WHO-EM/POL/392/E

Report on the

Twenty-third meeting of the Eastern Mediterranean Regional Commission for Certification of Poliomyelitis Eradication

Cairo, Egypt
19–20 October 2010

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1. INTRODUCTION

The twenty third meeting of the Eastern Mediterranean Regional Commission for Certification of polio eradication was held at the WHO Eastern Mediterranean Regional Office in Cairo, Egypt, on 19-20 October 2010.

The meeting was attended by members of the Regional Certification Commission (RCC), chairpersons of the National Certification Committees (NCCs) of Afghanistan, Pakistan, Djibouti and Sudan. It was also attended by the programme managers of these countries, WHO staff from headquarters, Regional Office and country offices and representatives of Rotary International and the Centers for Disease Control and Prevention (Atlanta).

The meeting was opened by Dr Ali Jaffer Mohammed, Chairman of the Regional Certification Commission (RCC), who welcomed all the participants and expressed deep concern about the developing situation in Pakistan and the challenges facing it. He acknowledged the continued significant involvement and support of the Regional Director to the programme of polio eradication not only regionally but globally.

Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, expressed special thanks to members of the RCC and acknowledged the commitment and efforts of all participants national and internationals in their efforts to achieve eradication of poliomyelitis and thanked close partners for their continued support. Major challenges were still facing the programme in Pakistan and Afghanistan, specifically the escalating insecurity in some areas, resulting in limiting accessibility to children in these areas and also in significant population movement which was affecting the epidemiologic situation. The more recent devastating floods in Pakistan were having similar effects, in addition to the destruction they caused to the health infrastructure. Dr Gezairy then referred to the achievements of other countries of the Region that were maintaining polio-free status, and to the success in achieving polio-free status in Sudan. He concluded by saying that through the commitment of all concerned nationals and internationals and polio eradication partners, the Region would achieve the targets of the global strategic plan for polio eradication.

The programme of the meeting and the list of the participants are given in Annexes 1 and 2, respectively.

2. IMPLEMENTATION OF THE COMMENTS AND RECOMMENDATIONS OF THE TWENTY SECOND MEETING OF THE RCC

The RCC was satisfied with the timely implementation of its recommendations. It noted that the Regional Office is developing a methodology and tools for assessing the risk of transmission following importation making use of the system adopted by the WHO Regional Office for Europe. The tool will be presented to the regional

technical advisory group (RTAG) to seek its views before adoption and implementation. The outcome of the analysis will be shared with Member States and the situation will be followed up with respect to actions needed.

The RCC noted with satisfaction coordination efforts between neighbouring countries particularly between Afghanistan and Pakistan and the recent Tehran Declaration on collaboration between Afghanistan, Pakistan, Islamic Republic of Iran and Iraq. The RCC also acknowledged ongoing collaborative efforts between countries of the region and neighbouring countries from other regions such as in the Horn of Africa and hoped that Operation MECACAR could be revived in the near future in a way to address the current needs of its Member States.

3. SITUATION OF POLIOMYELITIS ERADICATION IN THE REGION

3.1 Overview

Progress towards polio eradication is continuing in the Region. The polio-free status of 18 countries of the Region is being maintained. The epidemic that started in south Sudan in 2008 has been stopped for more than one year. Afghanistan and Pakistan are the only endemic countries in the Region. In Afghanistan, circulation is localized in the southern part of the country and remaining areas are without any established circulation and several innovative approaches are being taken to address the situation and reach to the children living in the conflict affected areas. In Pakistan there is evidence of increase in the number of cases and spread of the virus from its well known zones of transmission to other polio free areas. Most of the cases (75%) are from the provinces of Khyber Pakhtoonkhwa (KPK) and Federally Administered Tribal Areas (FATA), where lack of access to children because of deteriorating security is a major issue. Other areas of concern are southern Punjab and northern Sindh, which were affected severely by flooding that caused damage to the health infrastructure and major population movements. Poor management and inadequate implementation of the polio eradication strategies are also among the causes of deterioration of the epidemiologic situation in Pakistan.

Monitoring of global polio eradication milestones relevant to the Region shows that south Sudan, which was labelled as having re-established circulation, achieved the target of <10% missed children. In Afghanistan, none of the 13 high-risk districts in the south has achieved the target of <10% missed children in 8 consecutive rounds. In Karachi, Pakistan, 13 out of 18 towns have achieved the target of <10% missed children, but assessment of the situation in FATA indicates the target is not being achieved.

At present AFP surveillance indicators at national level are satisfactory in all countries of the region except in Morocco and Palestine for non polio AFP rate and Bahrain, Djibouti and Lebanon for the % adequate stools. However subnational data analysis is showing gaps. In consideration of varying immunity level and surveillance

gaps identified by sub-national analysis, a model is being constructed to assess the risk of wild polio virus transmission following importation with the objective of timely alerting the countries, helping decision-making in prioritizing technical assistance and providing data for advocacy and funding requests. In 2010, AFP surveillance reviews were planned for nine country programmes: Afghanistan, Egypt, Lebanon, Morocco, Pakistan, Somalia, south Sudan, Tunisia and Yemen. Review was postponed in Pakistan due to devastating floods in the country.

Coordination between neighbouring countries within the region and with other WHO regions is continuing. These included the close coordination between Afghanistan and Pakistan particularly for border activities and between countries of the Horn of Africa from both the Eastern Mediterranean and African Regions. Coordination efforts included synchronization of Supplementary Immunization Activities and exchange of epidemiologic information.

3.2 Laboratory aspects and containment

The laboratory network continued its efficient support to surveillance. All the network laboratories are accredited by WHO.

The workload of the EMR polio network laboratories is considered high. During 2009 the network laboratories processed 26 330 specimens from AFP cases and contacts, and the workload continues to be at the same level in 2010. The average time between receipt of a stool sample in the laboratory and reporting the result is 13 days; 95% had ITD results reported within 7 days of virus culture positive referral, and in 97% of AFP cases, the final laboratory testing results were provided within 45 days of paralysis onset.

The real-time PCR (rRT-PCR) method for rapid characterization of polioviruses was fully implemented in five ITD laboratories. There are a further 2 laboratories (in Morocco and the Syrian Arab Republic) which are in the process of establishing the rRT-PCR method. These laboratories are facing major problems due to the non availability of a rRT-PCR machine.

High quality genomic sequencing of polioviruses continued in the Pakistan laboratory, which is greatly helping surveillance activities in Pakistan and Afghanistan. In 2010, three clusters of WPV1 and two clusters of WPV3 have been detected to date.

In addition to its continuation in Egypt, environmental surveillance was established in priority districts of four provinces of Pakistan in 2009–2010, and the isolation of wild polioviruses from these sites is helping the programme to target areas and population for polio eradication activities.

Retrospective testing of isolated vaccine viruses from countries of the region has shown that between January 2009 and October 2010, circulating vaccine-derived polioviruses (cVDPVs) were isolated from AFP cases and contacts in Afghanistan and Somalia, and one type 2 VDPV was isolated from an AFP case in the Syrian Arab Republic.

All countries of the Region except Afghanistan, Pakistan and Somalia have completed phase I laboratory survey and inventory activities of laboratory containment of polioviruses and potential infectious materials. They have also submitted the quality assurance report.

In the discussion that followed the presentations on the regional situation, the RCC was pleased to note that Sudan maintained its polio free status for more than one year since the end of the epidemic that swept the south and reached the north of Sudan, Kenya and Uganda.

The RCC noted with regret that before the improvement seen early in 2010 began to be reflected by a reduction in the number of cases in Pakistan, the deteriorating security situation seriously affected accessibility to the children particularly in the endemic areas (KPK/FATA). As well, the situation has been compounded by the devastating flood that swept the country resulting in geographic spread of the wild viruses and increase in the number of polio cases.

4. GLOBAL UPDATE

A new global polio eradication strategic plan 2010–2012 was endorsed at the 63rd World Health Assembly, and launched by stakeholders on 18 June 2010. In keeping with guidance from the 126th WHO Executive Board, an Independent Monitoring Board was established in October 2010 to monitor the milestones and performance indicators of the strategic plan and to guide corrective actions.

The first quarterly report to the Independent Monitoring Board summarized the status of the major milestones at 1 October 2010 as follows.

- Countries with new polio outbreaks: no cases had been detected since 15 May 2010 in any of the 15 countries with new outbreaks in 2009. In the 10 countries which were newly infected in 2010, including Tajikistan, no outbreak persisted for more than six months.
- Countries with “re-established poliovirus transmission”: south Sudan had not detected poliovirus since 27 June 2009 and Chad since 10 May 2010. Countries which reported cases in the second half of 2010 were: Angola (last case 20 August 2010) and the Democratic Republic of the Congo (last case 2 September 2010).
- Countries with endemic poliovirus transmission: overall, in the four remaining polio endemic countries, polio cases declined by 85% in 2010, compared to the

same period in 2009. In Nigeria, cases had declined by 98%, in India by 90% and in Afghanistan by 19%, but in Pakistan, cases increased by 27%.

Although the first and third milestones of the strategic plan were broadly “on track” at 1 October 2010, key challenges remain. With regard to the second milestone, stopping all re-established poliovirus transmission by end-2010, the risk is due to the persistence of transmission in Angola and the Democratic Republic of the Congo. In Angola, upwards of 25% of children continued to be missed during supplementary immunization activities in some areas of the country, contributing to an expanding outbreak in 2010 with cross-border spread into the Democratic Republic of the Congo. In addition, in the Democratic Republic of the Congo a virus which had not been detected since 2008 was isolated in the eastern province of Katanga in June 2010, suggesting gaps in the implementation of surveillance and supplementary immunization activities in the area.

The third, end-2011 milestone of stopping poliovirus transmission in endemic countries, is at risk due to continued operational challenges in optimizing the quality of supplementary immunization activities in the persistent poliovirus reservoir areas of Pakistan. These challenges were further complicated by insecurity and conflict in FATA and the severe floods affecting the country since mid 2010.

With the declining incidence of wild poliovirus globally, Member States are taking additional measures to reduce the risk of new outbreaks caused by the international spread of wild polioviruses or the emergence of circulating vaccine-derived polioviruses. These measures include supplementary and routine immunization activities to close population immunity gaps and vaccination of travellers to and from polio-infected areas. Similarly, ensuring timely immunization responses to circulating vaccine-derived polioviruses has become increasingly important with the progress towards wild poliovirus eradication. In 2010, outbreaks due to circulating vaccine-derived polioviruses occurred in Afghanistan, Democratic Republic of the Congo, Ethiopia, India and Nigeria.

In the discussion that followed the global update the RCC acknowledged the progress made so far in polio eradication in India and Nigeria. The strong government commitment in the two countries together with the significant financial support from the Government of India and the strong support of the traditional leaders in Nigeria were among the main factors behind this success.

The RCC hoped that lessons learned from Nigeria and India would serve as guiding principles for the political and health leadership in Pakistan to address the longstanding barriers to interrupting transmission of the wild polioviruses, in their country.

5. DISCUSSION OF REPORTS

5.1 Provisional national documentation of Afghanistan

Taking into consideration that the national documentation submitted is a provisional report, the RCC expressed appreciation for the efforts made by the NCC and the comprehensiveness of the report and made the following comments.

- RCC appreciates government commitment and various efforts made to ensure vaccination of children even in security-compromised areas. It also noted with satisfaction that circulation was only in some areas in the south.
- RCC expressed concern about the increasing number of reported compatible cases and recommended that the reasons behind this increase be investigated and avoidable reasons addressed.
- Discrepancies between some numbers entered under different items in the report need to be corrected.

5.2 Provisional national documentation of Pakistan

The RCC was extremely concerned about the deterioration in the epidemiological situation and lack of progress towards interruption of wild virus transmission in Pakistan. The RCC emphasized that this is compromising the global eradication programme and achievements of its strategic objectives (2010–2012). It raised the basic question of how the eradication programme in Pakistan could be brought to the level that would permit cessation of transmission. The RCC, noting that the regional TAG will meet immediately after the RCC, would welcome the views of the TAG in this regard.

Reviewing the provisional national documentation, the RCC expressed appreciation for the efforts made by the NCC. It was encouraging to see that surveillance efforts have been generally maintained at the expected standard. The RCC made the following comments.

- The RCC noted with satisfaction progress made in environmental surveillance in Pakistan and emphasized the importance of using the data generated for action in the field.
- The RCC noted with concern that despite the repeated efforts made by WHO over several years, real efforts to begin the first phase of laboratory containment has not started and requested to initiate positive steps in this regard.
- There is concern about the large number of cases of AFP that died before stool collection, which is an indication of delayed identification.
- There is concern about some of the reported coverage figures for routine and supplementary immunization activities, particularly the disconnect between the reported high coverage figures in areas with ongoing transmission.

5.3 Abridged annual update 2009 of Djibouti

The RCC expressed concern that the report sent to them was not the one presented by the new Chairman and requested the NCC to abide with the agreed upon deadlines for submission of the reports.

The RCC made the following comments on the report.

- The changes in the composition of the NCC should be written and exact dates of their meetings recorded.
- The performance of AFP surveillance is far from certification standard, as shown by the very low rate of completeness of routine reports and active surveillance visits as well as by the low stool adequacy rate.
- In addition to the surveillance review 2007, a recent surveillance review was carried out. The RCC was concerned that the implementation of the review recommendations has not started.
- The RCC hoped that actions will be taken to implement the planned supplementary immunization activities before the end of the year since the risk assessment showed that Djibouti is at very high risk for viral spread following importation.

Considering the above, the RCC decided to defer acceptance of the report until the NCC could provide evidence that surveillance has improved to the required level for certification.

5.4 Basic national documentation of Sudan

The RCC noted with appreciation the efforts made by the national programme to bring the epidemic under control under very difficult field conditions.

The RCC thanked the NCC chairman for the excellent and comprehensive report which is submitted for the third time to the RCC because of repeated importations.

The RCC noted with satisfaction that surveillance data give confidence that there was no missed circulation in Sudan for the period covered by the report.

The RCC emphasized that Sudan is at a very high risk of importation and hence there is need to continue to maintain the excellent performance in surveillance and in efforts to ensure high levels of immunity through improved routine immunization and supplementary immunization activities.

The RCC recommended that the containment document should be updated and included in the forthcoming annual update.

The RCC made some comments which will be relayed to the chairman of the NCC.

Considering the above the RCC accepted the basic documentation provided and requested that amendments and clarifications be addressed.

6. OTHER MATTERS

The RCC recommended that its next meeting be held in Cairo on 12–14 April 2011.

Annex 1

PROGRAMME

Tuesday, 19 October 2010

08:30–09:00	Registration
09:00–09:20	Opening session Introductory remarks by Dr Ali J. Mohammed, Chairman of RCC Address by Dr Hussein A. Gezairy, Regional Director, WHO/EMRO Adoption of agenda Implementation of the recommendations of the 22nd meeting / Dr M.H. Wahdan, WHO/EMRO
09:20–11:00	Situation of polio eradication in the EMR Regional overview (POL/EMR and AFG/PAK) Update on laboratory aspects and containment (POL/LAB) Discussion
11:00–11:20	Global update / Dr R. Tangermann, WHO/HQ
11:20–12:00	Presentation and discussion of (Provisional) National Documentation for Certification of Afghanistan / Dr G. Aram, Chairman NCC
12:00–14:00	Presentation and discussion of (Provisional) National Documentation for Certification of Pakistan / Prof. T. Bhutta, Chairman NCC
14:00–14:30	Presentation and discussion of the Abridged Annual Update 2009 of Djibouti / Dr A. Hassan, Member NCC
14:00–16:30	Private meeting of the RCC Members

Wednesday, 20 October 2010

09:00–10:00	Presentation and discussion of National Documentation for Certification of Sudan / Prof. A. Kabbashi, Chairman NCC
10:00–11:00	Private meeting of the RCC mMembers
11:00–12:30	Closing session

Annex 2

LIST OF PARTICIPANTS

Members of the Eastern Mediterranean Regional Certification Commission

Dr Ali Jaffer Mohammed — *EMR RCC Chairman*
Advisor Health Affairs
Supervisor Directorate General Health Affairs
Ministry of Health
Muscat

Dr Yagoub Y. Al Mazrou
Secretary General
Council of Health Services
Riyadh

Professor David Salisbury
Director of Immunization
Department of Health
London

Professor Oyewale Tomori
Member
African Regional Certification Commission
Lagos

Dr Magda Rakha
Former Executive Member of the Board
VACSERA
Cairo

Professor Mushtaq Khan
Professor of Paediatrics
Medical Center
Islamabad

Professor Gaafar Ibnauf Suliman
Chairman
Paediatrics and Child Health Council
Khartoum

Professor Nazrul Islam
Chairman
South East Asia Regional Certification Commission
Dhaka

Country representatives

AFGHANISTAN
Dr Gholam Aram
Chairman, National Certification Committee
Hirat

Dr Agha Gul Dost
Manager, Expanded Programme on Immunization
Ministry of Health
Kabul

DJIBOUTI
Dr Ahmed Hassan
Member, National Certification Committee
Djibouti

Mr Abdallah Ahmed Hade
National Coordinator of EPI
Ministry of Health
Djibouti

PAKISTAN
Professor Tariq Iqbal Bhutta
Chairman, National Certification Committee
Lahore

Dr Altaf Bosan
National EPI Manager
Federal Ministry of Health
Islamabad

SUDAN
Professor Abdal Rahman Kabbashi
Chairman, National Certification Committee
Omdurman

Dr Amani Abdelmonaim
National Manager, EPI
Federal Ministry of Health
Khartoum

Other Organizations

ROTARY International
Dr Shakil Hasan Ansari
Chairman Eastern Mediterranean Regional Polio Plus Committee
Islamabad

Centers for Disease Control and Prevention (CDC)
Dr Robert Linkins
Chief
Vaccine Preventable Disease Eradication & Elimination Branch
Atlanta

WHO Secretariat

Dr Hussein A. Gezairy, Regional Director for the Eastern Mediterranean
Dr Mohamed H. Wahdan, Senior Consultant, Poliomyelitis Eradication Programme
Dr Ezzedine Mohsni, Coordinator, Poliomyelitis Eradication Programme
Dr Tahir Mir, Regional Advisor, Poliomyelitis Eradication Programme
Dr Faten Kamel, Medical Officer, Poliomyelitis Eradication Programme
Dr Humayun Asghar, Virologist, Poliomyelitis Eradication Programme
Dr Hala Safwat, Technical Officer, Poliomyelitis Eradication Programme
Dr Ann Buff, Medical Officer, Poliomyelitis Eradication Programme
Mr Christopher Maher, Coordinator, Strategy Implementation Oversight and Monitoring, WHO/HQ
Dr Rudolf Tangermann, Medical Officer, Strategy Implementation Oversight and Monitoring, WHO/HQ
Dr Naveed Sadozai, Technical Officer, Strategy Implementation Oversight and Monitoring, WHO/HQ
Dr Arshad Quddus, A/Team Leader, Polio, WHO Afghanistan
Dr N'ima Abid, Team Leader, Polio, WHO Pakistan
Dr Obaid Ul Islam, National Surveillance Coordinator, WHO Pakistan
Dr Salah Haithami, Team Leader, Polio, WHO Sudan
Dr Yehia Mostafa, Team Leader, Polio, WHO South Sudan
Mrs Rasha Naguib, Programme Assistant, Poliomyelitis Eradication Programme
Mr Kareem El Hadry, Service Desk Administrator, Information System Management
Mr Ihab Ismail, Audiovideo Technician, Administrative Service Unit