

Tenth Meeting of the South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE)

Nay Pyi Taw, Myanmar

23-24 November 2017



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Abbreviations

AERF	annual Expanded Programme on Immunization reporting form
AFP	acute flaccid paralysis
bOPV	bivalent oral poliovirus vaccine
CAG	containment advisory group
CCS	containment certification scheme
cVDPV	circulating vaccine-derived poliovirus
cVDPV2	circulating vaccine-derived poliovirus type 2
DPRK	Democratic People’s Republic of Korea
EC	emergency committee
Endgame Plan	Polio Eradication & Endgame Strategic Plan 2013-2018
EPI	Expanded Programme on Immunization
ES	environmental surveillance
GAPIII	WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use
GCC	Global Certification Commission
GPEI	Global Polio Eradication Initiative
IHR	International Health Regulations
IPV	inactivated poliovirus vaccine
fIPV	fractional inactivated poliovirus vaccine
ITD	intratypic differentiation
IVD	Immunization and Vaccine Development
JRF	World Health Organization/United Nations Children’s Fund joint reporting form on immunization
NAC	national authority for containment
NCCPE	National Certification Committee for Polio Eradication
NCTF	National Containment Taskforce
OBRA	outbreak response assessment
OPV	oral poliovirus vaccine
OPV3	the third dose of oral polio vaccine
PEF	poliovirus essential facility
RCCPE	Regional Certification Commission for Polio Eradication

RI	routine immunization
RPNL	Regional polio laboratory network
SAGE	Strategic Advisory Group of Experts on Immunization
SEA	South-East Asia
SEARO	World Health Organization Regional Office for South-East Asia
SIA	supplementary immunization activity
tOPV	trivalent oral poliovirus vaccine
UNICEF	United Nations Children’s Fund
VDPV	vaccine-derived poliovirus
VDPV2	vaccine-derived poliovirus type 2
WHO	World Health Organization
WPV	wild poliovirus
WPV1	wild poliovirus type 1
WPV2	wild poliovirus type 2

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Introduction

The World-Health-Assembly-endorsed global 'Polio Eradication & Endgame Strategic Plan 2013-2018' (Endgame Plan) contains 'certification and containment' as one of its four key objectives. In view of this strategic approach, the continued risk of wild poliovirus (WPV) importation from an infected area or country and the close monitoring of the potential vaccine-derived poliovirus type 2 (VDPV2) emergence after the global switch from trivalent oral poliovirus vaccine (tOPV) to bivalent oral poliovirus vaccine (bOPV) in April 2016, it is considered critical that the South-East Asia (SEA) Regional Certification Commission for Polio Eradication (RCCPE) meets on a regular basis to review annual progress reports from all countries.

In this context the 10th meeting of the SEA-RCCPE was held in Nay Pyi Taw, Myanmar from 23 to 24 November 2017 with the following objectives:

1. to review reports from each Member State reporting on maintaining polio-free status, as per requirements of the Endgame Plan;
2. to review the implementation status of the recommendations made at the 9th meeting of the SEA-RCCPE;
3. to review national and regional risk assessments in order to highlight gaps in levels of immunity and quality of surveillance at national and sub-national levels;
4. to review reports from all countries on compliance with poliovirus type 2 laboratory containment requirements in line with the switch from tOPV to bOPV in April 2016;
5. to update the Global Certification Commission (GCC) on the polio-free certification status of the South-East Asia Region.

Opening

The 10th meeting of the SEA-RCCPE was opened by the World Health Organization (WHO) Representative to Myanmar, Dr Stephan Jost, on behalf of Dr Poonam Khetrapal Singh, WHO Regional Director for SEA.

In her message, the Regional Director welcomed the new members of the RCCPE: Dr Nobuhiko Okabe, chairperson of the RCCPE in the Western Pacific, and Dr Mark Steven Oberste, Chief of the Polio and Picornavirus Laboratory Branch at the Centers for Disease Control and Prevention in Atlanta, USA. Dr Khetrapal Singh stated her expectation that, in addition to these experts drawing upon their vast technical expertise and public health experience, Dr Okabe would particularly support the continuation of close inter-regional collaboration and Dr Oberste would bring additional technical capacity to poliovirus laboratory containment.

The Regional Director was pleased to note the encouraging progress in polio eradication globally, highlighting that, of the three WPV types, type 2 was certified as eradicated in September 2015, type 3 last detected in November 2012 and type 1 reported globally this year from only two countries: Afghanistan and Pakistan.

The Regional Director expressed concern, however, about the ongoing transmission of polio outbreaks due to VDPV2 in the Democratic Republic of the Congo and the Syrian Arab Republic

following the global synchronized withdrawal of the type 2 component in oral poliovirus vaccine (OPV) in April 2016 and the continuing shortage of inactivated poliovirus vaccine (IPV). As such, the Regional Director reminded the RCCPE members that pockets of low immunization coverage facilitating vaccine-derived poliovirus (VDPV) emergence remain in the SEA, despite the Region being certified polio-free in March 2014. Therefore, regular risk assessments conducted down to the relevant sub-national level remain critical in each country to identify and address gaps in immunization and surveillance.

Dr Khetrupal Singh concurred with the conclusion of the 9th RCCPE meeting that the emergence of circulating vaccine-derived poliovirus (cVDPV) in areas of low coverage is as great a risk to polio-free status as an outbreak due to WPV importation. The Regional Director concluded that Myanmar and India responded with great commitment to VDPV detection in the past few years. She expressed her gratitude at having the 10th meeting of the RCCPE held in Myanmar, thus supporting advocacy with stakeholders to continue their utmost efforts to keep the country -- and subsequently the Region -- polio-free.

The Regional Director commended all countries of the WHO SEA Region for demonstrating continued leadership and commitment to a polio-free world, especially with national programmes maintaining high quality surveillance for acute flaccid paralysis (AFP) - the gold standard in polio surveillance – in the post-eradication phase when countries tend to turn towards other priorities and are likely to become complacent in implementing activities to maintain polio-free status.

The Regional Director highlighted how efforts by countries in the Region to address the global IPV shortage are guiding global policies. India and Sri Lanka using fractional doses of IPV (fIPV) in their Expanded Programmes on Immunization (EPI) supported the Strategic Advisory Group of Experts on Immunization (SAGE) in recommending use of the fractional dose globally. Dr Khetrupal Singh also commended Bangladesh and Nepal for shifting to a fIPV dose schedule by early 2018.

The Regional Director noted that WPV type 2 (WPV2), eradicated from human populations, now exists only in laboratories, including those of vaccine manufacturers and that poliovirus laboratory containment is, therefore, becoming a priority in the pursuit of a polio-free world. Dr Khetrupal Singh summarized the fact that activities to contain type 2 polioviruses in facilities are progressing in the Region, that all countries are implementing new surveys of biomedical laboratories to meet the requirements outlined in the 'WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use' (GAPIII) and that special trainings on GAPIII requirements have been conducted for key stakeholders, followed by training for containment certification auditors in January 2017 and a Regional review and planning meeting in April 2017.

As funding from the Global Polio Eradication Initiative (GPEI) for polio assets (human resources, systems and processes) is expected to decline from this year and eventually stop after 2019, the Regional Director was pleased that the transition planning process is ongoing in five countries of the Region – Bangladesh, India, Indonesia, Myanmar and Nepal - that have substantial polio assets.

Dr Khetrupal Singh emphasized that, despite success, multiple risks persist and the independent oversight and analysis of National Certification Committees for Polio Eradication (NCCPEs) remain critical to the national programmes as well as to the RCCPE and the Global Certification Commission (GCC). As such, she was happy to note that the GCC chairperson, Professor David Salisbury, was attending this meeting.

The Regional Director urged meeting participants to very carefully and comprehensively address during the meeting the four key questions posed regarding polio immunization coverage, immunity and surveillance, containment of polioviruses in laboratories, risk assessments, and the levels of preparedness necessary to respond to any case of poliovirus. She urged meeting participants to reach conclusions and make recommendations based on evidence.

The Regional Director sincerely thanked the Government of Myanmar and the Ministry of Health and Sports for hosting this 10th RCCPE meeting in Nay Pyi Taw.

Dr Thar Tun Kyaw, Director General of the Department of Public Health and the Department of Medical Services at the Ministry of Public Health, Myanmar, welcomed meeting participants in Nay Pyi Taw and reminded of the commitment to global polio eradication since the 41st World Health Assembly in 1988 adopted the respective resolution which marked the launch of the GPEI, spearheaded by national governments, WHO, Rotary International, the US Centers for Disease Control and Prevention, United Nations Children’s Fund (UNICEF), and supported by key partners including the Bill & Melinda Gates Foundation. Dr Thar Tun Kyaw highlighted how more than 16 million people are able to walk today, who would otherwise have been paralyzed the number of polio cases has fallen by over 99% and humanity is on the verge of one of the greatest public health achievements in history – eradicating polio. In this context, he thanked WHO and partners in the eradication initiative for such steadfast commitment, including in Myanmar.

Dr Thar Tun Kyaw summarized Myanmar’s strong commitment to polio eradication activities and how the Ministry of Health and Sports immediately took the necessary action to respond to the cVDPV type 2 in 2015 as per global GPEI and national guidelines for responding to polio outbreaks. The response was rapid and effective as concluded by outbreak response assessment (OBRA) teams. The government has continued strategic actions to improve immunization coverage in low performing areas through micro planning with development of annual EPI work plans by each township, initiation of integrated hospital based immunization, incentives to midwives providing increased budget for supervision and monitoring

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