

FORMAT FOR FINAL NATIONAL DOCUMENT FOR REGIONAL CERTIFICATION

Final National Documentation for Regional Certification of Poliomyelitis Eradication

Name of Country: _____

Submitted to EM/RCC on: _____

**World Health Organization
Regional Office for the Eastern Mediterranean
Cairo, Egypt**

It should be noted that:

- **This report should be submitted by countries which are polio free for 5 years or more and completed Phase I of Laboratory Containment**
- **National Certification Committees (NCCs) that have submitted Final Reports will still be required to continue to submit Abridged Annual Updates, albeit in an abbreviated form, till Global Certification has occurred**

Introduction

The EM Regional Commission for Certification of Poliomyelitis Eradication (RCC) at its 26th Meeting held in Dubai from 3-5 April 2012 recommended to revise this format and approved it. As a prelude to RCC, the countries will use this format to prepare their Final Reports.

The Final Reports will, unlike the National Documents and the Annual and Abridged Updates, be largely descriptive, supported by a number of tables, graphs and maps. In some ways the Final Reports are syntheses of reports submitted earlier by the NCCs and they should be written from the point of view of also providing summarized historical records of polio eradication in the countries.

The Final Report will consist of the following 11 sections. *Section 1 will be prepared by the NCC and sections 2 to 11 will be prepared by the national EPI/polio programme.*

1. Executive summary (by the NCC)
2. Country background information
3. Description of the eradication process
4. History of poliomyelitis and vaccine derived polio viruses (VDPVs) in the country
5. Performance of AFP surveillance
6. Laboratory activities, including laboratory containment of wild poliovirus, infectious and potential infectious materials.
7. Immunization activities.
8. Updated national plan of action for responding to an importation with wild poliovirus and VDPVs.
9. Lessons learnt from the activities related to polio eradication initiative and their implications for control of other vaccine preventable and communicable diseases.
10. Future utilization of the infrastructure assembled for polio eradication
11. Feasibility of sustaining the polio-free status.

Information required under each of the above sections is mentioned in the succeeding pages. Where tables, maps and charts are needed, reference is made to the relevant tables, maps and charts included in the National Document and/or the Annual and Abridged Updates. *Data up to the end of the year previous to submitting the Final Reports should be included in the Final Report.*

1. Executive summary (to be prepared by the NCC)

The NCC in preparing its executive summary:

- a) Will give a brief account about how it implemented its terms of reference, in particular, its interaction with the polio eradication programme and the National Expert Group (NEG);
- b) Will briefly describe how critically and objectively it reviewed the Final Report;
- c) Will state its conclusions about the Final Report, citing the evidence in the Final Report upon which it bases its conclusions and conviction that:
 - ✓ the country remains polio-free
 - ✓ the AFP surveillance is sensitive enough to detect early any wild poliovirus importation and VDPVs into the country
 - ✓ the plan of action for the detection of and response to wild poliovirus importation and VDPVs is up-to-date and adequate
 - ✓ the country has completed the activities listed under Phase1 of the Global Action Plan, 2nd Edition, for laboratory containment of wild poliovirus and infectious and potential infectious materials
- d) Will indicate any constraints it might had encountered in its work and if and how such constraints were overcome; and
- e) Will, if deemed appropriate, make recommendations for the country as to the future activities of the polio eradication initiative, including laboratory containment of wild poliovirus and infectious and potential infectious materials, until global certification is declared.

N.B. All the members of the NCC will sign the Executive Summary

2. Country background information

2.1 Demographic Data

Please use the most recent year for which population data is available, (as in item 1.0 of the National Document)

Year _____ Source of Information _____

	Total population	Population aged less than 15 years	Population aged less than 5 year	Population aged less than 1 year
* Number of Persons	_____	_____	_____	_____
Percentage of total population	100%	_____%	_____%	_____%

* Applies to all persons living in the country (nationals and expatriates)

2.2 Please attach a map of the country showing second administrative level with population density and geographically remote and relatively inaccessible areas

2.3 Give an account of the socio-economic and health indicators for the country. (Check and modify, as necessary, the enclosed list of indicators available in EMRO observatory website)

<http://www.emro.who.int/entity/human-resources-observatory>

2.4 Describe briefly the organization of the health system, including the immunization services, and indicate what role the private sector plays in the polio eradication activities, including routine immunization, in the country.

3. Description of the eradication process

3.1 When was the National Certification Committee (NCC) established?

3.2 List the NCC names, specialist fields and number of years served

Name	Specialist fields	Number of years served	
		From	To

3.3 When was the National Expert Group (NEG) formed?

3.4 List the NEG names, specialist fields and number of years served

Name	Specialist fields	Number of years served	
		From	To

3.5 Describe any support the polio eradication programme extends to both the NCC and the NEG

3.6 List the names of the persons and their designations who were responsible for the national polio immunization policies and activities as well as polio surveillance activities since the time polio eradication activities were started in the country

Name	Function	Period served	
		From	To

4. History of poliomyelitis in the country

This section should describe the epidemiology of polio in the country and show the progressive decline and elimination of wild poliovirus.

4.1 Describe briefly poliomyelitis as a public health problem in the country over the years

4.2 Provide a Bar Chart showing the polio cases in the country for as many years back as possible, (as in item 18 of the National Document)

4.3 Give the details of the last confirmed case of wild poliovirus in the country, (as in item 19 of the National Document):

Date of onset (day / month / year): _____
Geographic location: _____
Age: _____

History of vaccination against polio:
Number of routine OPV doses: _____
Number of doses received during SIA: _____
* Number of valid doses: _____

Virological findings: _____
Travel history: _____
Probable origin of virus: _____
Additional investigations to rule out ongoing indigenous transmission (attach sheet if necessary): _____
Immunization response activities: _____

* Doses spaced ≥ 4 weeks apart, including both Routine and Supplemental

4.4 Which year was WHO-virological classification scheme introduced?

4.5a) Number of vaccine-associated paralytic poliomyelitis (VAPP) and polio-compatible cases in the last 5 years, (as in item 21 of the National Document)

Year	Vaccine-associated polio cases	Polio-compatible cases

4.5b) Describe briefly activities carried out following the detection of the last 5 polio-compatible cases

4.6 Map of polio and *VDPVs cases. (as in item 22 of the National Document)
Please provide a map showing, by year, the location of all polio and cVDPV cases which were either virologically confirmed or clinically diagnosed for the 5 years preceding the year the National Document was accepted by the RCC. Differentiate the cases by year, using different symbols or colours for each year

- * cVDPVs (Circulating Vaccine Derived Polio Virus)
- iVDPVs (Immunodeficient Vaccine Derived Polio Virus)
- aVDPVs (Ambiguous Vaccine Derived Polio Virus)

5. Performance of the AFP surveillance

This section should describe when and how the AFP surveillance activities were initiated and developed over the years, mentioning the important milestones.

5.1 How were the staff of the AFP surveillance activities selected and trained?

5.2 What were the criteria used for selecting the sites for active surveillance?

5.3 What were the problems involved in establishing active surveillance and how were they resolved?

5.4 Summarize efforts made to ensure certification quality AFP surveillance in areas considered at high risk for undetected wild poliovirus transmission

5.5a) Completeness of routine reporting from health facilities in the last 5 years, (as in item 40 of the National Document)

Year	Number of reporting sites	Number of reports expected	Number of reports received	Comment (areas with poor reporting)

5.5b) Summary of the completeness of active surveillance visits for AFP in the last 5 years, (as in item 43 of the National Document)

Year	Number of reporting sites	Number of reports expected	Number of reports received	Comment (areas with poor reporting)

5.6 Performance of AFP surveillance over the last 5 years in the population under 15 years of age, (as in item 46 of the National Document)

Year	Population <15 yrs old	Total AFP cases	Total 'non-polio' AFP cases	Non-polio AFP rate *	Total of AFP cases with 2 adequate stool samples	% of AFP cases with 2 adequate stool samples
						%
						%
						%

* rate per 100,000 among under 15 years of age population

5.7 What were the criteria used for referring AFP cases to the NEG?

5.8 Summary of the final diagnoses of the AFP cases discarded as non-polio by the NEG, for the last 10 year (as in item 52 of the National Document)

Year	GBS *		Transverse Myelitis	Traumatic neuritis	VAPP	Other (please specify)	Unknown	Total AFP cases discarded as non-polio
	No.	Rate						

* Guillain-Barre Syndrome (rate per 100,000 among under 15 years of age population)

5.9 If any supplementary surveillance activities (contact sampling, stool survey, environmental surveillance ... etc) had been carried out during the last 5 years, please provide a summary description of these activities and the results obtained

5.10 In case any WHO/EMRO-sponsored AFP surveillance review(s) had been carried out in the last 5 years, please attach the conclusions and recommendations of such review(s)

6. Laboratory activities, including laboratory containment of wild poliovirus, infectious and potentially infectious materials

In case the specimens from AFP cases and from other sources were being **sent** to another country for processing, then under this section just mention the address of the laboratory where the specimens were sent.

If, however, the specimens were being processed in a specialized polio laboratory within the country that is part of the regional polio laboratories network, please give:

- Name of Director:
- Full address of laboratory:
- Name of past Directors:
- Type of laboratory us (National or Regional Reference Laboratory):

6.1 * Summary of the National Laboratory Accreditation Results for the last 5 years (as in item 63 of the National Document)

Year	Score of onsite review	Proficiency test score %	NPEV ** isolation ratio (%)	Annual # of specimens processed	Correct polio typing result (%)	Results reported on time	Fully accredited (yes / no)

* for countries with national laboratory

** NPEV = non-polio enterovirus (from specimens of all sources)

6.2a) Summary of specimens submitted for poliovirus studies for the last 5 years, (as in item 65 of the National Document)

Year	Specimens from AFP cases	Specimens from AFP contacts	Other * stool specimens	Other clinical specimens **	Environmental specimens	Total

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

** Other specimens: samples and clinical specimens other than stools

6.2b) Summary of polioviruses isolated from specimens and processed for intratypic differentiation for the last 5 years, (as in item 68 of the National Document)

Year	Total polioviruses isolated	Source of Poliovirus isolates		No. of isolates sent for Intratypic Differentiation	Intratypic 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

6.3 Summarize the genomic sequencing data, if available, on the most recent wild polioviruses in the country

6.4 Describe how coordination was effected with surveillance staff, including communication of results

6.5 Provide a summary of the final report on completion of activities listed under Phase1 of the Global Action Plan (2nd Edition) for laboratory containment of wild Poliovirus, infectious and potential infectious materials

6.6 National Inventory of Laboratories; please complete the table below:

National Inventory of Laboratories with wild poliovirus, infectious or potentially infectious materials

Department Government/agency	Name of Institution	Address	Only WPV infectious materials	Only WPV potential infectious materials	Both WPV infectious & potential infectious materials	Total number of laboratories	Biosafety level of laboratories with polio materials

7. Immunization activities carried out for polio eradication

The section should cover the history of polio immunization, current immunization schedule, the polio vaccines used and trace the coverage by routine polio immunization for as far back as records permit. Indicate population subgroups at high risk of poliomyelitis due to low immunization coverage and describe steps taken to raise coverage in these groups and the outcome of these efforts. This section should also list the various supplementary immunization activities (NIDs/sNIDs/mopping-ups) over the last ten years with percentage of target population covered at each round. The following tables should be included in this section:

7.1 Annual routine immunization coverage by 1st Administrative level (ie State, Region, Province, etc) for the last 5 years, (as in item 82 of the National Document)

Immunization OPV ₃ Coverage (%)						
1 st Admin. Level	Year:	Year:	Year:	Year:	Year:	Remarks

7.2a) NIDs and sNIDs, * Finger Marking (FM) Coverage (%) for the last 5 years, by 1st Administrative level, (ie State, Region, Province, etc.), (as in item 90 of the National Document)

1 st Admin. Level	Year:		Year:		Year:		Year:		Year:	
	SIA 1	SIA 2	SIA 1	SIA 2	SIA 1	SIA 2	SIA 1	SIA 2	SIA 1	SIA 2

* only if Finger Marking (FM) monitoring was conducted

7.2b) Summary of 'Mopping-up' activities for the last 5 years, (as in item 92 of the National Document)

Reason for 'Mopping-up'	Geographic Area Included	Age Group	Target Pop. Size	Date 1 st round	Date 2 nd round	Number immunized 1 st round	Number immunized 2 nd round

7.3 Immunity profile for the last 5 years

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.

8. Updated national plan of action for responding to an importation of wild poliovirus or cVDPV

8.1 Please attach to the report the latest updated version of the national plan for an effective response to an importation with wild poliovirus

8.2 In case there had been importations during the last five years, please provide a summary report on the detection of and response to each importation

9. Lessons learnt from the activities related to the polio Eradication initiative

9.1 Please describe if and how the national polio eradication initiative contributed to the national health services, in particular in the field of prevention and control of communicable diseases

9.2 Please indicate if and how the polio eradication initiative contributed to meeting some of the health needs of hitherto underserved communities in the country

10. Future utilization of the infrastructure for polio eradication

Considerable infrastructure has been created for the polio eradication. Once the polio eradication has been achieved and certified, such infrastructure will be available for other uses. Please describe briefly the Government's intention of the future utilization of:

10.1 The national personnel trained for the AFP surveillance

10.2 The surveillance system (adapted as appropriate) developed for the AFP surveillance

10.3 The polio laboratory and other resources (where such laboratory exists) and the national personnel trained for the laboratory

11. Feasibility of sustaining the polio-free status

11.1 Please comment on the Government's commitment to making available The necessary resources (both human & material) needed to maintain high standard of polio eradication activities, particularly AFP surveillance, until such time that Regional and Global eradication of wild poliovirus has been achieved and certified

11.2 Please describe any major constraints likely to militate against maintaining the polio-free status in the country and indicate how such constraints might be overcome

Check list

1. Executive summary

2. Country background information

- 2.1 demographic data
- 2.2 map of the country showing major urban centres, ...etc.
- 2.3 socio-economic and health indicators
- 2.4 organization of the country's health system

3. Description of the eradication process

- 3.1 when NCC was established
- 3.2 names, qualifications & years served of the NCC
- 3.3 when NEG was formed
- 3.4 name, qualifications & year served of NEG
- 3.5 support of the polio programme to both NCC & NEG
- 3.6 persons responsible for immunization policies since polio eradication started

4. History of poliomyelitis in the country

- 4.1 polio as public health problem in the country
- 4.2 line chart of polio incidence
- 4.3 last confirmed case of wild poliovirus (WPV) in the country
- 4.4 when polio programme shifted to virological classification
- 4.5 (a) cases of VAPP & polio-compatible cases
(b) response to last 5 polio-compatible cases
- 4.6 map of polio cases

5. Performance of the AFP surveillance

- 5.1 selection & training of the AFP surveillance staff
- 5.2 criteria for selecting sites for active AFP surveillance
- 5.3 any problems involved in item 5.2 above
- 5.4 areas at risk for WPV
- 5.5 (a) completion of routine reporting
(b) completion of active surveillance reporting
- 5.6 performance of AFP surveillance
- 5.7 criteria for referring AFP cases to NEG
- 5.8 final diagnoses of AFP cases discarded as non-polio by NEG
- 5.9 any supplementary surveillance activities
- 5.10 conclusions & recommendations of WHO/EMRO sponsored AFP surveillance review(s)

6. Laboratory activities, including laboratory containment of WPV & potentially infectious material

- 6.1 national laboratory accreditation results
- 6.2 (a) specimens submitted for polio studies
(b) polioviruses isolated from specimens
- 6.3 sequencing data on most recent WPV in the country
- 6.4 coordination with AFP surveillance staff, including communication of results
- 6.5 completion of Phase I of laboratory containment
- 6.6 national inventory of laboratories

7. Immunization activities carried out polio eradication

- 7.1 annual immunization coverage (%), by 1st Administrative level
- 7.2 (a) NIDs & sNIDs coverage (%)
- 7.3 (b) mop-up activities

8. Updated national plan of action for responding to an importation with wild poliovirus

- 8.1 the plan to be attached to the Final Report
- 8.2 report on imported WPVs

9. Lessons learnt from the activities related to polio eradication initiative

- 9.1 any contribution of the initiative to the health services
- 9.2 any contribution of the initiative to the health needs of underserved communities

10. Future utilization of the infrastructure for polio eradication

- 10.1 national personnel trained for the AFP surveillance
- 10.2 surveillance system developed for AFP surveillance
- 10.3 polio lab. & personnel

11. Feasibility of sustaining the polio-free status

- 11.1 Government commitment to polio-free status
- 11.2 any constraints likely to work against the polio-free status.