
International Certification Commission for Polio Eradication in the South-East Asia Region

Report of the First Meeting

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WHO



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1. INTRODUCTION

The first meeting of the International Certification Commission for Poliomyelitis Eradication in the South-East Asian Region (SEAR) of the World Health Organization (WHO) was held in New Delhi, India, on 3 June 1997.

1.1 Objectives

The objectives of the meeting were to:

- (1) Brief the Regional Commission on the latest developments in polio eradication;
- (2) Review the Terms of Reference for the Commission;
- (3) Validate the structure and timetable for certification;
- (4) Review the proposed criteria for certification in poliomyelitis endemic and non-endemic countries, as outlined in the Plan of Action, and
- (5) Establish the requirements for documentation to be submitted from Member States in the Region for review by the Commission.

1.2 Organization

The meeting was attended by eight Commission Members and 40 participants and observers.

1.3 Opening Ceremony

The meeting was opened, and chaired, by Dr Imam Mochny.

2. PROCEEDINGS

2.1 Issues Related to Certification of Polio Eradication

The Commission and the participants were briefed on the major issues related to polio eradication, and comparisons with the smallpox eradication programme were made.

Considerable attention was given to the strategy of performing stool surveys, and taking sewage samples, to demonstrate absence of polio virus. Stool surveys of healthy children were said to have limited use in documenting the absence of wild poliovirus transmission, because of the large sample size requirements, and its labour-intensive resource requirements. Sewage sampling poses problems because of difficulties in interpreting negative results, the representativeness of samples, and because of the short half-life of wild polioviruses in the environment; but could be useful as a last chance to follow genetic drift of vaccine-related viruses over time after eradication of polio. It was concluded

that Acute Flaccid Paralysis (AFP) surveillance was a more efficient and effective way to monitor polio, than stool surveys or sewage sampling.

Issues that need to be addressed in the future include stopping of oral polio vaccine (OPV) immunizations, and containment of wild virus.

2.2 Current Situation of Poliomyelitis Eradication in SEAR

The meeting was given a short overview of the current status of the polio eradication programme:

- The OPV3 coverage, region-wide, is over 80%.
- Supplementary immunization activities such as national immunization days (NIDs) have been very successful. Since the first NID in Thailand in 1994, 16 NIDs have been conducted, and plans are to continue the NIDs as much as possible in a synchronized manner.
- Wild polio virus, types 1 and 3, are still found in all countries, with the exception of Bhutan, Maldives and Sri Lanka. In addition, in India, Type 2 is also being isolated.
- Performance indicators remain low for the Region: non-polio AFP rate is only 0.03 (instead of the expected 1 per 100 000 children under 15), and adequate stools are only collected in less than 40% of the cases.

Key activities that need to be improved are: NIDs; accreditation of laboratories; AFP case detection and investigation; stool collection rates, and linking of virological findings with AFP cases.

2.3 The Pan American Health Organization (PAHO) Experience

The Americas (PAHO) are so far the only region of WHO where poliomyelitis has been eradicated and which has been certified as being polio free. The experiences of that Region should be very useful for the development of certification procedures in other regions, including SEAR.

The most important experiences can be summarized as follows:

- High-level commitment is an absolute requirement;
- Simple criteria help in the management of the programme;
- Using of indicators is a good way to monitor performance;
- A regular bulletin on polio is a useful tool to provide feedback;
- Scrutiny of polio-compatible cases is needed to rule out if any polio case is missed;
- An independent certification commission is instrumental in verifying and validating data, and
- Contact investigations, although used in the Americas, are not recommended in SEAR.

2.4 Global Strategies

The meeting was briefed on the proceedings of the Global Commission. In its first meeting, the Global Commission has recommended that certification be granted on a regional basis, that no polio virus may have been detected with effective AFP surveillance in the three years prior to certification, and that measures must be put in place to deal with importations. The Global Commission's second meeting recommended that Regional Certification Commissions should verify that stocks of poliovirus are secured in contained laboratories and that routine collection of stool specimens of contacts are no longer needed. It also highlighted the importance of polio-compatible cases. A new AFP classification system has been introduced.

2.5 The Role of the Laboratory in the Certification Process

Assurance of good laboratory quality implies not only annual accreditation, but also regular interaction with EPI, and continuing assessment by the Regional Laboratory Coordinator. All laboratories should have contingency plans for interrupted testing. Guidelines on the containment of wild polioviruses are being developed.

2.6 Plan of Action for the Certification of the Eradication of Poliomyelitis in SEAR

A draft Plan of Action for certification of eradication of poliomyelitis in the SEA Region was proposed. The Commission members were briefed on the global structure of certification of polio eradication, and terms of reference for National Committees and for the Regional Commission were suggested. The meeting was given background information on the principles of certification: data must provide evidence of all chains of wild virus transmission having been detected, and that there is no spread of the virus in case of importations. Various strategies dealing with the performance indicators were discussed.

2.7 Documentation Required for Certification

Documentation required for certification can be summarized in the following five broad categories: country background; structure of the polio eradication initiative; documentation and data on immunization activities; documentation and data on surveillance activities, and data on the polio laboratory.

2.8 Discussion

In subsequent discussions, the Commission members highlighted the need to exchange information with programme managers in neighbouring countries. Concern was raised on WHO regions not always being structured according to epidemiological blocks, and on possible implications of this for the programme. It was however felt that it would be too complicated to change the regional composition at this stage in the programme.

Discussions were held on how long immuno-deficient people shed the virus, and whether this could pose a threat to the eradication of the disease. It was concluded that at the moment there are no data available that show that people suffering from immune deficiencies would shed wild polio virus for extended periods of time.

The commission members requested further clarifications on their relationship with national committees.

3. CONCLUSIONS AND RECOMMENDATIONS

- (1) The Regional Commission requested the Regional Director, WHO, SEAR, to officially contact the highest level of government in Member States in order to ensure that Member States establish National Certification Committees not later than September 1997 and that the national committees have at least a virologist, an epidemiologist, a public health manager, and a senior paediatrician among their members. Furthermore, it should be explained to Member countries that some members of the Regional Commission will be associated with selected National Committees to offer suggestions and recommendations, where appropriate.
- (2) In India and Indonesia, the National Certification Committee may want to establish "sub-national committees".
- (3) The time-table for certification should be modified to ensure that National Committees are properly briefed before the end of 1997. A workshop for chairpersons of all national committees, possibly along with programme managers, should be organized as soon as possible thereafter. Site-visits by Regional Commission members to Maldives, Bhutan and Sri Lanka can be planned in 1998, to take place in early 1999.
- (4) Urgent action needs to be taken to ensure that the budget for the next biennium allows for activities, such as meetings and site-visits, by national committees and the Regional Commission.
- (5) The Commission decided that, in future, it will also meet separately from the TCG and ICC, so as to ensure its independence and objectivity.
- (6) The Commission stated that, at present, progress reports could be the same as the country reports that are presented in the TCG, after having been scrutinized by the national committees. A structured format be utilized for presentation of progress reports.
- (7) Prof Natth Bhamarapravati was proposed as the Chairman of the Regional Commission and Dr Basu as the Rapporteur.
- (8) The Regional Commission will make necessary adjustments to the draft Plan of Action and its Terms of Reference in order to reflect the above-mentioned recommendations, where appropriate.
- (9) Programme Managers should act as the secretariat for national committees.

Annex 1

COMPOSITION AND TERMS OF REFERENCE

Composition

The Regional Commission is composed of eight persons having appropriate expertise and experience to evaluate the regional eradication of wild polioviruses (public health officials, virologists, epidemiologists, clinicians). Some have also had the benefit of serving previously as members of smallpox international certification commissions. They have not had direct responsibility for polio eradication activities in the Region.

The list of members of the Regional Commission for Certification of Eradication of Poliomyelitis (ICCPE) in the South-East Asia Region can be found in Annex 2.

The Regional Commission members are appointed by the Regional Director, WHO, South-East Asia Region. The Regional Commission is independent of the regional EPI activities but a member(s) may on occasion attend relevant technical meetings such as the Technical Consultative Group (TCG) on EPI as observers. The Regional Commission will regularly communicate with the Global Commission through two members who serve on both the certification bodies.

The Regional Commission may conduct visits to Member States to assess progress towards polio eradication; to ensure effective documentation, and to verify the accuracy of the data collected. The RCCPE may also decide to make use of its members, individual competence to closely follow-up on polio eradication activities and developments in individual countries.

Terms of Reference

The terms of reference are to:

- Prepare a plan of action and timetable for certification of polio eradication in SEA Region;
- Define the documentation that will be required from each country of the Region to provide the basis for eventual certification of polio eradication;
- Examine and approve the protocol for collection of national vaccination and surveillance data for certification of polio eradication. Operational responsibilities related to improvements in immunization and/or surveillance systems remain with the immunization and surveillance staff, and not with the Regional Commission;
- Encourage countries to constitute national committees for Poliomyelitis Eradication and coordinate their activities. Individual members of the Regional Commission should attend selected meetings of National Certification Committees as associates, to offer suggestions and recommendations to the National Committees, where appropriate;
- Conduct site visits as necessary to review and/or verify the status of polio eradication activities in individual countries;

- Review the polio eradication documents of each country on an ongoing basis, including verification and validation of data, and prepare a report on the findings on periodic basis for the Regional Director. Initially, the Regional Commission does not require separate reports from Member States, but will assess progress by reports submitted to the TCG. The Regional Commission may request National Committees to scrutinize these reports before presentation to the Regional Commission;
- Inform the Global Commission, through its Chairman, or via the Secretariat, the progress of eradication activities, bringing attention to unresolved issues;
- Inform the Regional Director, WHO/SEAR of any action required on the part of the WHO Secretariat and national authorities to ensure that certification will eventually be achieved;
- Verify the inventory of wild polio virus status and their containment in secure facilities in the Region, and
- Certify, if and when appropriate, the eradication of poliomyelitis from the South-East Asia Region of the WHO and to provide the Global Commission with documentation necessary to endorse the regional certification as part of the Global Polio Eradication.

Annex 2

LIST OF MEMBERS

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