

**Abridged
Annual Update
National Documentation for Certification
of Poliomyelitis Eradication**

Name of Country: _____

Year: _____

Submitted to WHO/EMRO on: _____

***Note:** This document is for submission of **Abridged Annual Updates** by the National Certification Committees of countries which have submitted the **Final National Documents** that have been reviewed and accepted as adequate by the Regional Certification Commission (RCC) for Polio Eradication*

**Eastern Mediterranean Region
World Health Organization
Cairo, Egypt**

COMPOSITION OF THE NATIONAL CERTIFICATION COMMITTEE:

Have there been any changes in the composition of the National Certification Committee?

Yes _____ No _____

If yes, please provide name and title or position of each new member as well as each outgoing member during the reporting period:

New member/s

1. Name: _____

Position: _____

2. Name: _____

Position: _____

3. Name: _____

Position: _____

Outgoing member/s

1. Name: _____

Position: _____

2. Name: _____

Position: _____

3. Name: _____

Position: _____

Provide dates of the NCC meetings since the last meeting of the RCC:

Note: Minutes of the National Certification Committee (NCC) meetings should be available upon request of the Regional Certification Commission (RCC) for Polio Eradication.

Date of submission of update: _____

Part 1. EXECUTIVE SUMMARY

Item (1)

The Executive Summary should include:

- a) A summary of the method of work of the NCC during the period under review;
- b) The main findings of the NCC which have convinced them of the continued polio free status of the country;
- c) Concerns about gaps in all kinds of supports (human, financial, administrative, managerial, and operational) needed to maintain the polio free status;
- d) Additional relevant information that could have an impact on the process of poliomyelitis eradication;
- e) Assessment of the risks or risk factors resulting from possible polio virus importation in the country; and
- f) Conclusions and recommendations to the RCC.

The Executive Summary should be signed by NCC members at least by the chairman

Part 2. RESPONSE TO COMMENTS OF THE RCC ON THE PREVIOUS REPORT

Item (2)

Please attach a copy of the comments of the Regional Certification Commission on the previously submitted report and the response of the national EPI/Polio Eradication programme and NCC

Please present your response to this item in the form of a table, given below, with 3 columns:

Item No.	RCC Comments	Response of the National Programme

PART 3. PERFORMANCE OF AFP SURVEILLANCE

Item (3) Routine reporting of AFP cases from health facilities during the year

Year	Reporting Frequency	Number of Reporting sites	Completeness of Routine Reporting		
			# reports expected *	# reports received	% reports received
	Weekly				
	Biweekly				
	Monthly				
	Other				
	Total				

* Number of routine reporting sites x reporting frequency during the year
(i.e. if monthly reporting, frequency = 12; if weekly reporting, frequency = 52)

Comments / Explanations in particular for poor performing areas, etc, if any

Item (4) Additional comments on routine reporting with respect to

4a) Completeness

4b) Timeliness

Item (5) Active surveillance (Regular visits to health care facilities and sentinel sites to search for AFP cases)

Year	Reporting Frequency	Number of Active Surveillance Sites	Completeness of Active Surveillance Visits		
			# of visits expected *	# of visits conducted	% of visits conducted
	Daily				
	Weekly				
	Bimonthly				
	Monthly				
	Total				

* Number of active surveillance sites x number of visits in 1 year (i.e. if weekly, periods =52)

Comments / Explanations in particular for poor active surveillance areas, etc, if any

Item (6) Additional comments on AFP active surveillance visits with respect to

6.a) Completeness

6.b) Timeliness

Item (7) Performance of AFP Surveillance, by first administrative level for the
YEAR _____

1 st Administrative Level (State, Province, or Governorate)	Population aged <15 yrs	Total 'non- polio' AFP cases reported <15 yrs	Non-polio AFP rate*	Total AFP cases with 2 adequate stool samples	% AFP cases with adequate stool samples

* per 100,000 population aged less than 15 years

Item (8) Independent review / assessment of AFP surveillance

- Did an independent review / assessment of the national AFP surveillance system took place during the last 2 years
Yes _____ No _____
- If yes kindly attach the Executive Summary of the review including its recommendation and,
- Specify steps being or were already undertaken in response to the independent review / assessment recommendations.

Part 4. CLASSIFICATION / FINAL DIAGNOSIS OF AFP CASES

Item (9) Summary of AFP Case Classification

Year	Total number of AFP cases	Number discarded as non-polio AFP	Number classified as polio compatible	Number classified as VAPP	Number not classified*

* For each case not yet classified, provide the reason for the delay

Item (10) Summary of the final diagnosis of AFP cases discarded as non-polio

Year	Data by	GBS	Transverse Myelitis	Traumatic neuritis	VAPP	Other diagnoses (please specify and attach list)	Unknown	Total AFP Cases discarded as non-polio
	Number							
	Percentage (%)							

10.a) GBS rate per 100,000 under 15 years of age = _____

10.b) Final diagnosis of those classified as “Others”:

Diagnosis	Number of cases

Item (11) Summary of AFP Case Classification by the National Expert Group

Year	AFP cases reviewed by the National Expert Group				No. of AFP cases with inadequate specimens NOT reviewed by the Expert Group*
	Total	Polio Compatible	VAPP	Discarded	

* Please provide the reasons for each case

Item (12) Cases reviewed by the National Expert Group (NEG) for the year under review

The National programme should at minimum refer to the NEG all cases with inadequate stools and residual paralysis, lost for follow-up or died. It is also recommended to refer all cases of inadequate stools and 5-10% of AFP cases discarded by the programme. If the total number of AFP cases is small (less than 20) they should **ALL** be referred to the NEG

Please attach a line listing of the AFP cases reviewed and classified by the NEG (Use Table 12)

Minutes of the NEG meetings should be available if requested by the RCC

Item (12) Line list of cases* reviewed and classified by the National Expert Group

YEAR_____

AFP Case Findings												Stool Specimens			Probable Clinical Diagnosis	Contact sampling of inadequate AFP cases		NEG Decision	
#	ID Number	Age in month	Onset Date	OPV Doses	Reason Reviewed	Fever at Onset	Asym Paral.	Rapid Progression of Paralysis <4 days	Other Investigs.	Residual Paralysis (60 days Follow-up)		Total No. #	# No. Adequate	NPEV (Y/N) & typing		Y/N	If (Y) then no. with results	Compatible	Discarded
										Yes	No								
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Item (13) Summary of Vaccine Derived Polio Virus (VDPV) isolated in the year under review

Type	# isolated			Source				Date of last isolate	Comments
	P1	P2	P3	AFP	Healthy Child	Sewage	Other		
cVDPV*									
iVDPV**									
aVDPV***									

- * cVDPV(Circulating): > 1 paralytic case with isolation of related but non-identical viruses
- ** iVDPV (Immunodeficient): immunodeficiency and long-term excretion of the virus from the same patient
- *** aVDPV (Ambiguous): Clinical epidemiological & virological data insufficient for definitive assignment (single isolate with no immune deficiency or environmental source without cases)

Item (14) AFP cases diagnosed as Compatible during the year under review

ID Code	Summary of actions taken in response to compatible case/s (Field investigations, immunization activities and Conclusion) (please attach additional details, if needed)

If a clusture of compatibles was identified, please specify date of last case

Part 5. WILD POLIOVIRUS IMPORTATION

Item (15) Has there been any importation of wild poliovirus into the country during the period under review?

Yes _____ No _____

If yes, for each introduction please use a separate sheet, supplemented by maps and tables, and provide details on:

- How was it discovered?

- Probable dates of importation/s
- Populations and areas affected
- Duration and extent of virus circulation
 - Duration of viral circulation (dates of first and last virus isolates)
 - Number of polio cases related to the importation
 - Number of wild virus isolates related to this importation
 - Geographic extent of virus circulation
- Known or probable source
- Transmission links and virus sequence data
- Response activities undertaken:
 - In surveillance: list any supplementary surveillance activities.
 - Supplementary immunization activities (use table below).

Summary of immunization responses to poliovirus importation/s. (You can add more columns if more than 2 rounds were conducted)

Date/s of identification	Location of outbreak or importation	Geographic area included in response	Target age group	1 st Round		1 st Round number immunized	1 st Round coverage by Finger Marking **	2 nd Round		2 nd Round number immunized	2 nd Round coverage by Finger Marking **
				Date	Vaccine Type *			Date	Vaccine Type *		

* OPV Type (tOPV / bOPV / mOPV)

** If applicable

g) Provide evidence showing that poliovirus circulation has been terminated

Item (16) Has the National Plan of Action for Preparedness for wild poliovirus importation been updated during the year under review?

Yes _____ No _____

If updated please attach a copy

Have there been any steps taken to register monovalent and bivalent vaccines produced by prequalified producers? Please specify

Part 6. LABORATORY ACTIVITIES FOR POLIO ERADICATION

Item (17) Stool specimens received or sent and processed for polioviruses isolation

Year	Total stools from AFP cases	Total stools from AFP contacts	Other* stools received	Completeness of stool Specimen analysis	
				Processed	Not Processed

* Other stool specimens such as stool from surveys or from cases other than AFP cases and their contacts (e.g. Aseptic meningitis)

Item (18) Other specimens processed by the lab in search for polioviruses (sewage samples)*

No. sent to lab	No. processed	No Results available	Intratyptic differentiation (ITD) results			
			Sabin Like	Wild	Mix W+SL	VDPV

* If applicable

Item (19) Summary of polioviruses isolated and processed for intratyptic differentiation (Please include data for the country only)

Year	Total polioviruses isolated	Source of Poliovirus isolates		No. of isolates sent for Intratyptic Differentiation	Intratyptic differentiation (ITD) results			
					Sabin like	Wild	Mixed W+SL	**VDPV
		AFP cases	#					
		Other (specify *)	#					

* Specify 'Other' sources of poliovirus isolates: _____

** specify serotype and classification e.g. cVDPV type 1, 2 or 3

Item (20) For countries with a national polio laboratory, please enter data of last WHO Accreditation review

Date last accredited	Score of onsite review	Proficiency test score (%)	NPEV isolation rate (%)	Annual No. of specimens processed	Correct polio typing result (%)	Results reported on time (%)	Fully accredited (yes / no)

Part 7. UPDATE ON CONATAINMENT OF POLIOVIRUSES AND POTENTIAL INFECTIOUS MATERIAL

Item (21) Name and address of laboratories with ONLY wild poliovirus material

Item (22) Name and address of laboratories with ONLY potentially infectious material

Item (23) Name and address of laboratories with both materials

Item (24) Specify for each laboratory with wild poliovirus or with potentially infectious material or with both materials, their plans for retaining, transferring or destroying the material under supervision of the NCC

Item (25) Has a quality assurance assessment report of activities under Phase 1 of the Inventory and Survey of Laboratory Containment of Wild Poliovirus and Potential Infectious Material been carried out?

Part 8. ROUTINE POLIO IMMUNIZATION COVERAGE

Item (26) Routine immunization Coverage of infants with polio vaccine (OPV3 or else) by 1st Administrative Level: i.e. state, province, or governorate, for the year under review

YEAR: _____

Immunization polio vaccine (OPV3 or else) Coverage (%)		
1 st . Admin. Level	% Coverage	Remarks

Item (27) Has there been any change in the type of vaccine used in routine immunization or in the schedule during the year under review?

Yes _____ No _____

If yes, please specify this change

Part 9. SUPPLEMENTARY IMMUNIZATION ACTIVITIES FOR POLIO ERADICATION

Item (28) Specify any supplementary immunization activities (SIA) conducted for polio eradication during the year under review

- a) National OPV Immunization Days (NIDs): Yes / No
- b) Sub-national OPV Immunization Days (SNIDs): Yes / No
- c) 'Mopping-up' activities with OPV: Yes / No
- d) Other (specify): _____

Item (29) Summary of ALL National and Sub-national supplementary OPV immunization activities (SIAs such as NIDs, SNIDs, Mopping up and Other e.g. response to cVDPV ... etc) during the year under review

Type of SIA	Target age group	No. of children targeted	1 st Round		1 st Round coverage by (%)	1st Round coverage by Finger Marking**	2 nd Round		2 nd Round coverage by (%)	2 nd Round coverage by Finger Marking**
			Date	Vaccine Type *			Date	Vaccine Type *		

* OPV Type (tOPV / bOPV / mOPV)

** If applicable

Item (30) If 'Mopping up' was conducted during the year under review, please state the criteria used for deciding the areas to be included in 'Mopping-up' activities

- a) _____
- b) _____
- c) _____
- d) _____

Item (31) Summary of 'Mopping-up' activities during the year under review

Reason for 'Mopping-up'	Date	Geographic Area Included	Age Group	Target Pop. Size	Number immunized

Part 10. IMMUNITY PROFILE

Item (32) Please draw the profile for the last 5 years obtained from the number of polio vaccine doses received by the non polio AFP cases 6-59 months in the form of a bar chart in which the number of doses are categories to 4 categories: 0 doses, 1-3 doses, 4-6 doses and 7 doses and over

Should the number of AFP cases 6-59 months be ten or more, please make two profiles one for cases aged 6-23 months and the other for cases aged 24-59 months.