



EUROPE

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Vaccine-preventable Diseases and Immunization Programme
Division of Health Programmes

JOINT POLIO CONTAINMENT POLIO LABNET WHO/EURO Meeting OF THE WHO REGIONAL OFFICE FOR EUROPE

St. Julian's, Malta, 20 - 22 February 2007

Europe is the first region in the world to have completed Phase I of the WHO Global Action Plan for Laboratory Containment of Wild Polioviruses, and the WHO Regional Office for Europe is coordinating efforts to sustain the Region's polio-free status. However, concern remains high over global polio eradication. Virus transmission is not interrupted in the four remaining polio-endemic countries in 2006 (Afghanistan, India, Nigeria and Pakistan), and as a result there is a risk of wild poliovirus (WPV) importation into the Region. In addition, the quality of acute flaccid paralysis (AFP) surveillance in the Region has somewhat declined since 2002, while high-risk subpopulations and underserved areas remain, for which polio surveillance and immunization indicators are sub-optimal. Regional initiatives include new guidelines on outbreak response, high-quality surveillance, including laboratory component and strong encouragement of supplementary immunization activities to close immunity gaps at the national or subnational level.



To maintain the momentum, provide technical support, encourage networking, and underline the message that constant vigilance is required, the Regional Office Vaccine-preventable Diseases and Immunization Programme organized a three-day meeting of selected national polio containment coordinators, heads of WHO polio laboratories and other national, regional and global representatives and experts. Twenty-two European Member States were represented, mainly from western Europe. The meeting goals were as follows:

- Update coordinators on the progress of global polio eradication efforts and containment activities.
- Present the regional results of Phase I of containment and discuss follow-up activities.
- Update coordinators on the third edition of the WHO Global Action Plan for Laboratory Containment of Wild Polioviruses for Phases II and III.
- Brief participants on the regional containment action plan for Phase II.
- Discuss containment activities in the region in 2007-2008.
- Update national polio laboratories on the activities and future strategy of the Global Polio Laboratory Network.
- Present a new testing algorithm.
- Update national polio laboratories on the performance of the European and global polio laboratory networks and discuss the implementation of a new testing algorithm and *Mycoplasma spp.* testing.
- Update participants on the clinical significance of enteroviruses and the persistence of polioviruses in immunodeficient patients.

The meeting was divided into three main parts: introduction and (1) global overview, (2) containment, and (3) the European Polio Laboratory Network meeting.

MEETING Recommendations

CONTAINMENT SECTION

The World Health Organization is recommended to:

- Remind member states of the ongoing need for a designated national polio containment coordinator and resources sufficient to meet current and future containment goals.

- Inform member states of current progress on poliovirus containment, the proposed strategy for the post eradication/post OPV cessation era and the preparatory steps recommended for Phase II.
- Strengthen collaboration with European Union (EU) and European Center for Disease Control (ECDC) to harmonize general biosafety standards and practices across all member states.
- Explore mechanisms to ensure poliovirus containment considerations are integrated into research grants, particularly projects involving collection of human faecal or throat specimens from poliovirus endemic areas presented by applicants to national and European Union (EU) review and funding bodies.
- Develop an algorithm through the WHO Global Polio Laboratory Network to determine a feasible and effective approach to reduce the risk of poliovirus from contaminated non-poliovirus or mislabelled stocks.
- Provide an annual update to national containment coordinators on the current status of Global polio eradication

The WHO Regional Certification Commission is recommended to:

- Request the NCCs ensure its annual reports on containment reflect the most current status of the national inventory.

National polio containment coordinators should:

- Provide an annual update of the National Inventory to the National Certification Commission and WHO indicating changes in the number of facilities listed on the inventory and reports of destruction or transfer of poliovirus materials with accompanying official documentation.
- Communicate to all facilities on the national inventory:
- -The responsibility for annual notification to the national containment coordinator of the status of wild poliovirus materials and written documentation of destruction or transfer of these materials.
 - The need for a written rationale (or citation of regulatory requirements in some cases) for retaining wild poliovirus materials, specifying timelines for submission to national authorities.
 - Availability of authenticated Sabin strains.
- Review the national list of laboratories to identify facilities likely to have Sabin strains and offer to replace them with authenticated strains.
- Identify possible mechanisms for updating the national list of laboratories with information already available through existing national processes (i.e. laboratory registration/licensing requirements).
- Consider and discuss with the National Task Force for Containment, National Certification Committees, and appropriate national authorities the implications of proposed activities in the draft 3rd edition of the WHO Global Action Plan and the opportunity to provide comments to WHO before the document is submitted to the World Health Assembly.

LABORATORY NETWORK SECTION

The European region remains at risk of importation of wild type poliovirus from countries where a wild type poliovirus is currently in circulation. Technical and financial support from governments to national polio laboratories is crucial in ensuring rapid detection of any importation, and adequate response to prevent further spread.

The World Health Organization is recommended to:

- explore the possibilities of implementation of the new WHO test algorithm for poliovirus isolation and confirmation in the selected countries of the Region in collaboration with WHO Headquarters

The WHO Regional Certification Commission is recommended to:

- remind all national governments of the importance of their full commitment to polio eradication including full support of national polio laboratories
- explore the possibilities of implementation of national or regional supplementary polio surveillance (enterovirus and environmental) in countries/regions where AFP surveillance is of poor quality or non-existent

National polio laboratories are recommended to:

- encourage all healthcare professionals involved in enterovirus diagnostics to collect and submit *faecal* samples to national polio laboratories for poliovirus detection and characterization
- monitor the timeliness of specimen collection and delivery, and in case of delays, should alert the responsible public health authorities
- expedite the implementation of *Mycoplasma spp.* detection in cell cultures using any method recommended in the WHO Polio Laboratory Manual, or, if this is not possible, to request remote testing in Global Specialized or Regional Reference Laboratories by submitting nucleic acid archival cards (protocol available from WHO EURO)

**Table 1. AFP/Polio Weekly Reporting
European Region 2007 (all countries)**

	Polio compatible cases	% Completeness of reporting	Week of last report	Method of reporting	Country using "priority"
Albania	0	76%	13	email	yes
Andorra*	0	100%	13	direct web entry	-
Armenia	0	53%	13	email	yes
Austria	0	100%	13	direct web entry	yes
Azerbaijan	0	100%	13	email	yes
Belarus	0	100%	13	direct web entry	yes
Belgium	0	100%	13	direct web entry	-
Bosnia and Herzegovina	0	76%	13	email	partial
Bulgaria	0	92%	13	direct web entry	yes
Croatia*	0	92%	12	direct web entry	yes
Cyprus	0	100%	13	direct web entry	yes
Czech Republic	0	76%	13	email	-
Denmark	0	0%	-	DNR	-
Estonia	0	100%	13	direct web entry	yes
Finland	0	0%	-	DNR	-
France	0	0%	-	DNR	-
Georgia	0	84%	13	email	yes
Germany	0	92%	13	email	yes
Greece	0	100%	13	direct web entry	partial
Hungary	0	100%	13	direct web entry	yes
Iceland	0	0%	-	DNR	-
Ireland	0	100%	13	direct web entry	yes
Israel	0	92%	13	email	yes
Italy	0	100%	13	direct web entry	yes
Kazakhstan	0	76%	13	email	yes
Kyrgyzstan	0	46%	8	email	yes
Latvia	0	100%	13	direct web entry	yes
Lithuania	0	100%	13	direct web entry	yes
Luxembourg	0	0%	-	DNR	-
Malta*	0	69%	9	email	yes
Monaco	0	0%	-	DNR	-
Montenegro	0	15%	13	-	-
Netherlands	0	0%	-	DNR	-
Norway	0	100%	13	direct web entry	yes
Poland	0	100%	13	direct web entry	yes
Portugal	0	61%	8	email	partial
Republic of Moldova	0	84%	13	direct web entry	yes
Romania	0	100%	13	email	partial
Russian Federation	0	84%	13	direct web entry	yes
San Marino	0	0%	-	DNR	-
Serbia	0	92%	13	email	partial
Slovak Republic	0	92%	13	direct web entry	yes
Slovenia*	0	100%	13	direct web entry	-
Spain	0	92%	13	direct web entry	yes
Sweden	0	0%	-	DNR	-
Switzerland	0	100%	13	direct web entry	yes
Tajikistan	0	76%	13	email	yes
T.F.Y.R.Macedonia	0	92%	13	email	no
Turkey	0	92%	13	email	yes
Turkmenistan	0	76%	13	email	yes
Ukraine	0	61%	13	email	yes
United Kingdom	0	0%	-	DNR	-
Uzbekistan	0	92%	13	email	yes
Average/Totals		87%			

Shaded country name indicates country classified as endemic / recently endemic by the Regional Certification Commission in 1996

* No AFP cases reported to WHO Regional Office for Europe

DNR-do not report AFP surveillance data

**TABLE 2. AFP Reporting - European Region,
2006-2007 Countries with AFP surveillance**

Country	2006 (Weeks 1 - 52)			2007 (Weeks 1 - 13)					
	non-Polio AFP rate*	% with 2 stool spec.**	Surveillance index***	No. of AFP cases	No. of cases pending §	No. of cases priority pending §§	non-Polio AFP rate*	% with 2 stool spec.**	Surveillance index***
Albania	0.36	100%	0.36	5	0	0	2.28	100%	1
Andorra	0	0%	0	0	0	0	0	0%	0
Armenia	0.83	40%	0.5	3	1	3	1.93	67%	1
Austria	0.72	56%	0.48	0	0	0	0	0%	0
Azerbaijan	0.86	94%	0.81	5	1	0	0.91	100%	0.91
Belarus	2.8	90%	0.9	18	0	1	4.81	100%	1
Belgium	0.35	17%	0.06	0	0	0	0	0%	0
Bosnia and Herzegovina	0.63	100%	0.63	0	0	0	0	0%	0
Bulgaria	1.83	84%	0.84	4	3	0	1.47	100%	1
Croatia	0	0%	0	1	0	0	0	0%	0
Cyprus	1.83	67%	1	0	0	0	0	0%	0
Czech Republic	1.03	87%	1	1	0	0	0.26	100%	0.26
Estonia	0.51	100%	0.51	0	0	0	0	0%	0
Georgia	1.11	100%	1	2	0	0	0.95	100%	0.95
Germany	0.56	43%	0.3	23	1	3	0.71	50%	0.52
Greece	1.2	74%	0.74	0	0	0	0	0%	0
Hungary	0.9	36%	0.51	1	0	0	0.24	0%	0.24
Ireland	1.06	22%	0.56	1	1	0	0.43	0%	0
Israel	0.9	6%	0.58	1	0	0	0.19	0%	0.19
Italy	0.64	65%	0.44	15	3	0	0.69	60%	0.55
Kazakhstan	1.5	94%	0.96	13	0	0	1.48	100%	1
Kyrgyzstan	1.52	96%	1	6	6	0	1.37	100%	1
Latvia	0.92	100%	0.92	0	0	0	0	0%	0
Lithuania	2.36	46%	0.85	0	0	0	0	0%	0
Malta	0	0%	0	0	0	0	0	0%	0
Montenegro	1.58	100%	1	0	0	0	0	0%	0
Norway	1.22	27%	0.73	1	0	0	0.42	0%	0
Poland	1.06	72%	0.83	14	0	3	0.87	7%	0.06
Portugal	0.3	60%	0.24	2	0	0	0.44	50%	0.22
Republic of Moldova	0.81	83%	0.68	5	0	0	2.61	80%	1
Romania	1.16	95%	0.95	7	2	0	0.81	57%	0.69
Russian Federation	2.25	90%	0.92	89	12	8	1.57	93%	0.94
Serbia	1.16	86%	1	3	1	0	0.64	67%	0.43
Slovakia	0.23	100%	0.23	1	0	0	0.44	100%	0.44
Slovenia	0	0%	0	0	0	0	0	0%	0
Spain	0.67	43%	0.4	12	0	0	0.7	58%	0.53
Switzerland	1.1	8%	0.15	0	0	0	0	0%	0
Tajikistan	0.83	100%	0.83	7	3	0	1.04	86%	0.86
T.F.Y.R.Macedonia	0.77	100%	0.77	0	0	0	0	0%	0
Turkey	0.9	84%	0.77	50	5	3	0.86	90%	0.81
Turkmenistan	1.25	95%	0.95	5	1	0	1.24	60%	0.6
Ukraine	1.89	94%	0.95	29	3	0	1.69	97%	1
Uzbekistan	1.13	99%	0.99	15	1	0	0.64	100%	0.64
Average/Totals	1.19	82%	0.86	341	44	21	0.79	82%	0.69
Recently Endemic	1.43	91%	0.93	246	36	14	0.95	91%	0.9

*Annualized rate per 100 000 children under the age of 15. **Bold** = meeting WHO target of 1.0.

Two stool specimens collected at least 24 hours apart within 14 days of onset of paralysis and adequately shipped to the laboratory. **Bold = meeting WHO target of 80%.

***Index = non-polio AFP rate up to 1.0 x (% 1 adequate specimens), **Bold** = 0.8

§ Total number of AFP cases pending final classification 90 days after Date of onset.

§§ Number of AFP cases assigned a priority coding and pending.

All indicators are calculated year to date unless specified otherwise.