

# **Ad-hoc meeting of Chairpersons of the Regional Commissions for the Certification of Poliomyelitis Eradication**

(10<sup>th</sup> meeting of the Global Certification Commission)

Geneva, November 29, 2007

## **Main conclusions and recommendations**

*Note for the record – May 2008*

An ad-hoc meeting of the Chairpersons of the Regional Commissions for the Certification of Polio Eradication (RCCs) was convened in Geneva on November 29, 2007, following their participation in the meeting of the global Advisory Committee on Polio Eradication (Nov. 27-28). The meeting was attended by Dr Anthony Adams, Chair, Global Certification Commission (GCC) and also Chair, RCC/WPR, Dr Rose Leke (RCC/AFR), Dr Shan (RCC/SEAR), Dr Ali Jafaar (RCC/EMR), Dr Carlyle de Macedo (Regional Commission for Poliovirus Laboratory Containment and Verification of polio-free status in the American Region), and Dr Walter Dowdle, member of the RCC/EUR, representing Dr David Salisbury, Chair of the RCC/EUR, who was unable to attend.

All RCC participants, except for Dr Dowdle, are also members of the Global Commission for the Certification of Poliomyelitis Eradication.

## **RCC chairperson's deliberations and findings:**

### **1) Overall status of Polio Eradication**

- The RCC chairpersons note the intensification of polio eradication efforts, following the urgent Stakeholder Consultation convened by the Director General of WHO, Dr Margaret Chan, in February 2007. The new milestones agreed upon subsequent to the Stakeholder Consultation provide a good framework to measure the progress of the initiative over the coming 24 months.
- Remarkably, 2007 is on track to be the lowest incidence year for wild poliovirus type 1 ever recorded. Key areas in India, Nigeria, and Pakistan, which previously were

major WPV1 reservoirs (global reservoirs in the cases of India and Nigeria) have been completely or largely free of WPV1 for most of 2007, including during the high transmission season.

- This significant decrease in WPV1 transmission globally reaffirms the increased effectiveness of new tools (monovalent OPV1) and new tactics used in the endemic countries.
- The RCC chairpersons commend all countries engaged in polio eradication for the progress over the past two years and urge countries and partners to sustain the high level of commitment needed to complete the task of global eradication of wild poliovirus.

## **2) Reports from the WHO Regions**

### a) African Region

- The RCC Chairs commend the RCC/AFR (ARCC) on the notable progress achieved in reviewing and accepting full country documentation, as well as on the effective support and advocacy visits of ARCC members to selected countries, with positive effects on polio eradication activities in general and on AFP surveillance quality in particular.

- Final reports from 21 of 46 AFR countries have been accepted by the ARCC, with 8 more countries preparing for presentation of full country documentation in 2008. A national containment task force has been established in 41 countries, with phase I containment completed in 14 countries.

- The RCC chairpersons are concerned about remaining obvious surveillance gaps in the Region, most notably in Chad and Angola, and urge polio eradication teams at Regional and country level to continue to focus attention on detecting and responding to gaps in surveillance quality.

- Nigeria has seen a dramatic fall in cases in 2007, mostly due to a marked decline in transmission of WPV1. While acknowledging the great progress achieved in Nigeria, the RCC chairpersons emphasize that ongoing transmission remains a significant

threat to polio eradication in Africa and globally, and a continuing risk for international spread. The continued circulation of type 2 Vaccine-Derived Polio Virus (cVDPVs), despite a declining trend since May 2007, shows that there remain areas of poor SIA and routine immunization performance

#### b) Region of the Americas

- The continued maintenance of reasonable AFP surveillance quality in most countries of the Americas (with some current exceptions: such as Brazil) is to be commended.
- However the RCC chairpersons were concerned that the Regional Commission for Laboratory Containment and Verification of Polio-free Status in the Americas has met only once (March 2004), and that progress of laboratory containment is slow.
- The RCC Chairs endorse the plan discussed at the ad-hoc meeting to conduct a meeting of the AMR Commission as early in the first quarter of 2008 as possible, with the main objective to facilitate the completion of Phase I of laboratory containment in all AMR countries.

#### c) Eastern Mediterranean Region

- The RCC Chairs note that the eradication efforts in the Region have progressed significantly. Only Pakistan and Afghanistan remain endemic, with further restriction of the intensity and extent of transmission in both countries. All outbreaks in the re-infected countries (Sudan, Yemen, Somalia) have been stopped. Only 39 polio cases were reported in the Region in 2007 to date.
- The RCC/EMR has met twice each year (except in 2007), and continues its review of national documentation. Main national documentation has been accepted for 12 of 23 member states and territories. External reviews of AFP surveillance quality are conducted in each country before the RCC reviews main certification documentation.

- The RCC Chairs endorse the proposal of the RCC/EMR to conduct joint PEI and AFP reviews with AFR in critical border areas between the Regions (such as the Chad-Sudan border).

#### d) European Region

- The RCC Chairs congratulate the WHO European Region on the 5<sup>th</sup> anniversary of polio-free certification in June 2007, and note that EUR has become the first WHO Region to finish Phase I laboratory containment activities in all countries of the Region.

- Countries in the Region have maintained high levels of immunity as well as sensitive surveillance for poliovirus, mainly based on AFP surveillance (regionally above 'certification level' every year), with some countries also using data from enterovirus networks and environmental surveillance.

- The RCC chairpersons also appreciate the preparation by WHO of a comprehensive Regional Strategic Plan to maintain polio-free status, which was endorsed by the RCC and the European Technical Advisory Group on EPI (ETAGE). Among other elements, the Strategic Plan calls for renewed political commitment, lays out activities to maintain high immunity levels, particularly in high risk groups, and details activities to maintain high quality surveillance.

- The RCC Chairs were particularly impressed by the detailed analysis conducted in the European Region to classify countries in terms of the risk of transmission following wild poliovirus importation, which will greatly help to target support to countries at greatest need, in order to maintain the Region's polio-free status.

- Similar to the situation in the Western Pacific Region, it has become difficult to secure the relatively small amounts of funding needed to maintain polio activities; the Strategic Plan also outlines the need to secure minimum funding to maintain polio-free status.

- Of note, a wild poliovirus type 1 (genetically related to recent poliovirus isolates from Chad) was isolated from a sewage sample in Geneva, Switzerland, in August 2007.

Health authorities have not reported any additional virus isolation from subsequent samples, and have enhanced the existing AFP surveillance system in the Geneva area. However, no detailed report on the outcome of the surveillance response activities has yet been shared.

#### e) South-East Asian Region

- The RCC chairpersons note that the RCC SEAR has reviewed and accepted full national certification documentation from all member states, except from India and East Timor.
- The group also notes the very significant decline in wild poliovirus type 1 transmission in India, following the intensification of mOPV1 SIAs in the first half of 2007, with no wild poliovirus type 1 case reported from the 16 'core' districts of western Uttar Pradesh (UP), since November 2006. The upsurge in wild poliovirus type 3 transmission observed in Uttar Pradesh has slowed down, but wild P3 cases continue to increase in Bihar. The RCC chairpersons endorse the strategy of prioritizing the eradication of the remaining wild poliovirus type 1 while controlling wild poliovirus type 3 transmission.
- While acknowledging that the over-riding polio priority in the Region is to interrupt WPV transmission in India, regional and national certification groups will need to remain active for several years. The group notes that the RCC SEAR has not held a meeting in 2007, and that certification activities in East Timor, the newest SEAR member state, have still not begun.
- The RCC Chairs request the RCC and the WHO SEARO secretariat to consider holding annual RCC meetings, and also suggest initiating certification activities in East Timor.

#### f) Western Pacific Region

- The WPR / RCC continues to work effectively with NCCs to maintain the visibility and quality of activities to sustain polio-free status, particularly AFP surveillance. The

timely detection of and appropriate response to the importation of wild poliovirus into Australia through a returning 22-year old student returning from Pakistan in July 2007 was exemplary and demonstrates a good level of preparedness for WPV importation. Singapore also responded rapidly and efficiently to a similar imported case in 2006.

- The RCC chairpersons note with concern that resources for polio activities in WPR are still scarce, and support the RCC/WPR request that polio eradication remain on the agenda of important WHO meetings in the Region, including for meetings of the WHO Regional Committee.

- The RCC Chairs were satisfied to hear about the progress towards completing phase 1 laboratory containment activities in both China and Japan; while China is expected to finish phase 1 shortly, Japan will need more time.

#### **4) AFP surveillance**

- The RCC chairpersons re-iterate the fundamental importance of sensitive AFP surveillance for polio-free certification of endemic Regions and to maintain polio-free status in certified Regions.
- High-quality AFP surveillance is essential to detect transmission of imported wild polioviruses and of circulating vaccine-derived polioviruses (cVDPVs), and to allow reliable monitoring of progress towards interrupting transmission in endemic areas.
- The RCC Chairs appreciated the opportunity to review examples of the detailed desk reviews of AFP surveillance quality in critical areas that are now conducted by WHO on a regular basis, note their potential utility for RCCs, and recommend that RCCs use similarly detailed analyses in their review of AFP quality at Regional and country level.

- The RCC chairpersons fully endorse the four main recommendations on AFP surveillance (see below) made by the Advisory Committee on Polio Eradication (ACPE), to detect sub-national surveillance gaps and to maintain uniformly sensitive surveillance:
  - Closely monitor the operational AFP target of >2/100,000 at the sub-national as well as the national level in the three endemic WHO regions, with particular attention to infected, neighbouring, and at-risk countries.
  - Regularly review laboratory and genetic data to identify potential gaps in surveillance performance.
  - Continue periodic and targeted (national vs. sub-national) surveillance reviews in infected and at-risk countries.
  - Provide technical support to infected countries (esp. Angola and Chad) to identify and close gaps in surveillance performance.
- There is now considerable evidence to show that certification groups at Regional and National level are uniquely positioned to advise, or, where necessary, ‘push’ national polio teams to improve and maintain high-quality AFP surveillance.
- The RCC Chairs endorse a previous GCC recommendation to focus country reviews during RCC meetings on closely scrutinizing AFP quality at national and sub-national level. Combined advocacy and technical support missions that include RCC members and WHO staff to countries with significant surveillance problems have proved very helpful in two endemic WHO Regions (AFR and EMR) and should continue.

## **5) Risk of international spread and outbreaks following importations**

- The RCC chairpersons note that there has been substantial progress since the 9<sup>th</sup> GCC meeting in reducing the number of cases related to outbreaks following importations of wild poliovirus into previously polio-free countries. Response activities to importations have been faster and more efficient and included the use of mOPV.

- Despite the lower burden of cases due to outbreaks in reinfected countries, the quality of outbreak response immunization activities in some countries has been inadequate. In particular, the RCC Chairs were concerned that transmission of wild poliovirus 1 in Chad, following importation from Nigeria, has continued since 2003 in the east of the country, with further international spread into Sudan.
- The RCC chairpersons note the risk to the certification status of polio-free countries posed by importations with subsequent spread, and suggest that this issue should be looked at more closely at the next full meeting of the GCC. The RCC Chairs fully endorse the recent ACPE recommendations on responding to importations and on specific activities to be conducted in countries at particularly high risk of importation (i.e. those bordering endemic countries).

#### **6) Progress towards completing laboratory containment phase 1**

- The RCC Chairs fully endorse the recent ACPE recommendation that, in view of the encouraging progress towards global eradication, all polio-free regions and countries should complete Phase 1 containment activities (national inventory of laboratories retaining wild poliovirus) before the end of 2008.
- The quality of containment efforts should be assessed, and quality assessment reports should be reviewed by external experts and the RCCs.
- RCCs should request the secretariat to establish regional inventories of facilities holding wild poliovirus infectious and potentially infectious materials, and to update these inventories regularly based on annual country reports to the RCC.
- The current draft of the third Global Action Plan on Poliovirus Containment should be provided to Regional Certification Commissions for their review and feedback.

#### **7) Programme of work to support the eventual cessation of OPV**

- The RCC Chairs were impressed with the agenda of work presented at the recent ACPE meeting on the scientific basis, and necessary products for policy decision-



making regarding the post-eradication era, following certification of the global eradication of wild poliovirus.

- The RCC chairs note that this agenda also includes the development of new vaccines and strategies for its use, of safer strategies for the production of more affordable inactivated polio vaccine (IPV), of research on outbreak control for potential outbreaks in the post-eradication era, and of further assessments of the principal post-eradication risks.
- In view of the increasingly complex research questions that need to be addressed, the RCC Chairs were pleased to note that the Research Committee on Polio Eradication will be re-constituted, to provide additional expert advice to the global polio eradication programme.
- In this context, the RCC Chairs also note that the WHO secretariat is preparing a technical report and proposed resolution on a mechanism for the management of potential risks to eradication, including for the eventual cessation of OPV as soon as possible after the eradication of wild poliovirus, for submission to the 61<sup>st</sup> World Health Assembly in May 2008.