

Report on the

**Ninth meeting of the Technical Advisory Group
on Poliomyelitis Eradication in Egypt**

Cairo, Egypt
3–5 December 2005



World Health Organization
Regional Office for the Eastern Mediterranean

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EXECUTIVE SUMMARY

The ninth meeting of the Technical Advisory Group on Poliomyelitis Eradication (TAG) in Egypt was convened in Cairo, Egypt on 3–5 December 2005. The meeting focused on maintaining the achievements of the poliomyelitis eradication programme and on ensuring appropriate response measures are in place should wild poliovirus be imported or circulating vaccine-derived poliovirus emerge.

The TAG was impressed with the progress achieved in programme performance over the past three years, and warmly acknowledged the outstanding efforts of the Ministry of Health and Population, under the personal leadership of His Excellency Dr Mohamed Awad Tag El Din, Minister of Health and Population. The eradication programme in Egypt has become an example of how much can be achieved in polio-endemic countries, particularly those whose ecological situation favours transmission of the poliovirus.

Summary of recommendations

1. Recognizing the risk of poliovirus importations, actions to strengthen surveillance and boost immunity in high-risk population subgroups should be further enhanced, particularly among those with frequent contact with polio-infected areas in West Africa and the Horn of Africa.
2. The highest priority for surveillance should be to sustain the recent gains in the detection of AFP cases in the highest risk governorates, particularly Giza.
3. The current environmental surveillance strategy should be sustained, including confirmatory specimen testing of high-risk and random concentrate samples at KTL. Refinements of this strategy can be reviewed when the TAG next meets in mid-2006.
4. Given the current epidemiology of polio in Egypt, and the continued risk of importations, 2 NID rounds should be conducted in the first 6 months of 2006. These are recommended to be implemented in late March and late April to boost immunity in advance of the high transmission season. Further supplementary immunization activities would be contingent on the evolving epidemiology.
5. The *Preparedness Plan for Poliovirus Importations* should be further examined and if necessary revised to ensure that it is fully aligned with the updated regional guidelines based on the specific recommendations of the Advisory Committee on Polio Eradication (ACPE) in September and October 2005 on responding to circulating polioviruses in previously polio-free areas, in terms of the speed, size, extent and vaccine for a mop-up response.

The TAG met with H.E. Dr Awad Tag El Din, Minister of Health and Population, at the end of its deliberations and presented its recommendations. H.E. the Minister indicated acceptance of the recommendations and reaffirmed the commitment of the Government of Egypt to the global goal of poliomyelitis eradication.

1. INTRODUCTION

The ninth meeting of the Technical Advisory Group on Poliomyelitis Eradication (TAG) in Egypt was convened in Cairo, Egypt on 3–5 December 2005. The opening session was attended by H.E. Dr Mohamed Awad Tag El Din, Minister of Health and Population, Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, TAG members and representatives of partners agencies. Dr Gezairy welcomed the TAG members and acknowledged their continued guidance with respect to the efforts to eradicate poliomyelitis from Egypt and from the Region as a whole. He extended a warm welcome to Dr Tag El Din and all the staff of the Ministry and acknowledged their sincere commitment and the significant efforts made to achieve the target of polio eradication from Egypt. The Regional Director welcomed the representatives of polio partners, particularly UNICEF, Rotary International, Centers for Disease Control and Prevention, Atlanta (CDC), United States Agency for International Development (USAID) and the Government of Japan, and specifically recognized the presence of Mr James Lacy, Past President of Rotary International.

H.E. Dr Tag El Din in his opening remarks welcomed TAG Members, Dr Gezairy and the representatives of partner agencies. He emphasized government commitment towards the eradication goal, which had been given the highest priority under the patronage of Her Excellency Mrs Suzanne Mubarak, First Lady of Egypt. Dr Tag El Din reviewed the achievements of the national programme in both surveillance and supplementary immunization activities and pointed out that the last case of poliomyelitis in Egypt had been reported more than one and half years ago. He reiterated government commitment to maintaining the highest standards of performance until global eradication of poliomyelitis was achieved. He acknowledged the tremendous support of WHO, UNICEF, Rotary International, USAID, CDC and the Government of Japan.

Mr James Lacy addressed the meeting, welcoming the participants and acknowledging regional and country achievements in poliomyelitis eradication. Mr Lacy presented the Rotary International Polio Champion Award to Dr Gezairy in recognition of his leadership, dedication and unwavering support to poliomyelitis eradication in the Eastern Mediterranean Region and globally. The Regional Director thanked Rotary International for the award and for their exemplary partnership in the march to achieve the noble goal of poliomyelitis eradication.

In the absence of Dr Y. El Mazrou, Chairman of the TAG, Dr Ali Jaafar Sulaiman Mohammed (Oman) chaired the meeting. After welcoming the participants, he presented the objectives of the meeting, which would focus on maintaining the achievements of the poliomyelitis eradication programme and on ensuring appropriate response measures are in place should wild poliovirus be imported or circulating vaccine-derived poliovirus emerge. The programme and list of participants of the meeting are attached in Annexes 1 and 2, respectively.

2. IMPLEMENTATION OF RECOMMENDATIONS OF THE EIGHTH TAG MEETING

The TAG was impressed with the fact that all its recommendations made during the eighth meeting were implemented fully and with a high degree of professionalism and accuracy. It acknowledged the significant efforts of the staff of Ministry of Health and Population, under the leadership of H.E. Dr Mohamed Awad Tag El Din, Minister of Health and Population.

The TAG agreed that the recommendations of the last meeting remain valid and that their implementation should be continued.

3. EPIDEMIOLOGICAL SITUATION AND RISKS

Since the TAG last met in June 2005, the quality of both AFP and environmental surveillance has further improved (see specific sections below). Even with these improvements, no wild polioviruses have been detected in Egypt since the positive environmental samples collected in Fayoum and Sohag in January 2005. However, at present, the programme faces a new risk, namely the potential for importation from neighbouring infected countries.

The TAG is increasingly optimistic that indigenous wild poliovirus transmission has been interrupted in Egypt and looks forward to continued evidence of the absence of wild poliovirus until 12 months have elapsed from 14 January 2005, the date of the last isolate from the environment. The TAG also notes that the efforts required to address risks of imported polioviruses (e.g. from northern Nigeria, Somalia or Yemen) are beginning to outweigh the efforts to maintain freedom from indigenous polioviruses. The balance between these efforts will affect national poliomyelitis eradication planning and priorities in 2006.

Recommendations

1. Recognizing the risk of poliovirus importations, actions to strengthen surveillance and boost immunity in high risk population subgroups should be further enhanced, particularly among those with frequent contact with polio-infected areas in West Africa and the Horn of Africa.
2. The Government of Egypt may wish to consider extraordinary, high-level international advocacy to intensify the quality and number of eradication activities in the remaining polio-infected countries and areas, particularly those with close contacts with Egypt.

4. AFP AND ENVIRONMENTAL SURVEILLANCE PERFORMANCE

The quality of AFP surveillance strengthened notably in the second half of 2005, as evidenced by a month-to-month 2004–2005 comparison of reported cases. The national AFP rate is now consistently above 2 per 100 000 population under 15 years (3.2 at 4 December) and the special attention to improving AFP performance in the 6 governorates with highest risk has had a positive impact as shown in the table below (2005 annualized data as of 26 November).

Governorate	np AFP rate (per 100 000 population under 15 years)	Adequate specimens (%)	NPEV (%)
Cairo	2.3	91	13
Giza	3.1	87	26
Fayoum	3.5	88	39
Minya	3.3	98	38
Assiut	3.0	92	49
Sohag	2.1	94	24

The TAG noted the value of: 1) the enhanced weekly monitoring of surveillance performance by the central cell and VACSERA in ensuring the early identification and rectification of lagging areas; and 2) the quarterly surveillance reviews with governorate and district staff. The TAG stressed, however, that while AFP performance indicators are in general excellent, the gains in surveillance sensitivity continue to be fragile in one key governorate (Giza) as evidenced by a slight slippage in some indicators as compared with 2004.

Environmental surveillance continues at 33 sites (41 samples collected monthly) in 18 governorates with all specimens analysed at VACSERA and a subset from “high-risk” governorates also analysed by KTL Finland. The TAG noted that while the NPEV isolation rates from environmental samples had largely recovered from the drop in sensitivity in late 2003 and early 2004, these rates are still lower than 100% isolation rate recorded in 2003, particularly in some sites. It was noted that only 4 samples out of 306 samples tested from priority sites in parallel in both laboratories (VACSERA and KTL) did not grow any virus (neither Sabin nor NPEV).

The reported laboratory performance indicators were excellent, with VACSERA scoring 99%–100% in recent accreditation activities and 100% of primary isolation and intratypic differentiation work completed within the targets of 28 and 14 days, respectively. This high level of performance is particularly noteworthy given the increased workload due to the higher rate of contact sampling within Egypt, and the processing of samples from Somalia, Sudan, Yemen and other importation-affected areas in 2005.

The TAG noted that the rate of Sabin type 1 isolations from both AFP cases and environmental samples did not increase markedly following the introduction of mOPV1, and concluded that this probably reflects high underlying population immunity (as confirmed by a recent serosurvey) leading to short, low titre excretion.

Recommendations

1. The highest priority for surveillance must be to sustain the recent gains in the detection of AFP cases in the highest risk governorates, particularly Giza.
2. Increasing attention should now be given to boosting AFP surveillance in those geographic areas or demographic groups at highest risk of imported polioviruses.
3. The monthly bulletin, in addition to being distributed to the focal points, should also be addressed to the level of the governors to ensure their continued support of surveillance, which will be critical to sustaining the current high levels of sensitivity.
4. The current environmental surveillance strategy should be sustained, including confirmatory specimen testing of concentrate samples at KTL. Refinements of this strategy can be reviewed when the TAG next meets in mid-2006.
5. The environmental surveillance data should be monitored regularly by site to timely detect any decrease in sensitivity of virus isolation.

5. SUPPLEMENTARY IMMUNIZATION PERFORMANCE AND STRATEGY

Since the last meeting of the TAG, 3 NIDs have been conducted in July, September and November. mOPV1 was used in July and September rounds, with tOPV in the November campaign. High-risk areas were identified and targeted on the basis of well-defined criteria including past supplementary immunization campaign performance and risk of wild poliovirus transmission. Of particular importance in this regard has been the continuation of the work of the Task Force for Cairo and Giza (meeting 2–4 times per month), given the special challenges faced in these high population areas.

Special activities to improve performance in high risk areas centred on increased national and international technical support, increased teams and monitors, and close cooperation with nongovernmental organizations to raise community awareness. Of particular interest are the new contacts with UNHCR to identify and immunize refugee populations.

The TAG noted that the number of children reached during NIDs is now consistently over 11 million per round, with the number under 1 year old now

consistently about 2 million per round. Most impressive was the work to identify, record and reach defaulters recorded on the day of vaccination. As expected, there was a slight decrease in the number of children vaccinated during the July NID round in Cairo and Giza; however, no comparable increase was noted in the coastal governorates.

Independent monitoring activities continue to provide important data confirming the high quality of supplementary immunization activities in general, and facilitating further improvements. The data show that over 95% of children are consistently reached during supplementary immunization activities, including in high risk areas. For example, a very high percentage (93%–94%) of children were finger-marked by the vaccination teams during the May–September supplementary immunization activities rounds. Impressively, over 90% of children are now being immunized at home (versus 75% in 2003) demonstrating a very high level of house-to-house activity. Of concern, only two-thirds of parents surveyed were aware of the date of the campaign in advance of the September NID round, although the vast majority did vaccinate their children.

The TAG was grateful for the detailed update on progress towards each of the 5 major elements of the 2005 strategic plan for communications. The May 2005 survey of 10 000 households provided programmatically useful information on media trends, confirming the leading role of television and radio but also documenting an important increase in satellite channels, which are very difficult to use for public information spots. Among other important findings, the survey showed a decrease from 27% to 10% in public perception of OPV side effects between 2002 and 2005.

Recommendations

1. Given the current epidemiology of polio in Egypt, and the continued risk of importations, 2 NID rounds should be conducted in the first 6 months of 2006. It is recommended to be implemented late March and late April to boost immunity in advance of the high transmission season. Further supplementary immunization activities would be contingent on the evolving epidemiology.
2. During the 2006 NIDs, particular attention should be given to areas at high risk for importations (due to geography or demography) as well as the traditional high-risk areas for indigenous virus.
3. As for previous TAG recommendations, offshore vaccine should continue to be used for supplementary and routine vaccination. If the global mOPV supply continues to be very tight, trivalent OPV can be used for the 2006 supplementary immunization activities if there is no confirmed poliovirus circulation. However, the appropriate monovalent OPV must be used for any activities conducted in response to a confirmed wild poliovirus (imported or indigenous), or cVDPV. Decisions on the type of vaccine will also be influenced by the epidemiology of polio in neighbouring countries in early 2006 and the risk of importations.

6. MAINTAINING POLIO-FREE STATUS: PREPAREDNESS PLAN FOR IMPORTATIONS

The TAG noted the ongoing refinements to the national preparedness plan for importations. The key elements to minimize the consequences of wild poliovirus importations are: 1) maintaining sensitive surveillance to early detect any virus circulation; 2) maintaining high population immunity through routine vaccination and supplementary immunization to limit circulation; and 3) implementing rapid responses to eliminate any imported virus.

The plan is built on the identification and management of high-risk areas (i.e. frontier areas, entry points) and groups (i.e. visitors/contacts with known polio infected areas, nomads). Key elements of the plan include enhancing AFP surveillance in these areas including through regular weekly meetings, increased active surveillance sites and possibly environmental monitoring. In addition, routine immunization coverage >95% should be maintained in high-risk areas and among refugees, development of investigation and mop-up response plan, and continuing local campaigns in some areas.

Recommendations

Specific recommendations relevant to reducing the risk of poliovirus importations are outlined throughout the text of this report. In addition, the TAG made a number of further recommendations regarding preparedness for virus importations.

1. The *Preparedness Plan for Poliovirus Importations* should be further reviewed and if necessary revised to ensure that it is fully aligned with the updated regional guidelines based on the specific recommendations of the Advisory Committee on Polio Eradication (ACPE) in September and October 2005 on responding to circulating polioviruses in previously polio-free areas, in terms of the speed, size, extent and vaccine for a mop-up response.
2. Given the importance of optimizing national preparedness for a potential poliovirus importation, the TAG recommends that the Ministry of Health and Population identify a specific focal point to ensure implementation of all appropriate aspects of the *Preparedness Plan*.
3. The communications and social mobilization strategic planning should be further updated to ensure adequate plans and capacity related to preparedness and response to any imported virus.

Annex 1

PROGRAMME

Saturday, 3 December 2005

- 19:00–20:00 Opening session
 Address by Dr Hussein A. Gezairy, Regional Director, WHO/EMRO
 Address by H.E. Dr M A. Tag El Din, Minister of Health and Population

Sunday, 4 December 2005

- 08:30–09:00 Registration
09:00–09:15 Objectives and meeting agenda/ Dr Ali Jaafar Mohammed Sulaiman, Member of the TAG
09:15–09:45 Status of the implementation of recommendations of the Eighth TAG Meeting/Dr N. El Sayed, Ministry of Health and Population
09:45–10:30 Discussion
10:30–11:00 Current situation, surveillance data and indicators/ Dr I. Moussa, Ministry of Health and Population
11:00–11:30 Virological surveillance (AFP–Environmental)/ Dr L. Bassiouni/VACSERA, Dr H. Asghar, WHO/EMRO
11:30–13:00 Discussion
13:00–13:30 Planning and implementation of summer and fall 2005 NIDs/ Dr I. Barakat, Ministry of Health and Population
13:30–14:00 Evaluation of NIDs (Independent Monitors and International Observers)/ Dr A. Elkasabany, WHO/EMRO
14:00–14:30 Discussion
14:30–15:00 Social mobilization activities and plans/ Dr S. Hegazy, UNICEF/Egypt
15:00–15:15 Update on mOPV clinical trial/ Dr R. Sutter, WHO/HQ
15:15–15:30 Preparedness plan for importation/ Dr I. Barakat, Ministry of Health and Population
15:30–15:45 Plans for supplementary immunization activities and questions to the TAG/ Dr N. El Sayed, Ministry of Health and Population
15:45–16:30 Discussion
16:30–17:30 Closed meeting of the TAG members

Monday, 5 December 2005

- 09:30–11:00 Closed meeting of the TAG members
11:00–12:00 Presentation of the Report and debriefing with H.E. the Minister of Health and Population
12:00–12:30 Closing session

Annex 2

LIST OF PARTICIPANTS

MEMBERS OF THE TAG

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