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

Report of the Fourth Meeting
New Delhi, 21–23 March 2001

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1. INTRODUCTION

The International Certification Commission for Polio Eradication in the South-East Asia Region (ICCPE) held its fourth meeting in WHO-SEARO, New Delhi, on 21 March 2001. The ICCPE members in attendance were: Dr. Nath Bhamarapravati, Dr. N. W. Vidyasagara, Dr. N. K. Shah, Dr. N. Ward, Dr. R. N. Basu, Mr. J. C. Pant and Dr Md Nazrul Islam. Also attending the meeting were Chairpersons of the National Certification Committee (NCC) from Bhutan, DPR Korea, India, Indonesia, Sri Lanka and Thailand. Although invited, Maldives was not represented.

1.1 Opening Ceremony

The Deputy Regional Director, WHO/SEARO, inaugurated the meeting. Professor Nath Bhamarapravati (Thailand) was nominated as Chairperson; Dr. N. K. Shah as Vice-Chairperson and Dr. N. Ward as Rapporteur. The list of participants is at Annex 1.

1.2 Objectives

The objectives of the meeting were as follows:

(1) To brief the members of ICCPE on the latest developments in polio eradication globally and in the South-East Asia region;

(2) To review country documentation on polio eradication from Bhutan, Democratic People's Republic of Korea (DPRK), Indonesia, Sri Lanka and Thailand, and

(3) To review and update the ICCPE Plan of Action.

2. PROCEEDINGS

The business session started with a regional update on polio eradication, followed by presentations on quality assurance in the SEAR Polio Laboratory

Network and the Regional Plan of Action on Laboratory Containment of Wild Poliovirus. The regional certification process was presented, and issues faced by the NCC India were discussed. The ICCPE and attendant NCC Chairpersons jointly reviewed country documentation from Bhutan, DPR Korea, Indonesia, Sri Lanka, and Thailand. Following this, ICCPE reviewed and updated its plan of action to certification. In the final session, the conclusions and recommendations were reviewed and agreed. The programme is at Annex 2.

2.1 Regional Overview of the Status of Polio Eradication in SEAR

In 2000, the South East Asia Region of WHO accounted for 40% of the global burden of wild virus positive polio cases with India accounting for 97% of the cases in SEAR. Nepal reported four cases along the border with India, and Myanmar reported two. The achievement of Bangladesh in reducing the number of cases from 29 in 1999 to just one case in 2000 is particularly noteworthy. Since the onset of paralysis of this case in August, no wild virus was found in Bangladesh despite good surveillance. The last P2 wild poliovirus was isolated in Aligarh, Uttar Pradesh, India, in October 1999. The evidence to date indicates that India and the world may have successfully eradicated the P2 wild poliovirus. More information is needed from DPR Korea to document the status of wild poliovirus transmission.

All countries in the Region continue to conduct supplementary immunization rounds, with the endemic countries conducting additional rounds of national immunization days (NIDs) or mopping-up operations in high-risk areas. However, the emergence of wild polioviruses after the completion of mopping-up rounds in India in the northern region of Karnataka and in the Mumbai region of Maharashtra indicates that the quality of these rounds may have been compromised. Additionally, the isolation of wild poliovirus from a case of acute flaccid paralysis (AFP) in Kerala, a state in India that has been polio-free since 1997, highlights the importance of sustaining high levels of immunization through routine and supplementary rounds, and maintaining a high standard of surveillance for AFP.

The period between March to October 2001 presents a window of opportunity for interrupting the transmission of wild poliovirus in the Region. Demonstrating rapid success in India and the Region is critical to the success

of the global polio eradication initiative. Accordingly, the Government of India will conduct two rounds of pre-emptive mopping-up campaigns in Uttar Pradesh (UP) and Bihar during the period March to May, 2001. These rounds will target districts where wild poliovirus transmission has been documented during the low-transmission season (February – May) in previous years. Nepal, which shares a common border with UP and Bihar, is coordinating its mopping-up campaigns in the Terai Region with these states. Bangladesh will conduct two rounds of NIDs in April and May.

The priority for the Region in 2001 is to implement targeted high quality supplementary immunization rounds in the endemic countries. In order to ensure high quality, the Region is addressing the issues of adequate supply of OPV of assured quality, careful micro-planning, effective training, supervision and mobilization of resources.

2.2 Overview of the SEAR Polio Laboratory Network

Of the 17 laboratories in the SEAR Polio Laboratory Network, 15 are fully accredited. The Dhaka laboratory will be reviewed for accreditation in May 2001. The laboratory in DPRK is now equipped and has trained staff. Further support and review are required prior to achieving standards that are essential for accreditation. Until this laboratory achieves accreditation, DPR Korea should send all stool specimens collected from AFP cases in 2000 to the Regional Reference Laboratory (RRL) in Beijing for parallel testing. In order to fulfil the requirements of the programme, DPR Korea is also required to send poliovirus isolates to RRL for intra-typic differentiation. The Region is pleased to acknowledge that the WHO Regional Reference Laboratory in Mumbai has been upgraded to a Global Specialized Laboratory.

2.3 Overview of Containment of Poliovirus Activities in SEAR

The Region developed guidelines for the implementation of laboratory containment of wild polioviruses. Countries with no poliovirus circulation for at least three years were requested to prepare a national plan of action for implementation of containment activities. Indonesia, Myanmar and Sri Lanka have started to implement the guidelines. Other Member States will be requested to initiate containment activities during 2001.

2.4 Overview of the Certification Process

Certification will be by region. The SEAR ICCPE will certify the Region to be polio-free based on convincing and satisfactory evidence presented in the country documentation submitted by NCC. ICCPE will consider certification only after three years have elapsed since the last indigenous wild poliovirus was found in any country of the Region, as demonstrated by high-quality AFP surveillance.The role of NCC is to collect, review and analyse information and prepare national documentation. It should conduct field visits to verify that the information provided is adequate, and identify information gaps and requirements for the programme. It does not have the authority to certify a country to be polio-free. When convinced that the evidence in the country documentation is sufficient, it will present the final country document to the ICCPE for review.

The following documentation, which is also listed in the Manual of Operations, should be collected by NCCs and presented to ICCPE for review:

(1) Description of the certification process
(2) Executive summary
(3) Country background information
(4) History of poliomyelitis
(5) Performance of AFP surveillance
(6) Supplementary surveillance activities
(7) Laboratory surveillance
(8) Immunization activities
(9) Detection of and response to importation of wild poliovirus
(10) Areas of special concern
(11) Post polio-free activities for sustainability
(12) Laboratory containment of wild poliovirus infectious materials
(13) Conclusions and recommendations

2.5 NCC Activities and Issues, India

NCC India met four times and members conducted site visits to observe supplementary immunization rounds and the network of Indian polio laboratories. Based on its observations in the field and scrutiny of information provided by the programme, NCC identified issues of concern and brought these to the notice of the Government of India. The formation of India's

National Expert Review Committee was an outcome of a recommendation by NCC.

The issues of concern highlighted by the NCC India were as follows:

(1) Multi-sector participation at all levels
(2) Targeting high-risk areas
(3) Ensuring quality of rounds
(4) Cross-border coordination
(5) Effective media strategies to deal with rumours and adverse events
(6) Avoiding complacency in polio-free states
(7) High non-polio AFP rates and large numbers of compatibles
(8) Initiating laboratory containment of wild polioviruses in India
(9) Strengthening routine immunization.

2.6 Vaccine-derived Polio Outbreak in Dominican Republic and Haiti

The outbreak of vaccine-derived polio that started in July 2000 in Haiti and the Dominican Republic occurred in a setting of very low OPV coverage. Falling standards in AFP surveillance indicated that these strains had been in circulation for some time in these countries. In both countries, active case search for AFP cases was done, environmental sampling conducted, and two rounds of mass immunization campaigns with OPV were conducted. All countries in the Americas have been alerted to conduct active search in high-risk areas, maintain a high level of AFP surveillance and of OPV coverage.

The outbreak could have implications for certification and further research is required before a decision can be taken on the most appropriate strategy for cessation of vaccination with OPV following the global interruption of wild poliovirus transmission. However, the vaccine of choice for eradicating polio is OPV and the key to controlling the circulating OPV-derived viruses is the same as that required to control wild poliovirus circulation: achieving and maintaining high vaccination coverage and having a high level of AFP surveillance in place.

2.7 Review of Country Documentation

ICCPE congratulated Bhutan, DPR Korea, Indonesia, Sri Lanka and Thailand for producing a first draft of country documentation for review. It commended

Sri Lanka, in particular, for its comprehensive report, which included an analysis of information collected during visits to conflict-affected areas and which could serve as a model for other Member States. ICCPE also commended DPRK for its report and encouraged this Member State and the others to prepare country documentation according to the format provide in the Manual of Operations. Country-specific recommendations on documentation and information requirements are provided in Annex 3.

2.8 Review of ICCPE Timetable to Certification

Based on the progress made in India and Bangladesh, the ICCPE determined that the Region could achieve certification by the end of the year 2004. Accordingly, it revised the plan of action and adjusted the timetable to certification. The timetable to certification is provided at Annex 4.

3. CONCLUSIONS

The fourth meeting of ICCPE brought together its members and the NCC Chairpersons from Member States, which have been polio-free for more than three years. India was invited to attend because of the size of the programme in that country and the complex issues that NCC was already beginning to address. All participants agreed that the process of jointly reviewing country documentation was useful in helping to define the role of ICCPE and NCC members and in clarifying the structure and content of country documentation. Additionally, some technical issues were discussed. ICCPE agreed to hold its fifth meeting in March 2002 and decided that it would review country documentation from all Member States except Sri Lanka and Thailand. NCC will submit country documentation to the WHO Secretariat by the end of January 2002 and the Secretariat will send these to the ICCPE members at least two weeks prior to the meeting.

4. RECOMMENDATIONS

Based on the discussions and consensus reached, ICCPE made the following recommendations:

(1) Role of the National Certification Committee (NCC)

The role of NCC should be to collect, review and analyse information to its satisfaction and prepare a country report for presentation to ICCPE. These data must contain convincing evidence of interruption of polio transmission in the country. When not convinced, NCC should take the responsibility of asking the national programme to provide convincing data to the satisfaction of the Committee.

(2) Documentation

(a) NCC should submit a country report, which is in a format based on the Manual of Operations. NCC should supplement the Manual of Operations with its own analysis and assessment of the situation of poliomyelitis eradication in the country and a statement of its opinion on poliovirus circulation in the country. Other written material, graphics and tables should be annexed. The annexed report should be guided by the format recommended in the Plan of Action.

(b) The country report should provide a description of the structure of the Ministry of Health and exactly where polio eradication is located. A description should be given of the staff with direct responsibility for polio eradication activities, specifically AFP surveillance.

(c) The WHO Secretariat should, in the next four weeks, update the Manual of Operations to incorporate suggestions made by ICCPE, including the integration of information on laboratory containment policies and activities.

(d) The NCC from all Member States should submit country documentation, including revised documents from Sri Lanka and Thailand, to the WHO Secretariat by the last week of January 2002. The documents should include data from 2001 to the extent possible.

(3) Technical Issues

(a) An unusually high non-polio AFP rate, especially a rate more than 3 per 100 000 population aged less than 15 years of age, should trigger an investigation.

(b) To the maximum extent possible, all AFP cases should have a final diagnosis recorded.

(c) At this phase of the eradication initiative, polio compatibles are of concern because of the uncertainty that these could be polio and should be given the highest priority in their analysis to determine an appropriate response.

(d) The WHO Secretariat should, in the next four weeks, provide Member States clear criteria which they can use to define vaccine associated paralytic poliomyelitis (VAPP).

(4) Maldives

The Commission recommended that within the next six months SEARO should expedite the certification process in Maldives through one of the following in order of priority:

(a) Assistance in finding qualified people within Maldives to establish a National Certification Commission.

(b) Technical assistance through a short-term consultant to work directly with authorities in Maldives in collecting information and preparing a draft country report.

(c) Exploring the possibility of NCCPE Sri Lanka working with Maldives to establish a joint committee for documenting the status of polio eradication in the latter.

(5) Additional recommendation

In order to familiarize themselves with the polio eradication programme, particular by AFP surveillance, ICCPE members should participate in the upcoming polio eradication reviews in the Region as follows. ICCPE reached a consensus that participation in such reviews was essential and would not result in any compromise in its objectivity.

1 – 15 July 2001	DPR Korea Review: Dr. R. N. Basu
16 – 30 April 2001	Nepal Review: Dr N.K. Shah
18 – 30 June 2001	Bangladesh Review: Dr Md. Nazrul Islam and Dr N. W. Vidyasagara
1 – 15 October 2001	Myanmar Review: Dr R.N. Basu
4 - 12 June 2001	India Review: Dr.N. Ward and NCC India

Annex 1

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Annex 2

PROGRAMME

(1) Opening
(2) Meeting of ICCPE, invited NCC and WHO Secretariat: Updates and issues
(3) Group review of national documentation by ICCPE members and respective NCC:

Non-endemic countries:

- Bhutan
- Maldives
- Sri Lanka
- Thailand
- Indonesia
- DPR Korea

(4) Conclusions and recommendations on country documentation
(5) Review of ICCPE plan of action
(6) Closure

Wednesday, 21 March 2001

0800-0830 Hrs.	Registration
0900-0930 Hrs.	(1) Opening • RD's address • Introductions • Chairman's address
1030-1230 Hrs.	(2) Meeting of ICCPE, invited NCC and WHO Secretariat • Regional update on polio eradication: Dr Arun Thapa, VAB/SEARO • Quality assurance in SEAR Polio laboratory network: Dr Nalini Withana, Regional Polio Laboratory Network Coordinator • Regional plan of action on laboratory containment of Polio Virus: Dr Nalini Withana, Regional Polio Laboratory Network Coordinator • Perspectives on certification, India: Mr Uma Shankar, Chair India/Dr N.K.Arora, Member Secretary, NCC India • Talk on certification: issues and roles: Dr N.Ward, ICCPE Member (3) Group review of national documentation by ICCPE members

1400-1530 Hrs.	Group review of national documentation by ICCPE members and respective NCC: Bhutan and Maldives
1545-1700 Hrs.	Continued: Group review of national documentation by ICCPE members and respective NCC: Bhutan and Maldives

Thursday, 22 March 2001

0830-1000 Hrs.	Continued: Group review of national documentation by ICCPE members and respective NCC: Sri Lanka and Thailand
1030-1200 Hrs.	Continued: Group review of national documentation by ICCPE members and respective NCC: Sri Lanka and Thailand
1330-1500 Hrs.	Continued: Group review of national documentation by ICCPE members and respective NCC: Indonesia and DPR Korea
1530-1700 Hrs.	Continued: Group review of national documentation by ICCPE members and respective NCC: Indonesia and DPR Korea

Friday, 23 March 2001

0830-1000 Hrs.	(4) Conclusions and recommendations on country documentation
1030-1200 Hrs.	(5) Review of ICCPE plan of action
1330-1430 Hrs.	Continued: Review of ICCPE plan of action
1500-1630 Hrs.	Finalization of ICCPE Plan of Action
1630 Hrs.	(6) Closure

Annex 3

REVIEW OF COUNTRY DOCUMENTATION AND COUNTRY-SPECIFIC RECOMMENDATIONS

Bhutan

– Section 1.2.1 should include an organogram or flow chart of the Ministry of Health which shows the exact location of the polio eradication programme.

– Section 1.2.2 should be expanded to explain if any polio-specific meetings are held.

– Section 1.3.1 should include a flow chart which explains the AFP surveillance system and the flow of information.

– Section 1.3.2 should include an explanation to clarify the point that private practice and private hospitals do not exist in Bhutan.

– Section 1.3.5 should include a chart demonstrating that zero reports are being received at the centre.

– Section 1.3.7 needs an explanation about the District Medical Officer, his/her qualifications, especially training.

– Section 1.3.8 should be consistent with section 1.2.2 and should clearly state who is responsible for AFP surveillance.

– Section 1.3.9 b) i) needs clarification on whether or not contact specimens are being collected every time. A section iii) should be added to explain transport arrangements for the stool specimens.

– Section 1.3.10 should state how often the National Expert Committee meets, and should include the minutes in the Annex.

– Section 2.2.2 should state the diagnosis of the case in question.

– Section 2.2.4 should have the confirmed polio case deleted from the table.

– Section 2.1.3 should use a definition based on the WHO provided definition of VAPP.

- Section 2.3 is not applicable to Bhutan; therefore, this section should not be filled.
- Section 3.1.2 d) should be "yes".
- Section 3.2.4 Bhutan should conduct active surveillance at the Regional and Central Referral Hospitals at least twice a year.
- Section 3.3.2 should be reconciled with section 5.2.5 so that the population figures in the two tables are correlated.
- Section 3.4.1 should be "yes'.
- Section 3.4.3 should provide an explanation as to what happened to the one case.
- Section 5.2.5 should provide a good explanation for the decline in the number of OPV doses from 1994 to 1999.
- Section 5.3.2 should include an analysis to show if the actions had any desired impact.
- Section 5.4.2 should include a map showing areas where SNIDs were conducted and the rationale for SNIDs in these areas.

DPR Korea

- The document should provide a description of the structure of the Ministry of Health and where polio eradication is located. A description should be given of the doctors mentioned in Table 1, which should include information on their role. The document should provide a flow chart explaining how AFP surveillance is conducted in the country.
- Although the national polio laboratory is not accredited, the document should include a table showing the laboratory results of specimens tested, and other performance indicators.
- Information on AFP cases should include a breakdown by province and the immunization coverage in the province.
- A map should be provided clearly defining the high-risk, including "silent", areas.
- In order to understand where the wild polioviruses isolated in 1996 came from, these should be sequenced in a Regional or Global Reference Laboratory.

- The polioviruses isolated from AFP cases in 2000 should be sent for intra-typic differentiation to a Regional Reference Laboratory.
- DPRK should consider conducting environmental sampling, and collecting contact specimens.
- The name and designation of the members of the National Expert Committee should be provided.
- Table 3 should have a note to clarify whether or not the 3 cases with poliovirus isolated were really VAPP.
- Table 4 should specify whether or not "zero" AFP reporting is taking place.
- Tables 5 and 6 should provide clean data and appropriately calculated indicators. An explanation should be provided as to why the stool collection rate is low.

Indonesia

The document should be reformatted according the Manual of Operations and submitted in six months' time to the WHO Secretariat. It should include information and an analysis from conflict areas and refugee camps.

Sri Lanka

- The country report should have an introductory paragraph relating to the difficulties caused by the conflict in the northern and eastern provinces of the country. A clear statement regarding NCC's confidence in the surveillance activities in the conflict areas, in Colombo municipality where there is a high floating population, and in tea estates should be added.
- The organogram of the Ministry of Health should reflect the responsibilities of the Epidemiology Unit, the Family Health Bureau and the municipalities.
- The section on injection safety should be omitted.
- A statement should be given clarifying NCC's confidence in the proper shipment of stool samples from the conflict areas to Colombo.

- A clear statement should be made regarding AFP cases not being reported for the Northern and Eastern provinces. Health service and surveillance activities in refugee camps should be reflected in the report.
- Section 1.1.1 When giving population data the census year should be stated
- Section 1.2.1 As the Epidemiology Unit and the Family Health Bureau are collectively involved in developing polices and activities for surveillance, both these institutes should be included in the table. Responsible persons for policies and activities should be the Directors of the Family Health Bureau and Epidemiology Unit. Responsibilities for the polio laboratories should be the person in charge of the National Polio Laboratory.
- Section 1.3.9. A strong statement should be added to explain that specimens are being collected from all AFP cases even where the cases are detected more than two weeks after the onset of paralysis.
- Section 1.3.10 Name of the virologist in charge of the WHO National Polio Laboratory should be included as a member of the Expert Review Committee.
- Section 2.2.2. Immunization response activities should include the area covered during the two rounds of immunization.
- Section 2.2.3. Very few polioviruses are being isolated from specimens of AFP cases. Is NCC confident about this?
- Section 3.2.2 A statement is needed to explain why the percentage of reports is decreasing from 1998 to 2000.
- Section 3.2.5. The number of visits conducted needs to be clarified. NCC should have confidence that active surveillance is adequate even in areas where Regional Epidemiologists have not been posted. If not adequate, NCC should advise on the strengthening of activities in these areas.
- Section 3.3.2. The percentage of AFP cases with adequate stool samples needs to be corrected.
- Section 3.4.2. NCC should clarify which type of AFP cases are reviewed by the National Expert Committee.
- Section 3.5.1. A statement should be made regarding zero reporting.

- Section 4.1.1 (IV) Please add: "As the National Polio Laboratory also serves as a WHO Regional Reference Laboratory for the Region, all polio viruses isolated are tested for ITD also in the same laboratory".
- Section 4.1.2 Although accreditation results are not available to the laboratory staff, the Laboratory should include their own performance indicators and data in this table.
- Numbers should be corrected.
- ITD results should be included.
- Section 4.2.7 Needs to be addressed.

Thailand

The report should have a separate section on municipalities, particularly Bangkok Municipality, and difficult areas. An organogram should be included in the report to show the exact location of polio eradication.

The Virologist in charge of the National Polio Laboratory should be included in the National Expert Review Committee. The names and designation of the National Expert Committee should be provided.

- Section 2.2.3 Detailed information should be provided on the last wild poliovirus.
- In this table classification of cases needs to be clarified. The table should be modified to reflect use of the virological classification scheme. A map should be included if relevant.
- Section 3.1.4 Clarify A and B.
- A statement regarding active surveillance and whether or not this conforms to WHO guidelines should be included
- Inconsistencies regarding the number of AFP cases and the number of stool samples should be explained.
- A statement on zero reporting should be made.
- Section 4.1.2 The table should reflect performance related to the service provided to Nepal and Bhutan.
- Section 5.4.2 A statement should be included to explain the different age groups.

NCC should include reports on the visits conducted and the surveillance and immunization activities carried out along border areas.

Annex 4

ICCPE TENTATIVE TIME TABLE FOR THE CERTIFICATION PROCESS FOR POLIO ERADICATION IN THE SOUTH-EAST ASIA REGION

March to August 2001	Support to Maldives
31 January 2002	Submission of country documents, including revised documentation from Sri Lanka and Thailand, with data from 2001 to the extent possible.
March 12-15, 2002 5th Meeting of ICCPE	Review of country documentation from: Bangladesh, Bhutan, DPRK, Maldives, Myanmar, India, Indonesia and Nepal.
April 2002-February 2003	Field visits to 2 to 3 countries
May 2003 (3 days) 6th Meeting of ICCPE	In conjunction with SEAR TCG. Review of country documentation from all Member States, with focus on India. National EPI Managers to participate.
June 2003-May 2004	Field visits to 2 to 3 countries.
June 2004 7th Meeting of ICCPE	Review of country documentation with the NCC Chairperson and National EPI Programme Manager from every Member State.
September 2004 8th Meeting of ICCPE	Review of final country documentation from every Member State with NCC Chair and National EPI Programme Manager. Presentation to the SEAR Regional Committee.
December 2004	ICCPE certification of SEAR as a polio free