Report on the

Tenth meeting of the Technical Advisory Group on Poliomyelitis Eradication and Measles Elimination in Egypt

Cairo, Egypt
19–20 February 2007
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EXECUTIVE SUMMARY

The tenth meeting of the Technical Advisory Group on Poliomyelitis Eradication (TAG) in Egypt was held in Cairo on 19-20 February 2007. Shortly before the meeting, the terms of reference of the TAG were modified to include measles elimination, and the name of the TAG was amended accordingly, to the Technical Advisory Group on Polio Eradication and Measles Elimination in Egypt.

The objectives of the meeting were to review the progress towards polio eradication in Egypt and to obtain the views of the TAG on the ways and means necessary to consolidate achievements in Egypt. The epidemiological situation of measles and rubella were discussed and the activities initiated to achieve the target of elimination were noted.

The TAG was highly impressed with the excellent performance of the polio eradication programme in Egypt during 2006. This is reflected in the maintenance of high levels of routine immunization, high level of implementation of two NID rounds and certification standard AFP surveillance supplemented with environmental monitoring.

The TAG was confident of the continued freedom of Egypt from wild poliovirus circulation since the last wild virus isolation in January 2005. However, the TAG emphasized that the ecological factors in Egypt, particularly its geographic location and very high population density, makes it one of the highest risk countries for importation and the chance of spread. Hence, there is need to maintain very high levels of immunity in the population and strong high capacity to rapidly detect and respond to any importation. The lessons learned and tools developed for environmental monitoring are extremely valuable, not only to Egypt, but to the global programme. The TAG advised that environmental monitoring should be maintained even in the post eradication phase.

The TAG noted with concern the epidemiological situation of measles in 2005 and 2006 and welcomed the planned efforts towards measles and rubella elimination.

Summary of recommendations

Polio eradication

1. With the current global situation of poliomyelitis and the high risk of importation, Egypt should plan for two NID rounds as soon as possible in 2007, preferably during the low season of transmission. The recommended vaccine to be used is trivalent OPV and the age group to be covered are children under 5 years of age.

2. Surveillance should be sustained both for AFP and environmental monitoring. An additional site for environmental monitoring should be identified in the Red Sea area.

3. The national programme should continue to give the necessary attention to health districts showing lower performance in routine or campaign activities, particularly in the governorates of Alexandria, Giza and Cairo.
Measles elimination

4. Measles surveillance should be further strengthened by making use of the experience gained in various aspects of AFP surveillance and its laboratory support services.

5. The planned catch up vaccination campaign against measles and rubella should cover the age group of 1–20 year-olds.
1. INTRODUCTION

The tenth meeting of the Technical Advisory Group on Poliomyelitis Eradication in Egypt was held by the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, on 19–20 February 2007. Shortly before the meeting, the terms of reference of the TAG were modified by the WHO Regional Director to include measles elimination. Accordingly, the name of the TAG was amended to the Technical Advisory Group on Polio Eradication and Measles Elimination in Egypt.

The meeting was attended by members of the TAG, representatives of UNICEF, Rotary International, Centers for Disease Control and Prevention (CDC), United States Agency for International Development (USAID) and Government of Japan, relevant staff of the Ministry of Health and Population of Egypt and WHO headquarters and Regional Office. The objectives of the meeting were to review the progress towards polio eradication in Egypt and to obtain the views of the Technical Advisory Group on the ways and means necessary to consolidate achievements in Egypt.

In his opening remarks, Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, expressed his appreciation for the continued guidance of the TAG in the efforts to maintain polio-free status in Egypt and welcomed Dr Hyam Bashour, a new TAG member. Dr Gezairy acknowledged the commitment and devotion of the national programme officers at all levels and expressed his gratitude to the Ministry of Health and Population for its support to other polio eradication programmes worldwide. He emphasized the need to maintain high population immunity and alertness to the possibility of importation.

Dr Nasr El Sayed, First Undersecretary, Ministry of Health and Population, delivered a message on behalf of H.E. Dr Hatem Elgabali, Minister of Health and Population of Egypt. He emphasized the commitment of the Government of Egypt to the implementation of the TAG recommendations and to continued efforts to maintain high routine immunization, certification standard surveillance, including environmental monitoring and the implementation of the national plan for preparedness to early detect and address importation. He concluded by noting that polio eradication had always received high priority by the Government of Egypt under the patronage of H.E. Mrs Suzanne Mubarak, First Lady of Egypt. The government remained committed to implementing the TAG recommendations.

Dr Yagob Y. Al Mazrou, Chairman of the TAG, reviewed the objectives of the meeting. The agenda was endorsed. The programme and the list of participants are attached as Annexes 1 and 2, respectively.

2. IMPLEMENTATION OF THE RECOMMENDATIONS OF THE NINTH TAG MEETING

All recommendations made by the TAG during its ninth meeting were fully implemented by the Ministry of Health and Population with a high degree of professionalism
and accuracy. The TAG acknowledged the efforts of the Ministry of Health and Population at all levels and the transparency reflected in the presentation.

3. POPULATION IMMUNITY AND ITS DETERMINANTS

3.1 Routine OPV immunization: system and evaluation

The national routine OPV immunization system of Egypt ensures that infants receive six OPV doses given at the ages of 0, 2, 4, 6, 9 and 18 months. According to public health law, all births should be registered at the nearest health office. However, children may be vaccinated in any health facility. To ensure comprehensive coverage of all newborns, the national programme implemented defaulter tracing and cross notification of immunization.

The data for 2005 show that routine immunization coverage with OPV3 was more than 95% in all governorates except Giza (94%). In 2006, overall routine immunization coverage with OPV3 was 97.9%. Only 7 out of the 259 health districts in Egypt achieved coverage of less than 95%. The main reasons for not achieving high coverage in these districts were related to inadequate cross-notification of vaccination, shortage of qualified staff, especially in some governorates, and the extensive involvement of the preventive staff in avian influenza activities.

3.2 Implementation and assessment of 2006 NIDs

During 2006, two NIDs rounds were implemented in April and May as recommended by the TAG during its last meeting, using tOPV. Special attention was given to ensuring very high levels of performance, particularly in high risk areas and governorates through extending technical support by the central Ministry of Health and Population staff.

The TAG was impressed with the fact that both official coverage and independent monitoring data converged to indicate high coverage in the vast majority of districts. It was noted that the few districts which have been repeatedly identified to be problematic in Cairo, Giza and Alexandria were found to have lower coverage than the national average. It was also noted that the performance of a small proportion of the teams was less than optimal, particularly in relation to house marking and administration of OPV. The TAG expressed appreciation for the input of the Task Force in addressing the constraints facing the programme, particularly in the districts showing low performance and the immediate and effective response of the Ministry of Health and Population to address observed constraints.

3.3 Immunity profile analysis: time trends and geographical differences

The TAG was presented with a detailed analysis of the immunity profile of AFP cases. The approach used in this analysis took into account the expected number of routine and campaign doses. The analysis showed that the contribution of routine immunization doses was very high in the very young children, while in older age groups, supplementary immunization campaigns contributed to the number of doses, particularly in children over the age of one
year. This study underlined the value of supplementary immunization activities in supplementing routine immunization.

Recommendations

1. With the current global situation of poliomyelitis and the high risk of importation, Egypt should plan for two NID rounds as soon as possible in 2007, preferably during the low season of transmission. The recommended vaccine to be used is trivalent OPV and the age group to be covered is children under five years of age.

2. The national programme of Egypt should continue to ensure exceptional routine immunization quality, which is an important determinant of continued freedom from polio. This can be achieved through strengthening cross-notification and catch-up immunization activities.

3. The national programme should continue to give the necessary attention to health districts showing lower performance in routine or campaign activities, particularly in the governorates of Alexandria, Giza and Cairo.

4. Special attention should be given to the training of volunteers who will be participating in supplementary immunization activities, particularly with regard to house marking and the proper administration of OPV.

4. SURVEILLANCE/PREPAREDNESS FOR IMPORTATION

4.1 AFP surveillance: current situation, data and indicators

The quality of AFP surveillance during 2006 showed continued high level performance. The national AFP rate was 3.4 per 100,000 population under 15 years. It was over 2.0 in all governorates, with very high levels of completeness and timeliness of reporting. The adequacy of specimens was over 93% (more than 80% in all governorates, except 3 small ones: Luxor, North Sinai and Red Sea). The programme has been successful in involving all health care facilities in providing services to AFP cases, including health insurance, university hospitals and other health care facilities both public and private.

The TAG was impressed with the regular issuance of the weekly surveillance review and with the fact that there is close coordination between the surveillance team and the laboratory.

4.2 Virological surveillance (AFP environmental)

AFP surveillance is supported by a highly proficient regional reference laboratory at VACSEERA, which has always obtained a high score in the annual accreditation indicators. The laboratory performance indicators continue to show excellent performance (92% of the results within 28 days, 95% of ITD results reported within 14 days and NPEV isolation rate of 18%).
Environmental surveillance has continued regularly in 33 sites (41 samples collected monthly) from 18 governorates. The TAG expressed satisfaction with the fact that the results of analysis carried out at VACSERA and KTL Finland show a high level of concordance. It was explained that the discrepancy noted in some samples is due to competition of viruses or the size of inoculum or the surface area of inoculated cell culture.

The TAG noted with great satisfaction the introduction of the new testing algorithm in January 2007, which has reduced the reporting time required for virus culture including ITD results to half the time needed by the traditional method.

4.3 Summary findings and recommendations surveillance review, August 2006

The TAG was briefed about the surveillance review conducted in Egypt during the period 29 July–6 August 2006. It noted the continued improvement in surveillance, both active and routine. Special reference was made to the efforts done by the Ministry of Health and Population to continue to involve private physicians, universities and other government facilities where AFP cases may seek care. It noted the conclusions of the AFP surveillance review, namely that it is sensitive enough to reliably detect any circulating poliovirus. The review showed that there are a few issues related to quality and particularly selection of active surveillance sites and full involvement of university hospitals.

The TAG was briefed about the recommendations of the surveillance review and listened to the clarifications made by the Ministry of Health and Population highlighting their response to these recommendations.

4.4 Risk and preparedness for importation

The TAG noted the ongoing activities made by the programme to ensure national preparedness to early discover and address importations. The plan includes identification of high risk areas (frontier governorates and entry points) and other recommended elements. It noted with satisfaction the designation of a national focal point to ensure implementation of all aspects of the plan and the full implementation of the updated national plan based on the recommendation of the Advisory Committee on Polio Eradication (ACPE). The TAG noted that not all the governorates have completed provincial plans.

Recommendations

5. The recommendations of the surveillance review are endorsed and should be implemented.

6. Surveillance should be sustained both for AFP and environmental monitoring. With the change in the direction of the high-risk approach from infected governorates to governorates exposed to importation, an additional site for environmental monitoring should be identified in the Red Sea governorate.
7. Special attention should continue to be given to the involvement of private sector, university hospitals and specialized hospitals in surveillance.

8. The national plan to address importation at the governorate level should be further developed and maintained.

5. CURRENT SITUATION OF MEASLES ELIMINATION

The TAG was briefed about the situation with respect to measles and rubella elimination. Measles remains endemic in Egypt. In 2006, the number of measles cases increased dramatically and outbreaks were reported from 7 governorates. Most other governorates reported sporadic cases. Most of reported measles cases occurred in the age group of 1–15 years, and 46% of cases occurred among vaccinated children.

The rubella surveillance has been in place for many years as a part of the communicable disease reporting system. However, prior to the availability of laboratory testing almost all rubella cases were diagnosed as measles. In 2005 and 2006 rubella outbreaks were reported from some governorates; most of the reported rubella cases occurred in age group 11–20 years, with increased risk of congenital rubella syndrome (CRS).

Egypt has set the goal of measles and rubella elimination by 2010. The strategies adopted to achieve this goal are: achieving high levels of immunity among the population; strengthening measles/rubella surveillance; establishing CRS surveillance; and strengthening to social mobilization and case management. The challenges for achieving these goals are lack of funding for measles/rubella campaigns, under-reporting of many health sectors, high population density and movement and lack of public awareness regarding measles and rubella complications.

Recommendations

9. Measles surveillance should be further strengthened by making use of the experience gained in various aspects of AFP surveillance and its laboratory support services.

10. The planned catch up vaccination campaign against measles and rubella should cover the age group of 1–20 year-olds.

6. FUTURE PLANS AND QUESTIONS TO THE TAG

Future plans of the Ministry of Health and Population with respect to polio eradication and measles elimination were presented for TAG review. The plans for polio eradication include conducting 2 NID rounds in the second half of 2007 using tOPV. The Ministry requested advice from the TAG concerning continuation of environmental monitoring. Concerning measles, the Ministry’s plan is to conduct a two-phase campaign in 2007 and 2008 covering the age group of 6–20 years. The TAG was asked to comment on these plans. The TAG’s response is reflected in the relevant sections of this report.
Annex 1

PROGRAMME

Monday, 19 February 2007

08:30–09:00  Registration
09:00–09:20  Opening session
  Address by Dr Hussein Gezairy, Regional Director, WHO/EMRO
  Message from H.E. Dr Hatem Elgabali, Minister of Health and Population
  Opening remarks, Chairman of the TAG
09:20–09:30  Status of the implementation of recommendations of ninth TAG Meeting
09:30–10:00  Discussion
10:00–10:20  Routine OPV immunization: system and evaluation / Dr Amr Kandeel, Ministry of Health and Population
10:30–10:45  Immunity profile analysis: time trends and geographical differences / Dr N. Abbas, WHO
10:45–11:20  Discussion
11:20–11:30 AFP surveillance: current situation, data and indicators / Dr I. Moussa, Ministry of Health and Population
11:30–11:45  Virological surveillance (AFP environmental) / Dr L. Bassiouni, VACSERA
11:45–12:10  Summary finding and recommendations – surveillance review, August 2006 / Dr A. Elkasabany, WHO/EMRO
12:10–12:25  Response to AFP surveillance review in Egypt, 2006 / Dr I. Moussa, Ministry of Health and Population
12:25–12:35  Risk and preparedness for importation / Dr I. Barakat, Ministry of Health and Population
12:35–14:00  Discussion
14:00–14:35  Current situation of measles elimination / Dr N. Azzazi, Ministry of Health and Population
14:35–14:45  Future plans and questions to the TAG / Dr N. El Sayed, Ministry of Health and Population
14:45–15:45  Closed Meeting of the TAG Members

Tuesday, 20 February 2007

09:30–11:00  Closed meeting of the TAG Members
11:00–12:00  Presentation of the report
12:00–12:30  Closing session
Annex 2

LIST OF PARTICIPANTS

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