

SEA-Polio-40  
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# International Certification Commission for Poliomyelitis Eradication in the WHO South-East Asia Region

*Report of the Seventh Meeting  
New Delhi, 23-25 March 2005*

WHO Project: ICP IVD 705



**World Health  
Organization**  
REGIONAL OFFICE FOR **South-East Asia**  
New Delhi, July 2005

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## 1. BACKGROUND

The seventh meeting of the International Certification Commission for Poliomyelitis Eradication (ICCPE) in the WHO South-East Asia Region (SEAR) provided another opportunity in which the national documentation on polio eradication from Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, and Nepal were reviewed.

The List of Participants and Programme of the meeting are at Annexes 1 and 2 respectively.

ICCPE thanked the National Certification Commission for Polio Eradication (NCC) and all country teams for timely submission of reports, as well as for the informative and comprehensive presentations given at the seventh ICCPE meeting. ICCPE was impressed with the ability of all countries to sustain quality surveillance even though poliomyelitis has not been reported in some countries for several years. ICCPE noted that countries have not only maintained but, in some instances, improved the quality of surveillance since its last meeting in March 2004.

The certification process has progressed in all countries except Timor-Leste. These countries have established a functional National Certification Commission for Polio Eradication (NCC) and a National Expert Review Committee (NERC) for classification of acute flaccid paralysis (AFP) cases. Laboratory containment of wild poliovirus infectious/potentially infectious materials has progressed and 10 countries have established a National Containment Task Force as well as a plan of action (PoA). Three countries (Bhutan, Maldives, Myanmar) have each submitted a final report on containment to NCCPE.

ICCPE regards it as a sign of continued commitment to polio eradication that supplementary immunization is considered to protect vulnerable populations. However, the Commission emphasized that achievement and maintenance of high quality routine immunization coverage of all birth

cohorts is of utmost importance to protect against the spread of an imported wild poliovirus or emergence and circulation of vaccine-derived poliovirus (cVDPV) once interruption of transmission of indigenous wild poliovirus has been achieved.

In 2004, all countries except Maldives, Sri Lanka and Timor-Leste, achieved the two key targets for quality AFP surveillance (non-polio AFP rate of 1 per 100 000 children aged < 15 years and 80% adequate stool collection rate). It is especially important that Timor-Leste establish an AFP surveillance system, convene national committees on polio eradication and expert review of AFP cases without adequate stool, and complete the national document on polio eradication.

As the risk of importation of wild polioviruses into poliomyelitis-free areas remains a relevant threat, all national documentation should include plans and measures that are in place for detection of and response to imported wild poliovirus and detection of cVDPV.

## **2. QUALITY OF DOCUMENTATION**

ICCPE noted significant progress in the national documentation and reiterated that the purposes of the national documentation are:

- (1) To provide convincing evidence that indigenous transmission of wild poliovirus was interrupted and imported wild poliovirus and circulating vaccine-derived poliovirus (cVDPV) would be quickly and reliably detected;
- (2) To provide evidence that there is systemic capacity in the country to effectively respond to an outbreak, and
- (3) To provide supplemental information for areas where performance levels are not up to accepted standards.

ICCPE pointed out that the Manual of Operations should be considered as a guide for documentation of certification and should be of the highest possible quality. Additional materials particularly should be included as

appropriate. It remains the prerogative of ICCPE to request further information or accept less than specified in the Manual of Operations.

During its sixth meeting at New Delhi, 23 – 25 March 2004, ICCPE accepted the reports from Sri Lanka and Thailand as satisfactory. During the seventh meeting, the reports from Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, and Nepal were accepted as satisfactory.

Once a country report has been accepted as satisfactory, ICCPE only requires annual update reports. The annual update should include the following main components: surveillance indicators, immunization activities to maintain high coverage, status of laboratory containment of wild poliovirus infectious and potentially infectious materials, the plan for a response to importations or cVDPV, and any other relevant activities.

NCC should also provide further details and summary explanations of risk assessments, the impact of national issues on poliomyelitis eradication, such as natural disasters, migration of labour from endemic countries, population movements/dislocation, decentralization of public health functions, quality achievements despite conflict or inaccessible geographical areas, and steps that will be taken to address potential future outbreaks.

ICCPE noted that the quality of the documentation has greatly improved. However, attention should be paid to Table 4.2.6 in the Manual of Operations and should include the intra-typic differentiation (ITD) results.

ICCPE again recognized the continuous high quality performance of the polio laboratory network as a critical element for programme guidance in terms of timely and reliable virological information.

### **3. RECOMMENDATIONS OF ICCPE**

ICCPE urged all countries to keep good quality records on surveillance and supplementary immunization activities. These records are essential requirements for certification and should be available to NCC, ICCPE and the Global Certification Commission (GCC) as permanent records of the certification process.

ICCPE noted that a diagnosis needs to be assigned to every AFP case. Attempts should be made to review the distribution of the final diagnoses assigned to AFP cases, assess surveillance sensitivity (e.g. both in terms of over-inclusion of non-AFP cases and under- inclusion of true AFP cases such as GBS, TM).

ICCPE recommended that more details are needed on the investigation and response to compatible cases. NCC needs to verify that investigations were completed on each compatible case as well as the integrity of surveillance activities in the area. The documentation of polio-compatible cases should include clinical findings, reasons for classification, and final classification; the mapping of compatible cases for each year should also include comparison with AFP cases and immunization coverage in the area. Information is required on all re-investigations of compatible cases, results of those investigations, and the effect on changes in final classification.

ICCPE expressed concern that all countries remain at risk for wild poliovirus importation either because of proximity to India or deficiencies in programme (i.e., surveillance or immunization coverage). ICCPE recommended that AFP surveillance reviews be completed in Bhutan and Myanmar in 2005 as planned, and in Indonesia, and Nepal in 2006.

Attention should be given to the reporting of vaccine-associated paralytic poliomyelitis (VAPP), and any potential case should be properly scrutinized to verify surveillance quality. Future annual update reports should include analysis of VAPP and data should be presented from all countries.

ICCPE noted that a visit by the Bangladesh NERC to India should be organized.

NCC in Maldives should add an additional independent, technical person to the committee from another country (for example, from Sri Lanka).

In future ICCPE meetings, the national document or the annual update should be received in the Regional Office in time to distribute to ICCPE members. The Secretariat should assign primary and secondary reviewers to review these.

The Secretariat should work with the ICCPE Chairperson to draft letters with recommendations from ICCPE and the need for annual updates.

#### **4. COUNTRY-SPECIFIC ISSUES**

ICCPE noted that country reports are required from DPR Korea and Timor-Leste. Although a document is available from DPR Korea, this needs substantial revision. Every effort should be made to assist those countries in the preparation of the final national document for submission to ICCPE. India is preparing its national document; however, it will be reviewed only after the interruption of polio transmission in that country. Since the national document of India will be quite lengthy, the ICCPE requested an assessment of the feasibility of getting reports in respect of those states that have not had indigenous wild polio for three years.

Eight countries (Bangladesh, Bhutan, Indonesia, Myanmar, Maldives, Nepal, Sri Lanka and Thailand) need to submit annual updates beginning in 2006.

Bangladesh, Nepal, and India should develop a plan to assure immunity along the border areas.

All countries should have a plan and follow-up for silent areas where feasible.

The remaining seven countries, i.e., DPR Korea, Indonesia, India, Maldives, Sri Lanka, Thailand and Timor Leste, that have not prepared an outbreak response plan should do so and submit this in 2006 as part of either the national document or the annual update, whichever is relevant.

#### **5. UPDATED TIME-LINE**

ICCPE reviewed the time-line for the certification process for polio eradication in the SEA Region. With the assumption that India will interrupt wild polio virus transmission in late 2005, an updated time-line is proposed in the following table.

**ICCPE Tentative Time-Line for the Certification Process  
for Polio Eradication in The South-East Asia Region**

September 2008	Twelfth meeting of ICCPE: Presentation to Regional Committee
March 2008	Eleventh meeting of ICCPE: Final review of all country updates
September 2007	Tenth meeting of ICCPE: Review of final India document
March 2007	Ninth meeting of ICCPE: Review of country updates, including India
March 2006	Eighth meeting of ICCPE: Review of final national document from DPR Korea and Timor-Leste, and review of annual updates from the others, except India with NCC Chairperson
March 2005	Seventh meeting of ICCPE: Review of final national document of Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, Nepal, with the NCC Chairperson.
March 2004	Sixth meeting of ICCPE: Review of first full draft of national document from all Member States.
31 March 2003	Interim progress report by NCC as per format.
5 – 8 March 2002	Fifth meeting of ICCPE: Review of early draft of national document from Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, and Thailand.

## **Annex 1**

### **LIST OF PARTICIPANTS**

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## **Annex 2**

### **PROGRAMME**

#### **Wednesday, 23 March 2005**

0830-0900	Registration	
0900-0930	Inauguration	
	<ul style="list-style-type: none"><li>• Welcome address</li><li>• Introductions</li><li>• ICCPE Chairperson's address</li></ul>	
0930-1000	Business Session	
1000-1230	Meeting of ICCPE, invited NCC and WHO Secretariat	
	<ul style="list-style-type: none"><li>• Global update on polio eradication</li><li>• SEAR update on polio eradication</li><li>• Regional laboratory network update and regional update on laboratory containment</li><li>• WPRO update</li><li>• Status of polio eradication in India</li></ul>	Dr Bruce Aylward Dr Arun Thapa Dr Nalini Withana Dr Sigrun Roesel Dr Sobhan Sarkar
1400-1530	Country presentation, Bangladesh Discussion on national documentation submitted by NCC Bangladesh	Bangladesh
1545-1630	Country Presentation, Bhutan Discussion on national documentation submitted by NCC Bhutan	Bhutan

#### **Thursday, 24 March 2005**

0900-1030	Country Presentation, Indonesia Discussion on national documentation submitted by NCC Indonesia	Indonesia
1045-1230	Discussion on national documentation submitted by NCC Indonesia (continued).... Country presentation, Maldives Discussion on national documentation submitted by NCC Maldives	Maldives

- |             |   |         |
|-------------|---|---------|
| 1400 - 1530 | Country presentation, Myanmar<br>Discussion on national documentation submitted by<br>NCC Myanmar | Myanmar |
| 1545 - 1700 | Country presentation, Nepal<br>Discussion on national documentation submitted by<br>NCC Nepal     | Nepal   |

**Friday, 25 March 2005**

- |             |   |
|-------------|---|
| 0900 - 1030 | Closing session of ICCPE                                    |
| 1045-1200   | Conclusions and recommendations on country<br>documentation |
| 1330-1430   | Close session of ICCPE to review ICCPE plan of action       |
| 1500-1530   | Closing session   |