

Meeting Report

FIFTH MEETING OF THE COMBINED SUBREGIONAL COMMITTEES FOR THE CERTIFICATION OF POLIOMYELITIS ERADICATION AND VERIFICATION OF MEASLES ELIMINATION IN PACIFIC ISLAND COUNTRIES AND AREAS



9–11 May 2017
Noumea, New Caledonia



Participants of the Fifth Meeting of the Combined Subregional Committees for the Certification of Poliomyelitis Eradication and Verification of Measles Elimination in Pacific Island Countries and Areas
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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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PACIFIC ISLAND COUNTRIES AND AREAS

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NOTE

The views expressed in this report are those of the participants of the Fifth Meeting of the Combined Subregional Committees for the Certification of Poliomyelitis Eradication and Verification of Measles Elimination in Pacific Island Countries and Areas and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Fifth Meeting of the Combined Subregional Committees for the Certification of Poliomyelitis Eradication and Verification of Measles Elimination in Pacific Island Countries and Areas in Noumea, New Caledonia from 9 to 11 May 2017.

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Keywords:

Immunization / Measles – prevention and control / Rubella – prevention and control / Poliomyelitis – prevention and control / Pacific Islands

SUMMARY

The Fifth Meeting of the Combined Subregional Committees for the Certification of Poliomyelitis Eradication and Verification of Measles Elimination in Pacific Island Countries and Areas (SRCC/SRVC) was convened in Noumea, New Caledonia from 9 to 11 May 2017. The SRCC/SRVC serves as the expert review group to classify all cases of acute flaccid paralysis (AFP) reported in Pacific island countries and areas. The SRCC produces the required annual report on the poliomyelitis-free status for Pacific island countries and areas to be submitted to the Regional Certification Commission. The SRVC also develops the annual report on progress towards achieving measles elimination to be submitted to the Regional Verification Commission.

After reviewing the status of AFP and measles/rubella surveillance; routine and supplementary immunization; and outbreak preparedness and response, the SRCC/SRVC concluded that although there is no evidence of ongoing endemic measles virus transmission, measles virus surveillance is not yet of verification standard, especially because performance varies in the countries and measles immunity gaps persist in select populations. Further collaborative efforts between regional and international partners as well as governments are required to achieve and maintain certification standards. The SRCC/SRVC supported the recommendation of the Technical Advisory Group (TAG) on Immunization and Vaccine-Preventable Diseases to offer the second routine dose of measles-containing vaccine in the second year of life and considered 2022 a reasonable target year for measles and rubella elimination in the Western Pacific Region.

The SRCC/SRVC concluded that the Pacific islands have maintained polio-free status, but noted that although the number of wild poliovirus cases in endemic countries is steadily decreasing the risk of international spread of poliovirus still represents a public health emergency of international concern. No stock-out of inactivated polio vaccine (IPV) due to the global shortfall was projected for Pacific island countries and areas in 2017. The SRCC/SRVC commended the Pacific island countries and areas on completion of the first part of phase 1 of the third edition of the Global Action Plan (GAP III) for polio laboratory containment.

The SRCC/SRVC recommended the following:

- 1) Although flaws in Demographic and Health Surveys (DHS) implementation may explain the discrepancy with reported coverage in some countries, an analysis of the quality and reliability of the administrative reports on vaccination coverage should be conducted.
- 2) Immunization staff should be closely involved in the planning and implementation of future DHS and immunization coverage surveys to maximize the quality and representativeness of the coverage estimates.

With regard to measles/rubella, the SRCC/SRVC recommended the following:

- 3) Countries and areas should achieve and sustain high coverage (more than 95%) with two doses of measles and rubella-containing vaccine (MRCV) in the routine programme.
- 4) Based on the analysis of coverage and surveillance data, as well as outbreaks, the most appropriate strategies (e.g. supplementary immunization activities, targeted social mobilization and communication activities, enhanced microplanning) targeting susceptible age groups should be identified and implemented to close immunity gaps and prevent large-scale outbreaks following importations.
- 5) To increase efficiency, measles and rubella supplementary immunization activities should be integrated with other vaccines or health interventions as appropriate.

- 6) Countries and areas are encouraged to use combination measles and rubella vaccines for all routine and supplementary doses.
- 7) National immunization programme staff should be closely involved in the planning and implementation of future DHS and immunization coverage surveys to maximize the quality and representativeness of the coverage estimates.
- 8) Countries that have not yet introduced school laws/policies are encouraged to implement policies promoting screening of immunization status and vaccination requirements at all levels, including preschool. Care should be taken so that screening does not impose a barrier to education enrolment.
- 9) All countries and areas should identify surveillance focal points/national coordinators to liaise with the World Health Organization (WHO). They should investigate acute fever and rash cases including core variables on the case-based form, collect appropriate clinical specimens and submit monthly surveillance data, including zero reporting.
- 10) Pacific island countries and areas are encouraged to consider initiating surveillance for congenital rubella syndrome in sentinel sites and to integrate within the existing surveillance system.
- 11) Countries are recommended to collect adequate specimens for serological (blood sample) and molecular testing (throat or oral fluid swab) from acute fever and rash cases whenever possible. However, only blood specimens would be considered sufficient. To facilitate specimen collection and transportation, where applicable, dried blood spots may be considered for measles and rubella testing to confirm diagnosis.
- 12) In countries with high incidence of diseases characterized by acute fever and rash (e.g. dengue, chikungunya, Zika), in order to optimize laboratory resources, laboratory testing for measles and rubella could be performed on samples testing negative for other pathogens.
- 13) As requested by the Regional Verification Commission for Measles Elimination, countries and areas that have not yet done so should develop costed outbreak preparedness and response plans.
- 14) Based on immunity profiles and/or measles virus transmission, the SRVC recommends Fiji, Kiribati and Samoa to consider implementation of supplementary immunization activities by the end of 2017 and Solomon Islands by the end of 2018.
- 15) Solomon Islands and Vanuatu, which have not yet introduced a routine second dose of measles vaccine in their national immunization programmes, should take steps to increase coverage with the first dose of measles-containing vaccine (MCV1) and introduce routine measles second dose in 2018.
- 16) To identify possible missed measles and rubella cases, New Caledonia and French Polynesia are encouraged to consider conducting a retrospective study of the blood samples from acute fever and rash cases collected during the last three years that tested negative for dengue/chikungunya/Zika virus, with WHO providing the necessary technical and financial support.
- 17) SRVC meetings are requested to continue to be convened in countries that benefit from the SRVC advocacy role to increase awareness and commitment towards measles and rubella elimination efforts.
- 18) Measles and rubella elimination updates are requested to be included in the agenda of the next meeting of Pacific immunization programme managers.

- 19) The United Nations Children’s Fund (UNICEF) and development/technical partners are requested to continue mobilizing resources to supplement the national buffer stocks by stockpiling the minimum levels of MRCV at the regional warehouse to assure timely responses to stock-outs, outbreaks and emergencies. Minimum levels can be defined based on ongoing risk assessments.
- 20) WHO is requested:
- a. to organize systematic surveillance reviews in priority countries to increase case identification, investigation and reporting;
 - b. to collaborate with SPC in exploring possibilities to support synergistic use of different surveillance systems in the countries;
 - c. to collaborate with regional and international partners in continuing technical support to ensure regular reporting of AFR surveillance and vaccination coverage rates from the Pacific island countries and areas;
 - d. to provide guidelines on congenital rubella syndrome surveillance;
 - e. to solicit feedback from the countries and areas on the status of development of costed outbreak preparedness and response plans and provide technical support if required; and
 - f. to invite priority countries such as Kiribati, the Federated States of Micronesia and the Marshall Islands to participate in future meetings.

With regard to polio, the SRCC/SRVC recommended the following:

- 21) Countries are encouraged to consider implementation of two-dose fractional IPV schedule as a mechanism to increase the number of children who can be vaccinated with limited vaccine supplies, provided resources for training and logistics are made available by the partners.
- 22) Countries are urged to comply with the requirements of the second part of GAP III phase 1 and identify, appropriately handle and store materials that are infectious or potentially infectious with oral polio vaccine containing the type 2 component (OPV2) and OPV2-like as well as Sabin 2 and Sabin2-like viruses when the global guideline is finalized and available.
- 23) SRCC meetings are requested to continue to be convened in countries that benefit from the SRCC advocacy role to increase awareness and commitment towards sustaining polio-free status.
- 24) A polio eradication update is requested to be included in the agenda of the next meeting of the Pacific immunization programme managers.
- 25) WHO as well as regional (Pacific Community) and international (United States Centers for Disease Control and Prevention) partners are requested to continue technical support to achieve regular reporting of AFP and vaccination coverage data/information in the Pacific island countries and areas.

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