

Note for the Record
Ad Hoc Advisory Committee for Polio Eradication (AACPE)
Teleconference, 0800hr EST, 22 April 2005

Participants:

AACPE Members: S. Cochi (Chair), P. Figueroa (Rapporteur), Y. Al-Mazrou, E. Ehrenfeld, J John, M. Kojouharova, A. Plant, B. Schoub.

Unable to attend: M Best, R Dobbelaer, P Ndumbe, Y Jinjin.

Secretariat: D Heyman, H Wahdan (EMRO), B Aylward, C Maher, R Sutter.

Outcomes/Decisions:

1. Status of AACPE Recommendations from September 2004: the written report on progress towards implementation of the AACPE recommendations was accepted without comment.

2. Interruption of Wild Poliovirus Transmission: the status and impact of intensified eradication activities in Asia and Africa were summarized for the AACPE, including the recently detected international spread of wild poliovirus to Yemen.

The AACPE was impressed with the impact of the intensified eradication activities, particularly in Asia where cases are falling rapidly and the programme appears to be on track to stop transmission by end-2005. The AACPE also noted the 'promising turnaround' in Africa, where (a) independent monitoring demonstrates that more children are now being reached than in previous campaigns and (b) increasing attention is being given to address gaps in surveillance. The AACPE reaffirmed the feasibility of eradication in Africa, but assessed the risks to stopping transmission there by end-2005 to be significantly higher than in Asia due to the higher disease burden.

AACPE Recommendations:

- The AACPE recommends that monovalent type 1 oral poliovirus vaccine (mOPV1) be used to respond to polio outbreaks due to type 1 wild poliovirus importations into previously polio-free areas (e.g. Yemen in 2005). Trivalent polio vaccine should continue to be used for all routine immunization in these and other countries.
 - At its next meeting, the AACPE should review the impact of mOPV1 in settings of both endemic poliovirus and outbreaks caused by importations, as well as other potential strategies for its use (e.g. as a birth dose).
3. Preparations for OPV Cessation: progress towards the major prerequisites for eventual, simultaneous OPV cessation were briefly summarized for the AACPE, with an emphasis on the stockpile strategy and timeline, development of the 3rd

edition of the Global Action Plan for Laboratory Containment of Polioviruses (GAP III), 'post-OPV' surveillance strategies, and Sabin-IPV development. The AACPE was informed that WHO Member States would be updated on the strategy for OPV cessation during the World Health Assembly in May 2005.

The AACPE noted that because the risks associated with the use of an mOPV stockpile in the 'post-OPV' era would increase over time, additional strategies for responding to a circulating poliovirus at that time (e.g. IPV, antivirals) should continue to be assessed. The AACPE requested that this issue be reviewed again during its next meeting.

AACPE Recommendations:

- The outcomes of programmatic and scientific research related to OPV cessation should be shared with the AACPE on an ongoing basis so that it can stay abreast of, and comment on, developments in this area (note: WHO secretariat to share with AACPE members the recent poliovirus risk assessment and review of IPV in response to polio outbreaks).
4. Issues for the Next AACPE Meeting: the issues that are expected to be presented to the AACPE for decisions at its next meeting were summarized as:
- i) the role of mOPV1 beyond polio campaigns in endemic areas,
 - ii) priorities for early use of molecular detection methods for poliovirus,
 - iii) polio vaccine stockpile strategy, timing and doses,
 - iv) proposed polio IgM development project (for use in the OPV Cessation phase),
 - v) proposed phasing of Sabin-strain containment (during OPV Cessation),
 - vi) Sabin-IPV project (outcomes of a technical/commercial feasibility assessment).

Proposed Dates for the Next AACPE Meeting:

The week of 10 October 2005 was proposed for the next 2 day meeting of the AACPE, noting that WHO's Regional Committee Meetings (RCMs) would be taking place during the 5 week period from 1 September through early October.

It was agreed that the dates should be finalized by end-May, in discussion with the AACPE Chair once AACPE Members have indicated their potential availability.