2012. Three countries that had re-established transmission, Angola, Democratic Republic of Congo (DRC) and Chad, are now polio-free again. The priority activities planned in AFRO for 2014 include interrupting poliovirus (WPV and cVDPV) transmission, reducing the risk of outbreaks in polio-free countries, and achieving milestones of the Polio Eradication and Endgame Strategic Plan.

3.2 WHO South-East Asia Region

The South-East Asia Region has reported zero polio since January 2011. Ruksar Khatun remains the last paralytic case of the South-East Asia Region due to wild poliovirus (Figure 2).

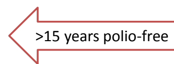
Figure 2: *Rukhsar Khatun remains the last polio crippled child in South-East Asia Region*

Among the eleven Member States in the Region, Bhutan, Democratic People's Republic of Korea, Maldives, Sri Lanka, Thailand and Timor-Leste have been polio-free for more than 15 years while Bangladesh, Indonesia and Myanmar have been polio-free for more than 5 years (Figure 3).

Figure 3: *SEAR last polio cases*

- **Bangladesh**: November 2006-P1W, Imported
  August 2000-P1W, Indigenous
- **India**: Jan 2011-P1W, Oct 1999-P2W, Oct 2010-P3W
- **Indonesia**: February 2006–P1W, Imported
  June 1995-P1W, Indigenous, October 1995-P3W, Indigenous
- **Myanmar**: May 2007 P1W, Imported, February 2000, P1W, Indigenous
- **Nepal**: Aug 2010 P1W, Imported, November 1999, P1W, Indigenous

Bhutan-1986
Sri Lanka-1993
Maldives-1994
Timor-Leste-1995
Democratic People's Republic of Korea -1996
Thailand-1997



AFP surveillance structure: All countries continue to maintain strong AFP surveillance networks in the SEA Region. In five countries, WHO continues support through hired/supported staff; Bangladesh (n=28), India (n=335), Indonesia (n=37), Myanmar (n=17) and Nepal (n=15). In addition to AFP surveillance, India also conducts environmental surveillance to supplement the AFP surveillance system. Weekly data is transmitted from all 11 countries to the Regional Office every Monday which contributes to the publishing of the Weekly Bulletin.

Regional Polio Laboratory Network: At present, the regional laboratory network formally established in 1993 and it consists of 16 national polio laboratories (NPL). Among the NPLs, there are two Regional Reference Laboratories (RRL) and one global specialized laboratory (GSL). All laboratories are annually accredited by WHO. The SEAR polio laboratory network handles over 120 000 specimens from more than 60 000 AFP cases annually.

Risk mitigation activities: All countries have successfully implemented intensification of routine immunization (IRI) targeting low

coverage areas during 2012 and 2013. Priority countries have also continued to conduct polio SIAs. In July 2013, an interregional meeting (SEAR-WPR) was held in Bangkok to review activities related to strengthening cross-border collaboration and risk mitigation for polio and other vaccine preventable diseases (VPDs).

3.3 WHO Western Pacific Region

The Western Pacific Region was certified polio-free in 2000. Since that time, the Region has experienced several polio importations: (a) Singapore reported a WPV case in 2006 imported from Nigeria; (b) Australia reported a WPV case in 2007 imported from Pakistan; (c) in 2011 there was an outbreak of 21 cases of WPV1 in China which was genetically linked to a Pakistan virus; (d) China reported a vaccine-derived polio virus (VDPV) case in 2012 which was a Myanmar child. Overall, the country programmes have maintained their focus on identifying problems and potential solutions.

4. National documentation from countries

4.1 Democratic People's Republic of Korea

Democratic People's Republic of Korea has been successful in maintaining core indicators of AFP surveillance and routine immunization coverage for the last three years. No wild polio poliovirus transmission has been reported since the last case on 10 May 1996. The NCCPE is confident that there is no WPV circulating and that the country will be able to detect any transmission, given its current surveillance network.

4.2 India (Block 3 States: Bihar, Delhi, Uttar Pradesh and West Bengal)

India remains polio-free since the last case reported in January 2011. The key factors behind this success are political commitment at the highest level and effective partnerships between the Government and partners. India has been able to sustain high quality polio vaccination campaigns and introduce several innovative activities leading to high population immunity in all

areas, especially among the high risk and most vulnerable populations. National polio laboratories have been operating at a high level of efficiency despite heavy workloads. Risk assessment for possible polio importation and risk mitigation plans are in place for each state. The National Certification Committee for Polio Eradication (NCCPE) of India concludes that there is no circulating WPV case in the country. The NCCPE is confident that with its robust programme performance, India will remain polio-free and will be able to detect any transmission of WPV through its highly sensitive AFP surveillance system in place.

4.3 Timor-Leste

Timor-Leste reported its last wild polio case in 1995. As a new country, there are a number of challenges in the programme, including achieving the required quality performance indicators of AFP surveillance as well as immunization coverage. The national certification committee for polio eradication (NCCPE) found that polio immunization coverage (OPV3) has improved during the last two years from around 60% OPV coverage to close to 80% in 2012. AFP surveillance has improved from no AFP cases in 2010—2011 to five AFP cases in 2012 and 2013. Timor-Leste is also planning to conduct a retrospective review of hospital records to identify AFP cases that were missed and sensitize medical doctors on AFP/VPD surveillance, as well as SIAs in 2014 to improve population immunity in the high risk areas. The NCCPE is confident that Timor-Leste is maintaining polio-free status by strengthening its immunization system and AFP surveillance network, and maximizing opportunities for partner collaboration.

4.4 Other Member States (Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand)

Overall, the five priority countries (Bangladesh, India, Indonesia, Myanmar and Nepal) have been maintaining the required level of quality performance at the national level, but there are sub-national areas where quality is sub-optimal. The six remaining countries in the Region have challenges in meeting the required standards. Indonesia, Myanmar and Timor-Leste are considered as high risk for polio importation, based on the programme performance indicators at the sub-national levels.

5. Progress on Phase-1 laboratory containment of India and South-East Asia Region

Following the establishment of the AFP surveillance system in the Region in 1997, stool samples of AFP cases have been tested only in the network laboratories. Since 2000, all poliovirus isolates (wild and vaccine derived) were transferred from national polio laboratories to the Global Specialized Laboratory in Mumbai, India in order to minimize facility related risks.

India started Phase-1 laboratory containment in early 2013 and made excellent progress to date. So far, only one laboratory was reported to have stored WPV isolates and clinical samples and another 130 laboratories in India were identified as storing potentially infectious materials. The task force for laboratory containment is planning to validate the number of laboratories storing potentially infectious materials.

Except for India, all other countries of the South-East Asia Region have completed the Phase-1 laboratory containment activities and submitted their reports to the SEA-RCCPE between 2006 and 2012. The task forces for laboratory containment of Bangladesh and Myanmar plan to conduct re-surveys in 2013 to update the containment documentation following polio importation in 2006 and 2007 respectively. As of November 2013, no laboratory in the remaining 10 countries of the Region has reported storing WPV or WPV infectious material.

6. Conclusions and recommendations

6.1 General

The RCC noted the efforts of all the 11 Member States of the South-East Asia Region towards maintaining high quality polio eradication activities, despite a number of financial, operational and political challenges. Overall, all country programmes continue to identify challenges and provide innovative solutions. The SEA-RCCPE has concluded that all countries of the SEA Region are capable of detecting polioviruses (WPVs and VDPVs) and that there is no circulating WPV as of November 2013. The next meeting of the SEA-RCCPE is proposed to be held during 26–27 March 2014.

The RCC recommends that NCCPEs should continue to advocate with their national programmes on the following:

- to maintain current high quality national documentation with strong evidence of the quality of the programme;
- to continue conducting risk assessments and implement risk mitigation activities;
- to develop a national policy for vaccination of travellers to minimize the risk of importation/exportation (Ref. previous rec. from Maldives meeting 4 to7 March 2013)
  - All travellers to countries/areas with current or recent poliovirus transmission, or 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, regardless of age.
  - Full vaccine protection before departure will not only protect traveller from acquiring polio disease, but will also decrease the risk of importation of wild poliovirus into the country of origin.
- to ensure that national documentations include any coverage surveys conducted, surveillance reviews, EPI reviews, updated government policies or special activities related to immunization service delivery, which may have an impact on EPI;
- to respond or clarify the points raised during this 6th meeting by 15 January, 2014;
- that in the post-certification period, the countries continue with activities of the same standard as required for certification, and plan on how they will do this in case of diminishing resources;
- that the countries submit laboratory summary tables which are missing from a number of annual update documents (how many samples were sent where, and what the results were returned) by the end of December 2013.

6.2 Country-specific

Bangladesh

Immunization coverage has been consistently high. AFP surveillance indicators have also been consistently of good quality. The cross-border notification system is working. Generally, all the indicators look good with excellent data analysis. The document has listed all the points raised at the fifth meeting, and have outlined action items and follow-up planned. It would be good for the SEA-RCCPE to know if there is a plan for sustaining current polio infrastructure in Bangladesh in the long run. The SEA-RCCPE recommends maintaining current high levels of programme quality.

Bhutan

The SEA-RCCPE recommends that the NCCPE should continue advocating for programme attention to be paid on the porous border area with India and ensuring high AFP surveillance quality and high population immunity. While there is no polio laboratory in Bhutan, the results of the AFP stool specimen testing should be included in the national document under the laboratory process section. The SEA-RCCPE recommends maintaining current high levels programme quality.

Democratic People's Republic of Korea

It was very reassuring to note the high immunization coverage and robust surveillance indicators of Democratic People's Republic of Korea. All health programmes and activities are managed by the Government. All children (and births) are registered, so the numbers, and thus coverage rates are known. Strong partner coordination does exist, especially with UNICEF for vaccine supply, cold chain assessment and strengthening and vaccine supply during an outbreak situation. Democratic People's Republic of Korea expressed challenges to establish cross-border collaboration especially with China, as China is in a different WHO region. The SEA-RCCPE recommends:

The NCCPE should continue advocating with the national programme for maintaining high quality AFP surveillance and immunization

performance; 2011 & 2012 annual updates of national documentation are still pending. The NCCPE should submit these by 15 December 2013 for SEA-RCCPE review.

India

It was very clear that the national programme has been very successful in maintaining the polio-free status of the country through excellent AFP surveillance and immunization programme everywhere. Tremendous progress has been made on the Phase-1 laboratory containment activities in a very short period of time. The SEA-RCCPE would like to congratulate the entire India team for this success. The SEA-RCCPE recommends that:

- The NCCPE of India should continue advocating to the national programme for maintaining very high quality polio eradication efforts with certification standard AFP surveillance, immunization services and innovations for risk mitigation for polio importation.
- The task force for laboratory containment had accomplished a number of activities related to Phase-1 laboratory containment; however, the activity should be completed and the report submitted to the NCCPE and SEA-RCCPE by the end of December 2013.
- In an extended review/discussion on the situation in other states of India, which was presented in the previous meetings, the RCC noted that while India has demonstrated good coverage through SIAs, there is a concern on the state of routine immunization in India to maintain population immunity especially in the north-eastern and nine high-risk states identified by the country (where immunization coverage remains low), post certification when the intensity of supplemental immunization activities may diminish. The NCCPE should report back on this issue in the next meeting of the SEA-RCCPE and include it in the 2013 annual update of the national documentation.
- The SEA-RCCPE supports the initiative of the India programme to use the polio infrastructure and apply some of the best practices and lessons learnt to strengthen routine immunization.

- The NCCPE will submit updated national documentation for the three blocks (All States) by mid-January 2014.

Indonesia

The SEA-RCCPE noted several areas of concern including accuracy of routine coverage data as well as surveillance indicators. Routine immunization coverage and AFP surveillance performance indicators in particular were found to be quite low in a number of areas. In the recently completed EPI and VPD surveillance review, a number of gaps were also detected. The SEA-RCCPE is concerned about the high risk of polio importation to Indonesia.

Maldives

The SEA-RCCPE recognizes the good practice of Maldives to offer polio vaccination to travellers going to Haj and Umrah. There were specific recommendations from the fifth meeting in Maldives which have not been addressed adequately. A number of clarifications from the national documentation were noted which will be shared separately.

Myanmar

The NCCPE noted a number of positive developments such as high government commitment for immunization in particular, and is focused on the high risk townships; the Minister is now on the GAVI Board; the government has revised its previous policy and is now open to give contracts to NGOs to help with immunization service delivery in the high risk/challenging areas; more attention is being given to activities in the hard-to-reach areas as well as border areas. The change in policy to fill all vacant basic health staff posts in the Ministry of Health is to be commended. SEA-RCCPE considers Myanmar as a medium to high risk country given the various challenges that exist in the country.

Nepal

The SEA-RCCPE noted that Nepal implemented IRI activities in those areas with <80% routine immunization coverage. The NCCPE should advocate

with the national programme for adequate staffing for sustaining polio eradication activities and to address motivation issues with relevant field health-care workers.

Sri Lanka

The performance of surveillance has shown a downward trend, which is a concern of the SEA-RCCPE. The SEA-RCCPE requests that the NCCPE advocate with the national programme for a plan of action to address this issue. The national plan of action for outbreak response should be revised and a response to a polio outbreak should be started at four weeks at the latest after the first case is notified. A clarification is required for AFP case follow-up on 180 days.

Thailand

The NCCPE noted that the AFP surveillance network was able to pick up AFP cases among foreign national visitors and the SEA-RCCPE appreciates this enhanced surveillance component. The immunization coverage (OPV) reflects a downward trend in the past three years due to several challenges in the country. Generally, the SEA-RCCPE is confident that Thailand is free from polio, but would benefit from some programme enhancements especially in some of the low performing districts.

Timor-Leste

The SEA-RCCPE noted the comprehensive situation analysis and plan for improvement of the national programme. Despite several challenges, the country has been maintaining polio-free status for more than 15 years. Nonetheless, the risk of polio importation remains high due to poor immunization coverage as well as suboptimal quality of the AFP surveillance system. The SEA-RCCPE supports the initiative of a retrospective review of hospital records and sensitization of doctors on AFP surveillance. The 2012 annual update of the national documentation for polio-free certification has been accepted by the SEA-RCCPE. The SEA-RCCPE recommends:

- The Timor-Leste NCCPE should advocate with their national programme for urgent action to improve immunization services and AFP surveillance system in the country.
- The NCCPE should verify the immunization coverage rate of 2013 and report back to the SEA-RCCPE in the next meeting.

Annex 1

Agenda

(1) Opening session

(2) Regional updates on polio eradication, AFRO, SEARO, WPRO

(3) Global updates on polio eradication and the End Game Strategic Plan 2013–2018

(4) Review of the national documentation from countries

(5) Review of the report on Phase-1 laboratory containment, India & SEAR

(6) Presentation of draft conclusions and recommendations by the SEA-RCCPE

(7) SEA-RCCPE internal meeting

(8) Review of conclusions and recommendations

Annex 2

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The sixth meeting of the South-East Asia Regional Commission for Certification of Polio Eradication (SEA-RCCPE) was held from 25 to 27 November 2013 in Kathmandu, Nepal. The primary objective of this commission is to guide Member States through the certification process on 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 of polio eradication. The Region has made tremendous progress towards polio eradication and is currently on a track for Regional Certification in March 2014.

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