



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

**Report of the 24th Meeting of the
European Regional Certification
Commission for Poliomyelitis
Eradication**

**St. Petersburg, Russian Federation,
January 26-27, 2011**

Abstract

The 24th Meeting of the European Regional Certification Commission for Poliomyelitis Eradication (RCC) assessed the epidemiological situation and control measures implemented by countries infected with imported wild poliovirus type 1 in 2010 (Tajikistan, the Russian Federation, Turkmenistan, and Kazakhstan) as along with neighboring Kyrgyzstan and Uzbekistan, and reviewed interim country polio progress and the current situation of sustaining the polio-free status. In its conclusions and recommendations, the RCC acknowledged that a large outbreak of wild poliovirus type 1 from northern India had occurred in Tajikistan with further spread to several other countries in the Region. From the evidence presented in the meeting, the RCC commended the actions taken by the countries, and the extent of human and financial resources used to stop further transmission of poliovirus. The RCC concluded that there is no evidence of continued wild poliovirus transmission currently but that more information is needed about the Northern Caucasus due to the high risk of transmission in the recent past. Subject to further reports from the six countries due in late June 2011, the RCC will be in a better position to make a recommendation on the implications for the certification status of the European Region. All six Member States pledged their readiness to provide necessary evidence and details till July 2011 to be reviewed at the next meeting of the RCC.

Keywords

POLIOMYELITIS – prevention and control
CERTIFICATION
IMMUNIZATION PROGRAMS
NATIONAL HEALTH PROGRAMS
EPIDEMIOLOGIC SURVEILLANCE – standards
CONTAINMENT OF BIOHAZARDS – standards
LABORATORY INFECTION – prevention and control
STRATEGIC PLANNING
EUROPE

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

Alternatively complete online requests form for documentation, health information, or for permission to quote or translate, on the WHO/Europe web site at <http://www.euro.who.int/pubrequest>.

© World Health Organization 2011

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Contents

Introduction	1
Scope and Purpose of the Meeting	1
Progress towards global eradication of wild poliovirus	2
Sustaining the poliomyelitis-free status of the European Region.....	2
Review of interim polio reports from selected countries for 2010 and updated information on actions and plans for 2011	4
Kazakhstan	4
Kyrgyzstan.....	5
Tajikistan	6
The Russian Federation	7
Turkmenistan	8
Uzbekistan	9
Experiences from the Moscow Regional Reference Lab and regional laboratory coordination in responding to the outbreak	10
Results from rapid AFP surveillance assessments in selected countries in the Region	11
Conclusions and Recommendations.....	12
Annex 1. Programme.....	14
Annex 2. List of Participants	16

Glossary

AFP	Acute flaccid paralysis
IMB	Independent Monitoring Board
IPV	Inactivated polio vaccine
NCC	National Certification Commission
NID	National Immunization Day
OPV	Oral poliovirus vaccine
bOPV	Bivalent oral polio vaccine, types 1 and 3
mOPV	Monovalent oral polio vaccine types 1 or 3
tOPV	Trivalent oral polio vaccine
RCC	European Regional Certification Commission for Poliomyelitis Eradication
RRL	Regional Reference Laboratory
SIA	Supplementary immunization activity
SNID	Sub-national immunization days
SIAD	Short interval additional doses
VDPV	Vaccine-derived poliovirus
cVDPV	Circulating vaccine-derived poliovirus
WPV	Wild poliovirus

Introduction

The 24th Meeting of the European Regional Certification Commission (RCC) for Poliomyelitis Eradication was held on 26 and 27 January 2011 in St. Petersburg, the Russian Federation. The primary objective of the meeting was to review the epidemiological situation in countries that had been infected with imported wild poliovirus type 1 (WPV1) (Tajikistan, the Russian Federation, Turkmenistan, and Kazakhstan) and neighboring countries (Uzbekistan and Kyrgyzstan). The RCC also assessed the outbreak response measures implemented to date to interrupt any further wild poliovirus (WPV) transmission in the WHO European Region. The RCC reviewed this evidence to determine the future status of the certification of the WHO European Region as polio-free. The current situation of sustaining a polio-free status was reviewed in six Member States: Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan, and Uzbekistan.

Scope and Purpose of the Meeting

The scope and purpose of the meeting were:

- To brief the European Regional Commission for Certification for Poliomyelitis Eradication (RCC) on the global and regional status of polio eradication and to describe the actions taken within the Region to interrupt imported WPV1 and to minimize risk of further spread of imported WPV;
- To assess the epidemiological situation and control measures implemented by countries infected with imported WPV1 to interrupt transmission in 2010: Tajikistan, the Russian Federation, Turkmenistan, and Kazakhstan.
- To review interim polio progress and the current situation of sustaining polio-free status in six Member States: Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan, and Uzbekistan.
- To define the documentation requirements of countries infected by imported WPV in 2010 to be submitted to the RCC by July 2011 in order to assure that sufficient and appropriate evidence is available for critical review of the sustainability of the Region's polio-free status.
- To brief the RCC on recent meetings, including the 64th World Health Assembly (Geneva, May 2010); the Strategic Advisory Group of Experts (SAGE, Geneva, November 2010); the Regional Committee and side meetings on polio with Ministers of Health (Moscow, September 2010); and the Global Independent Monitoring Board Meeting (IMB, Geneva, 20-22 December 2010).

Progress towards global eradication of wild poliovirus

The Global Polio Eradication Initiative has never been so close to achieving its goal as in 2010. The 95% reduction in polio cases seen in India and Nigeria in 2010 (as compared to 2009) has created an ideal opportunity and momentum to complete the task. Of the 2009 WPV outbreaks, only the one on the Kenya/Uganda border remains active. However, nearly half of the global WPV total of 1294 in 2010 occurred in the European Region. Apart from the observed lack of vaccine effectiveness in India, WPV transmission in the remaining endemic countries was attributed to insecurity (Afghanistan), insufficient political support (Nigeria) or a combination of the two factors as in Pakistan. Nevertheless, weak immunization systems render many countries prone to outbreaks.

The Global Strategic Plan for 2010-2012 has milestones of interrupting all 2009 importations by mid 2010, all re-established transmissions by the end of 2010 and the interruption of transmission in all endemic countries by the end of 2012. The WHO Director General has set up an Independent Monitoring Board (IMB) in order to monitor progress toward meeting these milestones. The IMB will meet quarterly to evaluate progress toward each of the major milestones of the Strategic Plan 2010-2012 and to assess the funding situation. If the IMB determines that any the milestones or process indicators are falling behind, the relevant national authorities and/or partners will be engaged to establish emergency corrective action. Regional certification commissions and technical advisory bodies retain the function of guiding mid-course corrections.

Sustaining the poliomyelitis-free status of the European Region

The European Region of WHO has experienced its first importation of WPV since the Region was certified as polio-free in 2002.

On April 23, the WHO Regional Reference Laboratory in Moscow confirmed **WPV1** in specimens from acute flaccid paralysis (AFP) cases from Tajikistan. Genetic sequencing revealed that the poliovirus was related to polioviruses circulating in Uttar Pradesh, India in 2009. The importation resulted in a large-scale outbreak of poliomyelitis in Tajikistan, with 458 laboratory-confirmed cases of WPV1, including 29 deaths, reported in 2010. The outbreak spread to neighboring countries and in 2010, the Russian Federation reported 14 lab-confirmed cases of poliomyelitis, Turkmenistan reported 3 cases, and Kazakhstan reported 1 case, all due to WPV1 from Tajikistan. The last confirmed case in the Region was reported from the Russian Federation with a date of onset of 25 September 2010.

In response to the ongoing outbreak, Tajikistan and other countries in the Region implemented supplementary immunization activities (SIAs) (Table). Tajikistan conducted 6 rounds of national SIAs - 4 with monovalent OPV type 1 vaccine (mOPV1) and 2 with trivalent OPV vaccine (tOPV). Uzbekistan conducted 4 national SIAs and one round of sub-national immunization days (SNIDs) in a high risk region, all with mOPV1. In addition, SIAs were conducted in Turkmenistan (3 national SIAs: 1 with tOPV, 2 with mOPV1); Kyrgyzstan (2 national SIAs with mOPV1), Kazakhstan (1 national SIA with tOPV, 1 SNID with mOPV1), and the Russian Federation (2 SNIDs with tOPV). More than 45 million doses of mOPV1 and tOPV were delivered during outbreak response immunization activities in the Region.

TABLE Supplementary Immunization Activities (SIAs) in the Central Asian Republics and Russian Federation, WHO European Region, 2010

Country	Dates of SIAs, vaccine ^a , and coverage (%) ^b							Target age groups
	I round	II round	III round	IV round	V round	VI round	SNIDs ^c	
Tajikistan	04-08 May mOPV1 (99.4%)	18-22 May mOPV1 (99.4%)	01-05 June mOPV1 (98.8%)	15-19 June mOPV1 (99.3%)	04-08 Oct tOPV (99.6%)	08-12 Nov tOPV (99.6%)	13-17 Sep mOPV1 34districts (99.2%)	≤ 6 years (1&2 rounds) < 15 years (3 rd - 6 th round and mop-up)
Uzbekistan	17-21 May mOPV1 (100.8%)	07-11 June mOPV1 (100.4%)	05-09 July mOPV1 (100.5%)	25-31 Oct mOPV1 (98.3-99.0%)			20-26 Jul mOPV1 (91.6%)	< 5 years (1-3 rounds); <15 years (4th round); 0-25 yrs mop-up in some regions
Kyrgyzstan	19-23 July mOPV1 (95.2%)	23-27 Aug mOPV1 (95%)						<5 years
Kazakhstan	06-10 Sept tOPV (98.9%).						1-10 Nov mOPV1 (98%)	< 5 years (1 st round) <15 years SNID
Turkmenistan	12-18 July tOPV (98.9%)	26 Aug - 05 Sept mOPV1 (99.6%)	20-29 Sept mOPV1 (99.6%)				28 Jul -06 Aug tOPV1 (95.5%)	<5 years 1st round <15 years (2nd and 3rd rounds) <25 years mop-up in two regions bordering UZB
Russian Federation^d	27 Oct – 3 Nov tOPV, IPV (SNID ^c) (99.0%)	29 Nov – 3 Dec tOPV, IPV (SNID ^c) (99.7)						6 mos-15 yrs ^d 1-6 yrs ^d

^a Vaccines used are monovalent oral polio vaccine type 1 (mOPV1) and trivalent oral polio vaccine (tOPV).

^b Coverage figures are administrative coverage reported by Ministries of Health.

^c SNID = subnational immunization day.

^d Two rounds of sNIDs were conducted on 1-5 November and 29 November- 3 December in the North Caucasus and South Federal Districts. Children from 6 months to 15 years old vaccinated with OPV vaccine in Dagestan, Ingushetia, North Ossetia, Kabardino-Balkarkaya, Karachaevo-Cherkesskaya and Chechenskaya Republics. Stavropolskiy, Krasnodarskiy kraj, Astrakhanskaya, Volgogranskaya, Rostovskaya oblast, Republics of Adygeya and Kalmykia are targeting children aged 1 to 6 years.

Strengthening surveillance in all high risk countries to ensure adherence to certification-level standard was another priority. With funding support from partners, the WHO European Regional Office continued to support Member States (MS) to enhance surveillance, to conduct national training, and to support a portion of the field costs of improving surveillance.

Overall, surveillance for polioviruses in the Region is strong with an average AFP rate of 1.63 per 100,000 children < 15 years of age and 89% of AFP cases with at least one stool sample collected within 14 days of onset reported from the 43 countries with AFP surveillance in place. Seven countries reported non-polio AFP rates greater than 2 per 100,000. However, the slowly declining quality of AFP surveillance in the western part of the Region remains a concern.

Ministries of Health in Tajikistan, Uzbekistan, Kyrgyzstan, Kazakhstan and Turkmenistan have received technical support in their surveillance and vaccination activities by the Global Polio Eradication partnership.

In September 2010, the Regional Committee committed to sustain its support for the Regional polio-free status at its session on polio eradication and adopted Resolution EUR/RC60/R12. The resolution called for the assuring of human and financial resources, effective partnerships, high quality AFP and supplementary surveillance, appropriate responses to possible importation of wild poliovirus or detected circulating vaccine-derived poliovirus (cVDPV), and meeting requirements for laboratory containment of WPV.

The most urgent priorities for the Region are to demonstrate the cessation of the current outbreak, prevent spread to neighboring countries, and reduce the risk of subsequent outbreaks. A concerted effort will be critical in 2011-12 in the countries affected by the polio outbreak in order to achieve the high vaccination and surveillance standards needed to sustain polio-free status.

The RCC insisted that all infected MS must demonstrate that the outbreaks have been stopped so that polio-free status of the Region is sustained.

Review of polio outbreak response and control measures from six countries

Kazakhstan

Administratively reported national routine immunization coverage in Kazakhstan is above 98%. Local health authorities report seeking unvaccinated and partially vaccinated children through a review of their immunization records. In 2010, more than 15,000 unvaccinated/under vaccinated children aged <15 years, including migrant populations, were identified and vaccinated.

Following the Tajikistan polio outbreak, a nationwide SIA was conducted in Kazakhstan using tOPV vaccine targeting all children aged < 6 years with a reported administrative coverage over 98%. In August 2010, there was one confirmed polio case reported from Saryagach district in South Kazakhstan province bordering Uzbekistan. An SNID using tOPV vaccine was implemented in October 2010 in three districts bordering the affected province followed by an SNID using mOPV1 vaccine targeting all children aged <15 years in 6 high risk regions. The reported administrative coverage was 98%.

AFP surveillance was well established in Kazakhstan with an AFP rate of 1.0 and higher in all but one province (Akmola) in 2010; in 9 provinces the rates were higher than 2 per 100,000. There was a total of 112 AFP cases reported in 2010 with 99% with timely stool collection.

Country-specific feedback from the RCC

The RCC commended Kazakhstan on the clear presentation on the response efforts following the single case of imported WPV, including information on high routine and SIA coverage, as well as high quality surveillance with specimens tested in the WHO-accredited national polio laboratory. The supportive evidence of the absence of additional polio cases provided by Kazakhstan included the large scale medical record review that had been conducted and the immunization activities targeting travelers from endemic countries at border crossings. The RCC is, however, concerned about possible difficulties with specimen transportation from the national polio laboratory to the Moscow Polio Regional Reference Laboratory (RRL) due to potential problems with national legislation regulating the export and import of biological materials. The RCC was encouraged to learn that a rapid surveillance review is planned in March 2011 in Kazakhstan.

Recommendations:

The legislative issues surrounding exporting fecal specimens out of the country need to be addressed and a solution found to ensure continued high performance of Kazakhstan's AFP surveillance system. The RCC recommends conducting an independent rapid AFP surveillance assessment to evaluate the sensitivity of the existing system. Kazakhstan is strongly encouraged to consider additional SIAs in accordance with the World Health Assembly resolution on polio importation outbreak response. Kazakhstan is requested to submit an updated report to the RCC by July 2011.

Kyrgyzstan

While national routine immunization coverage in Kyrgyzstan is high (>95%), there were 5 regions of the country with sub-optimal (<90%) coverage in 2009 due to irregular vaccine supply and funding issues. During November – December 2010, immunization with DTP, OPV and HepB (except for 1st dose of OPV) was interrupted; approximately 13,000 children were affected by this stock out. There are also known high risk population groups (hard-to-reach, migrants and temporary displaced populations due to recent ethnic unrest).

AFP surveillance has been in place since 1997 with AFP rates of >1 per 100,000 reported for over a decade. In 2010, there were 68 AFP cases reported by Kyrgyzstan (AFP rate 3.58 per 100,000) that were all negative for polioviruses.

Although, there were no reported WPV cases in Kyrgyzstan, the country conducted 2 NIDs using mOPV1 vaccine in July and August 2010 targeting children aged <5 years. The reported coverage was over 92% in most regions, except in the cities of Bishkek and Osh. An independent assessment of the coverage was implemented after the second round and confirmed the high coverage (96.6%-96.7%) achieved at the national level.

Country-specific feedback from the RCC

The RCC is reassured by the report of Kyrgyzstan on the extensive preventative actions undertaken in connection with the heightened risk of WPV importation. The program appears functional despite several challenges in 2010 due to political instability. The country is to be commended on these achievements. However, the RCC is concerned by the tOPV vaccine stock outs in 2010 due to the government's inability to identify reliable funding for vaccines.

Recommendations:

The RCC encourages WHO to work with Kyrgyzstan to secure tOPV vaccine supplies in order to vaccinate the children who were missed due to the stock out. However, the long term solution would be to ensure that there is a dedicated line in the budget for immunizations and as new vaccines are added to the programme, the vaccine budget is increased proportionally, so that there are not insufficient funds to purchase all needed vaccines. Kyrgyzstan is requested to submit an updated report to the RCC by July 2011

Tajikistan

In response to the WPV importation, the country's control measures included aggressive nationwide immunization activities targeting persons aged 15 years and younger in at least four nationwide rounds of short interval additional dose (SIAD) SIAs during the period May – November 2010; children under the age of 6 received 6 SIA rounds. In addition, SNIDs were conducted in 34 high risk districts.

The non-polio AFP rate for 2010 was 5.5 per 100,000 of population < 15 years of age with 155 non-polio AFP cases reported. However there were no AFP cases reported from GBAO Oblast and less than 2 cases per 100,000 were reported in Sogd Oblast. Timeliness of specimen transportation to the Moscow RRL remains sub-optimal for multiple reasons. In most instances, specimens were delivered through a courier who hand-carried them. There have been 16 AFP cases reported since the last confirmed polio case on 4 July 2010 – all were negative for WPV at the RRL.

Reported routine immunization coverage in Tajikistan (OPV3) increased from 93% in 2009 to 96.6% in 2010. In 2010, there was no district with reported coverage below 90% as opposed to 9 districts (13%) in 2009.

Country-specific feedback from the RCC

It is clear to the RCC that Tajikistan experienced an extremely large polio outbreak following WPV1 importation. The country responded to the outbreak with commendable large-scale activities coordinated with international partners and in a transparent manner. The causes of the outbreak have not been fully explained but include chronic health system problems affecting routine immunization and resulting in low-sensitivity of detection through its surveillance systems.

Overall, the response of Tajikistan to the outbreak has been strong and proportionate. However, to convincingly demonstrate that these measures have been sufficient to halt the current outbreak and prevent future occurrences of similar episodes, a more detailed, highly transparent additional report is to be provided to the RCC by July 2011. If this report satisfactorily answers the issues listed below, the RCC will be able to confidently conclude that the current high risk of poliovirus transmission in Tajikistan has been diminished.

Recommendations:

AFP surveillance quality needs to be improved to ensure effective weekly case-reporting, specimen collection from all cases and their timely delivery and testing at WHO-accredited laboratory. Prompt transportation of specimens to the RRL in Moscow is a critical component but still remains problematic. Rather than relying on *ad hoc* arrangements and external funds, contractual arrangements for specimen transportation should be made by the MOH and funded by the State budget. A clear chain of responsibilities in the surveillance system is needed considering current involvement of two pathways – the National Immunization Program and Sanitary and Epidemiologic Services (SES). All AFP cases that have not yet been classified by the National Certification Commission need to undergo final classification.

The provision of routine immunization must be improved. The outbreak was widespread and affected the entire population rather than specific subgroups; therefore, coverage must be increased throughout the country so that every community is reached with high quality vaccines and an adequate cold chain is in place. The quality of reported coverage data needs to be improved by improving the accuracy of the denominator information.

Standardized monitoring and evaluation of surveillance and immunization by the MOH need to be ensured, providing detailed information on their extent (e.g. the data on numbers of monitoring visits to local levels, etc.) so that the RCC can get a better understanding of the quality of these programs.

Additional training of staff on AFP surveillance and immunization issues must be implemented.

Tajikistan is requested to submit an updated report to the RCC by July 2011

The Russian Federation

Immunization coverage in the Russian Federation has been sustained above 96% for many years. The country is currently using a sequential schedule with 3 IPV doses (at 3, 4.5 and 6 months) followed by 3 booster doses of OPV (at 18, 20 months and 14 years). Serological monitoring of population immunity confirms high levels of protection against all three types of polioviruses.

The AFP surveillance performance is uniformly high with non-polio AFP rates that have been from 1.6 to 1.9 per 100,000 for many years. Most reported AFP cases are classified as “Polyradiculoneuropathy” (34.7%) and “Traumatic neuropathy” (32.6%). In 2010, the Russian Federation reported 409 AFP cases; WPV1 was been confirmed in 14 cases from eight administrative territories.

Two rounds of sub-national SIAs were conducted in the Russian Federation (in the North Caucasus and Southern federal districts) during November and December 2010. More than 2.2 million children were immunized during the SIAs, with reported coverage of 99.5%. Two additional rounds of SNIDs in the North Caucasus and Southern federal districts and mop-up immunization in other administrative territories of the Russian Federation are planned for 2011.

Country-specific feedback from the RCC

The Russian Federation has experienced a polio outbreak due to a number of WPV1 importations followed by some local transmission in North Caucasus (Chechnya, Dagestan). The RCC expresses its concerns of receiving little information about the quality of AFP surveillance and routine immunization in North Caucasus and believes that waiting until April or May 2011 to conduct additional SIAs in the region will be too late. The implementation of these SIAs as early as possible will help prevent the potential further spread of WPV. Overall, the response of the Russian Federation to the outbreak has been commendable, resulting in limiting any subsequent spread of imported viruses.

Recommendations:

The RCC believes that the intensity of the response in the North Caucasus needs to be strengthened and, taking into account the continued risk of transmission and the absence of convincing data to demonstrate the lack of current WPV circulation in North Caucasus, the strategy should be to implement SIAs as soon as is feasible. With the current epidemiological situation in the North Caucasus, the RCC recommends that infants aged <6 months, who would otherwise only receive routine IPV doses but no OPV, be included in the planned SIAs. The existence of unregistered/illegal immigrant populations is of concern; efforts to actively offer polio vaccination to such children should be continued. The RCC reemphasizes the importance of strictly following the international guidelines for polio outbreak control. The RCC also recommends conducting independent rapid AFP surveillance assessments to evaluate the sensitivity of the existing system. The Russian Federation is requested to submit an updated report to the RCC by July 2011.

Turkmenistan

Routine immunization coverage has traditionally been high in Turkmenistan, well above 95% reported in all administrative territories. Because of the polio outbreak in Tajikistan, two rounds of NIDs with tOPV were conducted in May and July 2010 targeting all children aged <5 years. As WPV1 was detected in 3 AFP cases in late June 2010, an additional subnational round with tOPV vaccine was implemented targeting all population aged <25 years in the affected region followed by two national rounds with mOPV1 for children <15 years in August and September 2010. Immunization coverage reached over 99% for all the rounds.

Confirmed cases (WPV1) were from two adjacent districts of Lebap province, bordering Uzbekistan. The last confirmed case had a date of onset of 28 June 2010. The three confirmed cases occurred in children aged 2, 11 and 13 years.

Fifty AFP cases were reported in Turkmenistan in 2010 with an NPAFP rate of 3.2/100,000. All cases were investigated and 2 stool samples obtained; 96% of specimens were tested in the Moscow RRL. Results from 4 samples were pending at the time of the meeting (Reporter's note - tested negative by the time of writing this report). The NPAFP rate was ≥ 2 per 100 000 in all provinces except Balkan velayat in 2010. Based on the above, the Turkmenistan NCC strongly believes that there is no current WPV circulation and that the country is at the same, low level of risk of WPV transmission as before the importations.

Country-specific feedback from the RCC

Turkmenistan's presentation was clear and detailed on the three imported polio cases in June and the subsequent response activities. The report presented data on the high OPV coverage with both routine and in SIAs. The high quality of AFP surveillance and the negative laboratory results for WPV1 received to date for all other AFP cases support that the importations were promptly identified and controlled. The efforts undertaken by the MOH of Turkmenistan in response to WPV importations are highly commendable.

Recommendations:

Turkmenistan is requested to submit an updated report to the RCC by July 2011.

Uzbekistan

Reported polio immunization coverage has been above 97% for more than a decade in Uzbekistan. There are no regions of the country where immunization coverage has been less than 95%. Non-polio AFP rates have remained above 1.0 for the past decade. Stool collection rates were 97-100% and other surveillance indicators were at high levels.

In 2010, there have been no WPV confirmed from surveillance in Uzbekistan. Of 147 AFP cases reported (all ages), specimens from 15 cases were sent to the WHO RRL in Moscow: all were negative for WPV. There have been no further laboratory specimen shipments to Moscow.

In response to the outbreak in Tajikistan, Uzbekistan implemented 4 rounds of NIDs with mOPV1: three rounds for all children aged <5 years in May, June and July of 2010, and one round for children up to 15 years in October. In addition, one subnational round was implemented among persons up to 25 years of age in Surkhandarya region in July 2010. Reported coverage was over 98%.

Country-specific feedback from the RCC

The RCC is not convinced of the absence of WPV type 1 transmission in Uzbekistan in 2010: there were numerous indications pointing to the probability of WPV transmission, and therefore the RCC remains extremely concerned. The evidence for this statement is: the geographic location with active transmission of WPV close to the porous border with Tajikistan; an increase in AFP cases contemporaneous with the outbreak in Tajikistan; the lack of reassurance of the performance of the

national laboratory; the expected classification of a large number of AFP cases as “polio-compatible” due to the lack of reliable laboratory results; confirmed polio cases in other countries in the areas bordering Uzbekistan, or among recent travelers from Uzbekistan to Russian Federation. However, Uzbekistan is to be commended on the implementation of extensive response measures, including multiple nationwide SIAs with wide age groups, aimed at interrupting potential poliovirus transmission - despite the lack of confirmation.

The lack of transparency and the substandard quality of laboratory surveillance are the major persisting problems which prevent the RCC from having reliable data to make a determination on potential poliovirus transmission in Uzbekistan currently or in the future. The extremely limited ability to send specimens from AFP cases to the RRL in Moscow as required by WHO guidelines, made external confirmation of results impossible and led to the loss of WHO-accreditation of the national laboratory. This is jeopardizing the continued certification of the polio-free status of the entire European Region.

Recommendations:

The problem with sending specimens to the Moscow RRL needs to be resolved as soon as possible so that the Region’s polio free status is not jeopardized. Uzbekistan is requested to submit an updated report to the RCC by July 2011.

Perspectives from the Moscow Regional Reference Lab and regional laboratory coordination in responding to the outbreak

The genetic analysis of viruses from Tajikistan and neighboring countries allowed the conclusion that the outbreak was a result of recent importation of WPV1 of a SOAS-genotype; closest viruses are from Northern India, Uttar Pradesh, 2009. The virus introduction to Tajikistan most likely occurred in late 2009 or early 2010. The cluster of polioviruses in the current outbreak is monophyletic (i.e. caused by a single introduction rather than repetitive importations of different viruses).

All WPV1 identified in the neighboring countries (Kazakhstan, Russia and Turkmenistan) were closely related to viruses from the outbreak in Tajikistan. Related viruses were also detected in Uzbek citizens on their recent arrival from Uzbekistan to the Russian Federation.

The regional reference laboratory network faced several technical challenges during the outbreak: a) batch shipments of large numbers of samples which required additional refrigerators, freezers and incubators; b) insufficient human resources that required staff re-allocation and additional staff for registration and preparation of fecal suspensions; c) increased need for reagents and diagnostic materials, as well as the need for increased amount of sensitive cell cultures with a short history of passaging; and d) poor quality of samples - 16% of samples from Tajikistan were of unsatisfactory quality either due to poor packaging or improper or incomplete documentation. This significantly increased the time of registration of samples, preparation of fecal suspensions and of overall investigation. It also posed the risk of sample cross-contamination.

Results from rapid AFP surveillance assessments in selected countries in the Region

Independent reviews of the national AFP surveillance systems in Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan were conducted to assess if the existing systems were sensitive enough for the timely detection of wild poliovirus and VDPV circulation. The reviews resulted in recommendations on how to ensure and maintain high quality AFP surveillance at all administrative levels, focusing on immediate needs and urgent actions. The surveillance review teams concluded that in all reviewed countries, structured and standardized surveillance systems were currently sensitive enough to detect any polio cases. However, the findings stress the need for additional staff training on surveillance, implementation of active surveillance and proper stool specimen collection, transportation, and the use of the RRL in Moscow.

Conclusions and Recommendations

Conclusions

1. The RCC acknowledged that an extremely large outbreak of WPV 1, originating from northern Indian, had occurred in Tajikistan, with further spread to neighboring countries.
2. Based on the evidence presented, the RCC commended countries' actions, including the allocation of large amounts of staff and money to stop further poliovirus transmission.
3. Based on the information presented, RCC noted that there was no evidence of continued WPV transmission, but more information was needed about the northern Caucasus, owing to the high risk of transmission in the recent past and the presence of molecular evidence of local transmission.
4. The receipt of further reports from the six countries reviewed, due in July 2011, would allow the RCC to make a recommendation on the certification status of the European Region.

Recommendations

1. In order for the RCC to make a recommendation on the certification status of the European Region, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan, and Uzbekistan are to submit updated reports to the RCC by July 2011. These reports should provide adequately detailed data and information on the following components:
 - a. Problems with routine immunization coverage and the solutions to them;
 - b. Data on the SIAs that have been conducted including coverage and results from independent monitoring;
 - c. Detailed information on the surveillance systems in the countries (AFP surveillance, supplemental surveillance) ; and
 - d. Established arrangements for specimen transportation and testing in a timely manner at a WHO accredited laboratory.
2. In considering the certification status of the WHO European Region, the RCC decided to postpone this decision until its meeting in August 2011. The RCC has developed an algorithm for determining the certification status, as follows: If 12 months have passed since WPV1 was imported into the European Region with no new polio cases, and the appropriate and effective actions have been taken by all countries, with no sign of continued WPV

transmission, the RCC will say that there no need to repeat the process of certifying polio eradication in the Region.

However, if, based on the evidence, the three conditions above are not met by all six countries, and the RCC doubts that interruption of WPV transmission in the Region has been successful, it will take one of the following decisions:

- a. Delay making a decision on the necessity for recertification of the European Region;
 - b. Require re-certification only in a subregion of the WHO European Region; or
 - c. Require recertification of the whole European Region.
3. It is vital that countries continue their efforts:
- a. To prevent further spread of WPV through conducting SIAs and reducing any immunization gaps;
 - b. To ensure their polio surveillance systems are sensitive to detect any cases of AFP;
and
 - c. To ensure timely specimen testing in a WHO-accredited laboratory.

Annex 1 Programme

Wednesday, 26 January 2011

08.30 – 09.00 **Registration**

09.00 – 09.15 **Opening remarks**

Dr Guenaël Rodier, WHO Regional Office for Europe, Copenhagen

Plenary session 1: Progress towards polio eradication: Global and European Region

09.15 – 09.45 **The global status of polio eradication**

Dr Robert Kezaala, WHO Headquarters, Geneva

09.45 – 10.15 **The regional status of polio eradication and actions taken within the Region to control further transmission of imported wild poliovirus type 1.**

Dr Rebecca Martin, WHO Regional Office for Europe, Copenhagen

10.15 – 10.30 **Discussion**

10.30 – 11.00 **Coffee break**

Plenary Session 2: Review of interim polio reports from selected countries for 2010 and updated information on actions and plans for 2011 (presentation 20 minutes; discussion 25 minutes)

11.00 – 11.45 **Tajikistan**

11.45 – 12.30 **The Russian Federation**

12.30 – 13.15 **Turkmenistan**

13.15 – 14.15 **Lunch**

14.15 – 15.00 **Kazakhstan**

15.00 – 15.45 **Kyrgyzstan**

15.45 – 16.15 **Coffee break**

16.15 – 17.00 **Uzbekistan**

17.00 – 17.45 **General discussion**

17.45 – 18.30 *Private meeting of the RCC*

19.00 **Dinner for all participants**

Annex 2

List of Participants

RCC Members

Professor Sergey Drozdov
Member of the European Regional Certification
Commission for Poliomyelitis Eradication
Chief Scientific Adviser
Institute for Poliomyelitis and Viral
Encephalitides, RAMS
P.O. Institute of Poliomyelitis
142 782 Moscow Region, Russian Federation

Dr Donato Greco
Member of European Regional Certification
Commission for Poliomyelitis Eradication
Istituto Superiore di Sanita
Viale Regina Elena 299
I-00161 Rome, Italy

Ms Ellyn Ogden
Member of European Regional Certification
USAID Worldwide Polio Erad. Coordinator
Office of Health and Nutrition
Ronald Reagan Building, Cube 5.07-052
United States Agency for International
Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523-3700
United States of America

Professor David M. Salisbury (*Chair*)
Member of European Regional Certification
Director of Immunization
Department of Health
510, Wellington House
133-155, Waterloo Road
GB-London SE1 8UG, United Kingdom of Great Britain
and Northern Ireland

Countries

Kazakhstan

Dr Ajzhan Esmagambetova
Deputy Head
of Committee of State Sanitary
Epidemiological Surveillance Committee
Orynbor str. 8
Astana
Kazakhstan

Dr Elmira Utegenova
Head
National Reference Laboratory on control
for viral infections; Epidemiology Unit
Republican Sanitary and Epidemiology
Station
84, Auezova St.
050008 Almaty
Kazakhstan

Kyrgyzstan

Dr Nurmukhamed Babadzanov
Member of National Certification Committee
Head, Rehabilitation Department
National Centre of Health Protection of
Mother and Child
190, Akhumbaev Str.
Bishkek 720038
Kyrgyzstan

Dr Olga Safonova
Deputy Head
Republican Centre for Immunoprophylaxis
Ministry of Health
Frunze street 535
720033 Bishkek
Kyrgyzstan

Russian Federation

Prof Irina Mikheeva
Member of National Certification Committee
Leading research associate
Central Research Institute of
Epidemiology, MoH Russian Federation
3a, Novogireevskaya ul.,
111123 Moscow
Russian Federation

Report of the 24th Meeting of the European Regional Certification
Commission for Poliomyelitis Eradication
Page 18

Dr Albina A. Melnikova
Deputy Head
Division of Epidemiologic Surveillance
Ministry of Health and Social Developmt
Vadkovskiy per, house 18, blgd. 5
Moscow 127994
Russian Federation

Dr Galina G Chistyakova
Deputy Director
Department of Health Protection and
Sanitary-Epidemiological Well-being
Ministry of Health and Social
Development
Bld. 3, Rakhmanovskiy per
127994 Moscow
Russian Federation

Dr Olga Chernyavskaya
Chief, Surveillance Department
Federal Centre for Hygiene and
Epidemiology
Federal Service for Surveillance on
Consumer Rights Protection
Varshvaskoye shosse, 19 a
113105 Moscow
Russian Federation

Tajikistan

Dr Shamsidin Jobirov
EPI Manager
Republican Immunoprophylactic Center
Ministry of Health
69 Shevchenko Street
Dushanbe
Tajikistan

Dr Nusratullo Faizulloev
RCC Chair person on polio
Republican Centre of Immunoprophylaxis
Ministry of Health of Tajikistan
Chapaev str, 8
734025 Dushanbe
Tajikistan

Turkmenistan

Dr Maral Aksakova
Head
Epidemiological Department
State Sanitary Service
Ministry of Health and Medical Industry
of Turkmenistan
20 Archabil shayoly
744036 Ashgabat
Turkmenistan

Uzbekistan

Dr Dilbar Makhmudova
Chairperson, National Certification Committee for Polio
Manager, Specialist on Vaccine Prevention Disease
National Pediatric Institute of the Republic of Uzbekistan
3 Chimboy str.
700179 Tashkent
Uzbekistan

Dr Dilorom A Tursunova
EPI Manager
Ministry of Health
Navoi Str. 12
700011 Tashkent
Uzbekistan

Representatives

CDC

Dr Nino Khetsuriani
Team Lead, European Region
Disease Eradication & Elimination Branch
Global Immunization Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
1600 Clifton Rd., NE, Mailstop E05
Atlanta, GA 30333
United States of America

Moscow Regional Polio Reference Laboratory

Dr Olga Ivanova
Head of Laboratory
Laboratory of Virology of Poliomyelitis
and Enterovirus Infections
Institute of Poliomyelitis and Viral
Encephalitides, Academy of Med. Sciences
Kievskoe Shosse 27
142782 Moscow

Russian Federation

Rotary International

Stephanie Tsomakaeva
coordinator Public Image
(zone 15 is Latvia, Estonia, Finland, Western Russia,
Northern Sweden)
Rotary International, zone 15,
Ost-West Kontaktservice Ltd.
Nevsky Prospekt 100
191025 St. Petersburg
Russian Federation

UNICEF

Dr Ayadil Saparbekov
Chief
Health and Nutrition
UNICEF Dushanbe
37/1 Bokhtar Street
Dushanbe
Tajikistan

USAID

Dr Alexey Savinykh
Infectious Disease Advisor for USAID
Russia Office for Health
Moscow
Russian Federation

World Health Organization

Headquarters

Dr Robert E. Kezaala
Technical Officer
Strategy Implementation
Oversight and Monitoring
Global Polio Eradication Initiative
World Health Organization
20 Avenue Appia, 1211 Geneva 27
Switzerland

Regional Office for Europe (EURO)

Dr Chinara Aidyalieva
Technical Officer

Measles Elimination
WHO Country Office
Moscow Russian Federation

Dr Sergei Deshevoi
Medical Officer, Measles Elimination,
Communicable Diseases

Dr Eugene Gavrilin
Coordinator
EURO Polio Laboratory Network
Communicable Diseases

Dr Shahin Huseynov
Technical Officer, VPI CARK
WHO Country Office, Tashkent, Uzbekistan

Ms Natalia Konovalova
Administrative Assistant
WHO Office in Moscow
Russian Federation

Dr Rebecca Martin
Programme Manager a.i.
Communicable Diseases

Dr George Oblapenko
Consultant

Dr Guenaël Rodier
Director
Division of Communicable Diseases,
Health Security and Environment

Dr Pavel Ursu
Head, WHO Office for Tajikistan
Dushanbe
Tajikistan

Interpreters

Ms Elena Gornaya
Freelance Translator/interpreter
Dubininskaya Str. 20, Apt. 115
115054 Moscow
Russian Federation

Mr Georgy G. Pignasty
Freelance Translator/interpreter
152 Leninsky Prosp. Bldg. 1, Apt. 41
119571 Moscow
Russian Federation