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Report on the

**SECOND MEETING OF THE TECHNICAL ADVISORY GROUP
ON POLIOMYELITIS ERADICATION IN EGYPT**

Cairo, Egypt, 31 July–1 August 2002



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EXECUTIVE SUMMARY

The second meeting of the Technical Advisory Group (TAG) on Polio Eradication in Egypt was held in Cairo, Egypt, from 31 July to 1 August 2002. The objectives of the meeting were to review the status of the implementation of recommendations from the first TAG meeting held on 18–20 March 2002, assess progress towards enhancing surveillance, review the current epidemiology of polio in Egypt, assess implementation of spring NIDs and plans for fall NIDs and review problems that were encountered. TAG deliberations took into account a joint Ministry of Health and WHO review of progress towards strengthening AFP surveillance and planning for NIDs that was conducted from 20 to 30 July 2002. The TAG endorsed the recommendations contained in the joint Ministry of Health/WHO review.

Implementation of the recommendations of the first TAG meeting has resulted in considerable progress towards poliomyelitis eradication. AFP surveillance quality is improving markedly, and environmental sampling is continuing to provide valuable supplementary surveillance information. The Plan of Action for Polio Eradication developed following the first TAG meeting is sound and comprehensive. The national communication plan also lays out clear directions for advocacy, communication and social mobilization activities. Evidence suggests that the SNIDs carried out in Upper Egypt in March and April were of good quality. In summary, the TAG believes that the programme in Egypt is now progressing well towards polio eradication.

However, evidence from environmental sampling demonstrates that wild poliovirus circulation in Upper Egypt has continued into 2002. AFP surveillance, while improving recently, has not been functioning at adequate levels for long enough to provide complete confidence in the system. The TAG believes that wild poliovirus transmission is continuing in Upper Egypt and that Lower Egypt remains at risk of reintroduction of wild poliovirus.

Principal recommendations

1. The central level EPI unit staff continue to carry a high workload, and should receive additional support. Continued efforts should be made to recruit a full-time, senior international epidemiologist and national staff as required to assist in planning for quality NIDs as well as to further enhance the AFP surveillance system.
2. Environmental sampling should be continued at the current sampling sites. The TAG will review the situation at future meetings.
3. The two highest priority areas in Egypt for supplementary immunization activities are the high-risk population in Upper Egypt, where poliovirus circulation has persisted, and those in urban areas of Lower Egypt where house-to-house immunization has not been conducted. These areas should be targeted most specifically for technical inputs by the Ministry of Health and partners.
4. The TAG endorsed the current Ministry of Health plan for 2003 of two spring NIDs and two autumn SNIDs. Subsequent plans will be discussed in future TAG meetings. SIA

activities should continue at least through the certification of the interruption of wild poliovirus transmission in Egypt.

5. The involvement of the Head of State, and obtaining support for a national holiday to be declared for the first day of the first round of the NIDs, should be explored.
6. The Ministry of Health should strongly support the implementation of the national communications plan. In particular, the Ministry should facilitate the following:
 - The involvement of the First Lady as early as possible in the lead up to the NIDs to provide high profile support.
 - The involvement of governors and their commitment to instituting polio committees in each governorate.
 - Use of a broad, intersectoral approach to the NIDs, involving all government Ministries (most particularly the Ministry of Information to facilitate social mobilization and communication activities).
7. Given the role of the private sector in providing health services in Egypt, the Ministry of Health and the Egyptian Medical Syndicate should develop a joint action plan as soon as possible to ensure maximum involvement of the private sector both for surveillance and immunization activities.

1. INTRODUCTION

The second meeting of the Technical Advisory Group (TAG) on Polio Eradication in Egypt, was convened from 31 July to 1 August 2002 at the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt. The objectives of the meeting were to review the status of the implementation of recommendations from the first TAG meeting held from 18 to 20 March 2002, assess progress towards enhancing surveillance, review the current epidemiology of polio in Egypt, assess implementation of spring NIDs and plans for fall NIDs, and review problems that had been encountered.

The meeting was opened by the Chairman, Dr Yacoub Al Mazrou who welcomed the TAG members and other participants and reviewed with the TAG the objectives of the meeting and the programme. The list of participants and the programme are attached as Annexes 1 and 2. The Chairman then gave the floor to Dr Mohamed A. Jama, Assistant Regional Director, who delivered a message from Dr Hussein A. Gezairy, Regional Director for the Eastern Mediterranean. In his message, the Regional Director welcomed the TAG members and other participants. He expressed his satisfaction with the significant progress made in implementing the recommendations of the TAG in its first meeting and the beginning of significant changes in the right directions, both in surveillance and in planning for the fall NID.

2. FINDINGS

2.1 Implementation of recommendations of the first TAG meeting

During the first meeting of the Technical Advisory Group (TAG), 23 recommendations were made to enhance polio eradication activities in Egypt. The members of the TAG were impressed by the extensive efforts to implement the recommendations of the first TAG meeting. The bulk of recommendations have been fully or partly implemented by the Government of Egypt and its partners, within a very short time-frame. A short summary of actions taken on the recommendations of the first TAG meeting is attached as Annex 3.

2.2 Poliovirus surveillance activities and quality

From January to June 2002, 229 AFP cases were reported, with no wild poliovirus isolated from AFP cases. To date in 2002, key indicators include a non-polio AFP rate of 1.8, 95% stool collection within 14 days, and 82% of stools received in the laboratory within 3 days. Table 1 compares the results to date in 2002 with 2001. There has been a substantial improvement in surveillance indicators, particularly in AFP case detection. This improvement is noted fairly uniformly in governorates throughout Egypt.

Table 1. Comparison of surveillance indicators for 2001 and 2002 (January through June)

Indicator	2001	2002 (January through June)
AFP rate	1.1	1.8
Stool collection within 14 days	90%	96%
Number of AFP cases	252	229

Environmental surveillance has continued in 2002. In addition to the 7 governorates in Upper Egypt and one in Lower Egypt, a further five additional governorates were added during 2002 (Alexandria, Menoufia, Sharkia, Beheira and Cairo) to provide better coverage of the network nationwide. During 2002, only poliovirus type 1 has been detected, and here have been no positive samples thus far in Lower Egypt nor in Minya. Ten samples with wild polioviruses were detected from 5 of the 13 governorates sampled. Results are summarized in Table 2.

Table 2. Summary of environmental surveillance, Egypt, 2002

Site	Sampling		Total samples 2002	No. samples P1 wild virus positive (% total)
	First sample collected	Sampling schedule, No. samples per month		
Alexandria	April 2002	1 per month	4	0 (-)
Aswan City	August 2001	1 per month	6	0 (-)
Asyut City	January 2001	2 per month	11	3 (27%)
Asyut/Dairut	January 2001	2 per month	9	0 (-)
Behera	April 2002	1 per month	3	0 (-)
Beni-Suef	April 2001	2 per month	10	1 (10%)
Cairo	April 2002	1 per month	3	0 (-)
Fayoum City	May 2001	1 per month	6	3 (50%)
Minya/Abo Qurqas	January 2001	1 per month	6	0 (-)
Minya City	January 2001	2 per month	9	0 (-)
Menoufia	April 2002	1 per month	3	0 (-)
Qena City	November 2001	December	7	2 (29%)
Sharkia	April 2002	1 per month	3	0 (-)
Sohag City	May 2001	1 per month	7	1 (17%)
Tanta City	July 2001	1 per month	5	0 (-)
All sites			92	10 (11%)

Note. 2001 summary: 74 of 130 (57%) samples P1 NSL positive; 8 provinces with P1 NSL

2.3 Current epidemiology

The last wild poliovirus isolated from an AFP case in Egypt was a type 1 virus in October 2001. During 2002, environmental sampling has detected widespread circulation of type 1 poliovirus in Upper Egypt. The genomic sequencing of viruses detected through environmental samples in 2002 is similar to viruses isolated from AFP cases and from the environment in previous years. Genomic sequencing suggests gaps in detection of viruses in 2001 through AFP surveillance. As noted in the first TAG meeting, the AFP surveillance system has previously undoubtedly missed cases.

The data from environmental sampling and from AFP surveillance indicate that the reservoir areas for viral transmission in Egypt remain the governorates of Upper Egypt. While only one genotype of type 1 has been detected, there is enough genetic diversity to indicate several different chains of transmission in early 2002.

Within the next several months, the newly implemented strategies to enhance the AFP surveillance system are likely to yield more reliable data to guide control measures during the final stages of the national programme.

2.4 Quality of supplementary immunization activities

The September, October and December NIDs will target an estimated 9 million children <5 years of age. By available reports, spring SNIDs in Upper Egypt were of good quality. The TAG was informed of steps to enhance quality including better planning, mapping, use of additional teams in mega cities, recruitment of substantial numbers of volunteers, and enhanced training and supervision. Three additional workshops will be held during August to review and revise NIDs plans.

The TAG was pleased with the comprehensive communication and social mobilization plan that has been endorsed by the ICC. The plan takes into account findings from a baseline survey, and emphasizes efforts to ensure caretakers vaccinate their children. The plan also seeks to secure support from policy-makers as well as community leaders. Post intervention surveys will evaluate the impact of the communication and social mobilization plan.

TAG deliberations took into account a joint Ministry of Health and WHO review of progress towards strengthening AFP surveillance and planning for NIDs that was conducted during 20 to 30 July 2002. The central EPI unit, 14 governorates, 28 districts, and basic health units/hospitals were assessed during the review. Recommendations of the joint review are attached as Annex 4

3. CONCLUSIONS

Implementation of recommendations of the first TAG meeting has resulted in considerable progress towards poliomyelitis eradication. AFP surveillance quality is improving markedly, and environmental sampling is continuing to provide valuable

supplementary surveillance information. The Plan of Action for Polio Eradication developed following the first TAG meeting is sound and comprehensive. The national communication plan also lays out clear directions for advocacy, communication and social mobilization activities. Evidence suggests that the SNIDs carried out in Upper Egypt in March and April were of good quality. In summary, the TAG believes that the programme in Egypt is progressing well towards polio eradication.

However, evidence from environmental sampling demonstrates that wild poliovirus circulation in Upper Egypt has continued into 2002. AFP surveillance, while improving recently, has not been functioning at adequate levels for long enough to provide complete confidence in the system. The TAG believes that wild poliovirus transmission is continuing in Upper Egypt and that Lower Egypt remains at risk of reintroduction of wild poliovirus.

The major areas of concern are those areas in Upper Egypt where poliovirus transmission has been documented in 2002, which constitute the remaining reservoirs of wild poliovirus in Egypt, and the densely populated urban areas of Lower Egypt where house-to-house immunization will be implemented for the first time in autumn 2002. High-quality NID rounds in autumn 2002 will be critical to interrupting wild poliovirus transmission in Egypt.

4. RECOMMENDATIONS

The TAG endorses the recommendations contained in the joint Ministry of Health/WIHO review of 20–30 July 2002. In addition, the TAG reaffirms the recommendations of the first TAG meeting. The TAG makes the following additional recommendations.

Structure and operating procedures for polio eradication

1. Central level EPI unit staff continue to carry a high workload, and should receive additional support. Continued efforts should be made to recruit a full-time, senior international epidemiologist and national staff as required to assist in planning for quality NIDs as well as to further enhance the AFP surveillance system.

Surveillance for wild poliovirus

2. High priority must be given to further developing and sustaining active surveillance for AFP during 2002.
3. Environmental sampling should be continued at the current sampling sites. The TAG will review the situation at future meetings.
4. Additional analysis of surveillance data should be undertaken to help determine why cases are being reported to the system following several days delay. Quarterly surveillance review meetings provide an opportunity to exchange the results of analysis between governorates and should be continued.

