WHO-EM/POL/315/E

Report on the

The Fourth Regional Technical Advisory Group for Poliomyelitis Eradication

Cairo, Egypt
10–11 May 2006

World Health Organization
Regional Office for the Eastern Mediterranean

Document WHO-EM/POL/315/E/06.06/42

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1. INTRODUCTION

The fourth meeting of the Regional Technical Advisory Group on Poliomyelitis Eradication was held in Cairo, Egypt on 10 and 11 May 2006 under chairmanship of Dr David Salisbury. The meeting was opened by Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, who welcomed the group members and expressed the gratitude of WHO for their valuable guidance to the poliomyelitis eradication programme. He also welcomed representatives of UNICEF, Rotary International and the Centers for Disease Control and Prevention and colleagues from WHO headquarters, country offices and Regional Office for Africa.

Dr Gezairy drew attention to the positive developments with respect to poliomyelitis eradication in the Region, particularly the declaration of polio-free Egypt and the evident reduction in wild poliovirus transmission in Pakistan and Afghanistan. He also expressed significant concern about the evidence of continued extensive transmission of poliovirus in northern Nigeria and the risk of re-introduction of the virus into the Eastern Mediterranean Region. He emphasized the need to rapidly interrupt poliovirus transmission in Somalia and to maintain high levels of surveillance and population immunity among young children.

The programme and list of participants are attached in Annexes 1 and 2.

2. FOLLOW-UP OF THE RECOMMENDATIONS OF THE THIRD RTAG MEETING

The Regional Technical Advisory Group noted, with appreciation, that the recommendations made in its last meeting had been implemented by both WHO/EMRO and Member States, particularly with respect to implementation of high quality surveillance and supplementary immunization activities as well as the close coordination with neighbouring countries in Africa. The Regional Technical Advisory Group noted the achievements in Egypt which was declared polio-free and the clear evidence of reduction in wild poliovirus transmission in the two remaining endemic countries, namely Pakistan and Afghanistan. It acknowledged the extremely hard work made by all those involved in polio eradication programme activities at all levels, especially at the most peripheral levels.

3. PROGRESS IN EGYPT

The Regional Technical Advisory Group noted with great satisfaction the cessation of circulation of wild poliovirus in Egypt and made the following recommendations.

1. Certification standard surveillance should be maintained, including environmental monitoring and avoiding development of immunity gap among any population group through continued emphasis on sustaining high levels of routine immunization.

2. The national authorities should put into effect the national plan for preparedness and response to importation.

3. The national Technical Advisory Group for Egypt should explore the value of using monovalent OPV1 for the birth-dose in the national immunization schedule during their next meeting.

4. PROGRESS IN THE REMAINING ENDEMIC COUNTRIES

4.1 Afghanistan

The Regional Technical Advisory Group highlighted Afghanistan as a priority country with remaining localized endemic transmission in the southern region, particularly in Kandahar province. This situation is directly related to the high insecurity and inadequate accessibility leading to sub-optimal quality of supplementary immunization activities.

The Regional Technical Advisory Group was briefed about ongoing efforts by the national authorities, WHO and UNICEF to achieve periods of tranquility in areas with ongoing conflict in southern Afghanistan to enable vaccination of all children. The TAG recommended the following.

5. Every effort should be made to ensure access and vaccination to all targeted children. The Regional Technical Advisory Group therefore supports the work being done to achieve periods of tranquility. Emphasis should be placed on densely populated accessible areas to ensure the highest coverage, in all provinces of the southern region where recent transmission occurred.

6. Campaigns should be implemented every 6–8 weeks using the appropriate vaccine guided by the epidemiological development in the country.

7. In view of the fact that the epidemiology of the poliovirus circulation in Afghanistan is closely linked to Pakistan, there should be continued close coordination between the two programmes and particular attention should be given to the moving population between the two countries and the border area representing the common pool of transmission.

4.2 Pakistan

The Regional Technical Advisory Group acknowledged that Pakistan has made significant progress towards eradication of poliomyelitis with clear evidence of decreasing virus diversity and intensity of transmission and recommended the following.

8. Efforts should be made to maintain the strong political commitment at all levels, federal, provincial and district.

9. Supplementary immunization activities should be continued with the additional focus on the virus reservoir areas through mop-up activities using the appropriate vaccine.

10. The programme should ensure high levels of immunity in all children and avoid any immunity gaps that may develop in certain areas or among specific population groups due to accessibility problems.

11. The very high level of surveillance sensitivity and efficiency should be maintained.

12. In view of the fact that the epidemiology of the poliovirus circulation in Pakistan is closely linked to Afghanistan, there should be continued close coordination between the two programmes and particular attention should be given to the moving population between the two countries and the border area representing the common pool of transmission.

5. SITUATION IN RE-INFECTED COUNTRIES

5.1 Sudan

The Regional Technical Advisory Group noted with satisfaction that the epidemic of 2004–2005 has come to an end and that surveillance and routine immunization are improving. However, the political development in Sudan and the peace process in Darfur are expected to result in significant population movement from Chad and southern states which are areas of traditionally weak surveillance and immunization coverage. Additionally, it is noted that the season of usual annual population movement from west and central Africa eastwards towards Saudi Arabia is approaching, timing with it the potential for reintroduction of the poliovirus from endemic areas in Africa and Sudan.

13. Surveillance efforts should be strengthened, particularly in the Upper Nile region of southern Sudan where previous transmission was missed.

14. The national plan for preparedness and response to importation should be updated and activated.

15. Two rounds of NIDs should be conducted in autumn 2006 with special attention given to high risk areas.

5.2 Yemen

The Regional Technical Advisory Group noted the efforts made by national authorities, WHO and UNICEF and other polio partners to bring the epidemic under control quickly in a relatively short period. It also noted the few sporadic cases that followed, the last of which had its date of onset on 2 February, 2006.

Several lessons were learned from this epidemic, especially the need to avoid the development of an immunity gap among young children and to maintain strong surveillance to ensure early detection of any importation. Additionally, the Group was informed of ongoing

efforts of national authorities supported by countries of the Gulf Cooperation Council and WHO to strengthen routine immunization.

16. Efforts should be made to maintain political commitment and ensure against complacency.

17. The upcoming Yemen TAG should closely examine the quality of the AFP surveillance at the sub-national level and take measures to strengthen routine immunization.

18. The national plan for preparedness and response to wild poliovirus importation should be updated and activated.

5.3 Somalia

The Regional Technical Advisory Group noted that several preventive supplementary immunization activities had been implemented since early 2005, including with the use of monovalent OPV1. It was also noted that when the virus was introduced in Somalia it had its severest impact where the security situation has affected accessibility, particularly Banadir and Lower Shabelle, while the spread outside these areas remained largely sporadic and limited. The Regional Technical Advisory Group also noted that the vaccination status of non-polio AFP cases shows large gaps in the immunity with recent improvement.

19. The Somali programme should continue supplementary immunization activities every 4–6 weeks until transmission is interrupted and continue the efforts made to increase the quality of the campaigns to ensure rapid control of the epidemic.

20. The TAG endorses continuation of the use of mOPV1 vaccine until interruption of transmission. Thereafter, at least two rounds should be implemented using tOPV.

21. The programme should continue efforts to ensure accessibility to reach all targeted children in the country.

5.4 Horn of Africa coordination

The Regional Technical Advisory Group highlighted the vulnerability of countries in the Horn of Africa and expressed special concerns about the situation in Somali region of Ethiopia and Djibouti with its relative sub-optimal programme performance. The TAG also recognized the existing level of coordination achieved in countries of the Horn of Africa.

22. These efforts should be strengthened with special emphasis on coordination among the Somali communities in the four countries (Somalia, Ethiopia, Kenya and Djibouti). This should be achieved through joint planning and synchronized activities.

6. POLIOVIRUS IMPORTATION

6.1 Global risk

The Regional Technical Advisory Group noted the extraordinary efforts made in Sudan, Yemen and Somalia to address the importation arising because of the failure to control the situation in northern Nigeria. Unless similar efforts are made in Nigeria, this serious threat will continue to exist to countries of the Region and the world. In order to protect the achievement of the programme, the following recommendations were made.

23. The countries of the Eastern Mediterranean Region should be alerted to the ongoing intense transmission in some northern states of Nigeria.

24. The Regional Office should regularly monitor the situation in Nigeria, including the impact of the planned May–June immunization plus days on transmission and keep countries of the Region informed of the potential of re-infection from this major reservoir.

25. The Regional Technical Advisory Group calls on the Regional Director to work with countries of the Region to encourage them to initiate direct contact with Nigeria regarding the need to rapidly bring the situation in the affected parts of Nigeria under control through implementation of the most appropriate strategies defined by the Advisor Committee on Poliomyelitis Eradication.

26. With the upcoming season of Umra and Haj (pilgrimage) and the high influx of pilgrims from Muslim countries around the world, there is a danger of the importation of the poliovirus into Saudi Arabia and beyond. The Regional Director may consider asking Saudi Arabia to exert special efforts through direct communication with Nigerian officials to impress upon them the urgent need to bring the situation rapidly under control.

6.2 Preparedness and response to importation

The Regional Technical Advisory Group reviewed the experiences among the countries which suffered from importation with respect to the timeliness of the detection, adequacy and impact of the response. The Group reviewed and endorsed the revised regional "Guidelines for Preparedness and Response to Wild Poliovirus Importation and Format for National Plans". It made the following recommendations.

27. Countries should adhere to the standards laid out in the guidelines.

28. Countries should regularly review their national plan for preparedness and response to importation. They should also test these plans.

29. Countries where importations result in secondary cases should be prepared to immediately conduct at least 6–8 months of response activities to control the situation.

30. Planned surveillance reviews should also be used as opportunities to review the application and operational aspect of these national plans for preparedness and response to importation.

6.3 Imported cases

The Regional Technical Advisory Group discussed the issue of importation and classification of cases and stressed that when a case is known to have been infected in one country and then moves to another country, the case should be listed in the country where infection took place. When in doubt, genomic sequencing data would help in identifying the most probable source of infection.

The two patients that were exposed to the virus and became ill in Yemen and then crossed the border for treatment in Oman should therefore be included in the line list of Yemen. Similarly, the case of the Sudanese patient that travelled to Saudi Arabia, where onset of paralysis took place in shortly after arrival from Sudan and the wild poliovirus was related to the virus circulating in Sudan, should be added to Sudan's line list.

31. The Regional Office should revise the records with respect to the above mentioned case recorded currently under Oman and Saudi Arabia.

32. Polio-free countries that receive confirmed cases of wild poliovirus from other countries during the period of communicability should implement timely and appropriate immunization and surveillance response.

7. SURVEILLANCE

The Regional Technical Advisory Group acknowledges the achievements shown by the surveillance performance indicators in the Region. However it expressed concern regarding the remaining gaps in some high-risk areas, especially in Sudan, Somalia and Djibouti, and the borderline surveillance standards in some of the polio-free countries such as Morocco and Lebanon.

The Regional Technical Advisory Group stressed the need to sustain surveillance sensitivity; however this should not compromise the quality.

33. AFP rate calculations should be done for cases whose clinical manifestations represent a proxy to poliomyelitis. Guillain-Barré Syndrome rate represents a good indicator for the quality of the AFP surveillance.

34. To increase the sensitivity of the surveillance system and assess the extent of any possible transmission, supplemental surveillance activities are introduced such as collection of stool specimens from contacts of select AFP cases. In this regard, the TAG reviewed the regional guidelines for contact sampling and endorsed them.

35. The TAG recommends the monitoring and assessment of the impact of the new guidelines on laboratory workload and the impact it has on the identification of the wild poliovirus.

The Regional Technical Advisory Group acknowledges the contribution made by the laboratory network and the high quality performance as indicated by the timely reporting of the results to guide the programme to take necessary action. It has noted that the transport time of specimen from collection to reaching the laboratory is still longer than the target in a few countries.

36. The lag in transportation in some countries should be further investigated and corrective measures taken to address the reasons for this gap.

37. The polio eradication programme should continue to extend the necessary support to the regional laboratory network to cope adequately with the workload.

8. SUPPLEMENTARY IMMUNIZATION ACTIVITIES

The immunity profile of AFP cases in Member States was reviewed. The plans for supplementary immunization activities in the Region were also presented and reviewed by the Regional Technical Advisory Group. The TAG made the following recommendations.

38. Countries should regularly monitor routine immunization coverage and immunity profiles as reflected by the immunization status of AFP cases in order to identify early any immunity gap nationally or among specific groups. Any identified gap should be addressed through ensuring strong routine immunization and conducting appropriate supplementary immunization activities.

39. The RTAG members agreed that external support for preventive campaigns would be justified in Sudan as it is the first possible re-entry route into the region from west and central Africa particularly with the current unrest situation in Western Darfur.

40. With the onset of the high season of travel and population movement the TAG recommends that the international spread of virus should be closely monitored to enable rapid implementation of precautionary measures as necessary (i.e. heightened surveillance and possible preventive campaigns), especially in Yemen and Somalia.

9. COORDINATION

41. Intercountry or interregional activities, where undertaken, these should be coordinated to achieve the best possible effect. Ideally the involvement of the relevant regional directors of WHO and UNICEF would be instrumental in supporting such coordination.

10. OPV CESSATION

The Regional Technical Advisory Group noted the substantial and comprehensive programme of work that is ongoing to prepare for eventual OPV cessation.

During 2004 and 2005 there were important developments in this area, including the inclusion of polio in the International Health Regulations (2005), the development and licensing of stockpile vaccine (i.e. OPV1 and OPV3), the publication of a supplement to the WHO position paper on IPV, and development of the third edition of the global action plan for containment for polioviruses. The Regional Technical Advisory Group made the following recommendations.

42. The Regional Office should support key Member States (especially middle-income countries) to implement the new protocols for evaluating the prevalence of prolonged or chronic poliovirus excretion among persons with primary immunodeficiency disorders.

43. The Regional Office should incorporate information from the new supplement to the WHO IPV position paper and GAP III into its advice to Member States on long-term post-eradication planning.

44. The Regional Office should consider using the Regional Committee and annual EPI managers meeting to keep Member States abreast of developments in the area of preparations for eventual OPV cessation.

11. POLIOVIRUS LABORATORY CONTAINMENT

The Regional Technical Advisory Group noted the continued progress towards completion of phase I of laboratory containment among countries of the Region and looks forward to the timely completion of this phase. Additionally, data presented reassure the Regional Technical Advisory Group that very few countries will be holding polioviruses in the future.

45. The Regional Technical Advisory Group recommends alignment of the regional containment plan with GAP III.

12. CERTIFICATION

The Regional Technical Advisory Group was briefed on the status of implementation of certification activities among Member States. They confirmed that there is no global frame of work to be used for submitting regional reports to the Global Certification Commission. The Global Commission is expected to give some guidance in this regard.

46. The Regional Certification Commission members should be well-briefed on technical issues and positions that emanate from polio eradication regional and global technical bodies.

47. The Regional Certification Commission, being a non-technical body, should refer such issues to the relevant technical bodies of the programme.

13. COORDINATION BETWEEN PEI AND EPI ACTIVITIES

The Regional Technical Advisory Group expressed appreciation for the comprehensive overview illustrating the contributions of the polio eradication programme to EPI and other health activities in the Region.

48. The Regional Technical Advisory Group strongly recommends that this valuable information should be documented in a publication for large-scale distribution to raise awareness globally about the role of polio eradication initiative in other health activities in the Region.

Annex 1

PROGRAMME

Wednesday 10 May 2006

08:00–08:30	Registration
08:30–08:45	Opening session Address by Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean
08:45–09:00	Follow up on implementation of the third meeting recommendations, Dr M.H. Wahdan, WHO/EMRO
09:00–10:00	Progress towards polio eradication: Global Overview, Dr B. Aylward, WHO/HQ Situation in Remaining Endemic Countries: Pakistan, Dr M. Wahdan, WHO/EMRO Afghanistan, Dr F. Kamel, WHO/EMRO
10:00–11:00	Discussion
11:00–12:30	Experience with importations/outbreak response: Sudan, Dr S. Haithami/Dr E. Durry, WHO/EMRO Yemen, Dr M. Wahdan, WHO/EMRO Somalia, Dr E. Durry, WHO/EMRO Summary of regional situation and Questions to the TAG, Dr F. Kamel, WHO/EMRO Discussion
12:30–14:15	Preparedness to importations Surveillance progress and issues, Dr H. Asghar/ Mr J. Abdelwahab, WHO/EMRO
14:15–14:30	Discussion
14:30–15:00	Population immunity and supplementary immunization plans, Dr A. Elkasabany, WHO/EMRO Questions to the TAG
15:00–15:45	Discussion
15:45–16:30	Closed Meeting of TAG

Thursday, 11 May 2006

08:30–09:30	Meeting of TAG members
09:30–10:00	Emerging issues regarding OPV cessation, Dr B. Aylward, WHO/HQ
10:00–10:15	Regional Containment activities, Dr H. Ashgar, WHO/EMRO
10:15–11:00	Regional Certification Activities, Dr J. Hashmi, WHO/EMRO
11:00–11:30	Coordination of PE activities and EPI, Dr M. Wahdan, WHO/EMRO
11:30–13:30	Discussion Finalization of recommendations
13:30–14:30	Closing session Discussion on conclusions and recommendations

Annex 2

LIST OF PARTICIPANTS

Members of the Regional Technical Advisory Group

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Dr Bruce Aylward, WHO Coordinator, Polio Eradication Initiative, WHO/HQ

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Dr Faten Kamel, Medical Officer, Poliomyelitis Eradication Programme, WHO/EMRO
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