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Report of the 25th Meeting of the European Regional Certification Commission for Poliomyelitis Eradication

Copenhagen, Denmark
August 23-25, 2011

Abstract

The 25th Meeting of the European Regional Certification Commission for Poliomyelitis Eradication (RCC) reviewed annual updates submitted by the Member States of the Region on their polio-free status. The RCC focused, in particular, on assessing the epidemiological situation in countries that had been infected with imported wild poliovirus type 1 (WPV1), namely Tajikistan, the Russian Federation, Turkmenistan and Kazakhstan, as well as neighboring countries (Uzbekistan and Kyrgyzstan) and other high-risk Member States. The RCC reviewed this evidence to determine whether the WHO European Region would be able to return to its former polio-free status and to advise Member States and the Regional Office on actions needed to both maintain and document the absence of wild poliovirus from the Region.

Keywords

POLIOMYELITIS – prevention and control
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Glossary

AFP	Acute flaccid paralysis
IMB	Independent Monitoring Board
IPV	Inactivated polio vaccine
MECACAR	Mediterranean, Caucuses and Central Asian Republics
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 25th Meeting of the European Regional Certification Commission (RCC) for Poliomyelitis Eradication was held on 23-25 August 2011 in Copenhagen, Denmark. 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), namely Tajikistan, the Russian Federation, Turkmenistan and Kazakhstan, as well as and neighboring countries (Uzbekistan and Kyrgyzstan) and other high-risk Member States. The RCC reviewed this evidence to determine whether the WHO European Region would be able to return to its former polio-free status and to advise Member States and the Regional Office on actions needed to both maintain and document the absence of wild poliovirus from the Region.

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 actions taken within the Region to interrupt imported wild poliovirus type 1 and to minimize risk of further spread of imported wild poliovirus;
- review annual updated certification documentation on poliomyelitis in all Member States of the WHO European Region for 2010;
- assess the epidemiological situation and control measures implemented by countries infected with imported wild poliovirus type 1 to interrupt transmission in 2010: Tajikistan, the Russian Federation, Turkmenistan and Kazakhstan and high-risk countries (Kyrgyzstan, Uzbekistan);
- review the current standing of sustaining polio-free status in selected Member States, which are defined to be in the high-risk groups, and discuss actions required to assure sustainability of polio-free status within countries of the Region;
- discuss and make a statement on the RCC's recommendation regarding the certification status of the European Region;
- review the current status of regional laboratory containment in view of importation of wild poliovirus type 1 in selected countries during 2010;
- review working procedures of the RCC and discuss a plan of activities for 2011-12; and
- brief the members of the RCC on recent regional and global meetings, including the 64th World Health Assembly (Geneva, May 2011); the Strategic Advisory Group of Experts (SAGE, Geneva, 5-7 April 2011); the Global Independent Monitoring Board Meeting (Geneva, 31 March - 1 April 2011; 30 June – 1 July); the European Technical Advisory

Group of Experts on Immunization (ETAGE, Copenhagen, March 2011); and the Eastern Mediterranean RCC meeting (Dubai, April 2011).

Progress towards global eradication of wild poliovirus

The Global Polio Eradication Initiative has made progress in the past year, but challenges remain. The most significant achievement is that it has been nearly eight months since the last wild poliovirus case was reported in India. In Nigeria, a 96% reduction in cases has been sustained for more than 18 months. The number of wild poliovirus type 3 cases and the areas infected by that virus type are the smallest in history. Only one wild poliovirus type 3 has been reported in Asia thus far in 2010. All 2009 importations and all new importations have been interrupted. The milestones that have been missed include the failure to interrupt re-established wild virus transmission in Angola, DR Congo and Chad. Ongoing transmission in Chad poses a significant risk of spreading the virus to surrounding countries. The number of cases in Pakistan is nearly double compared with 2010.

The targets set by the Independent Monitoring Board are as follows:

1) no new cases in India by the end of 2011;
2) interruption of transmission in Kano and Northwest Nigeria;
3) interruption of type 3 transmission globally by the end of 2011;
4) increased capacity in Chad and DR Congo with visible progress by the end of October 2011;
5) decline of cases in Pakistan in the second half of 2011 and implementation of an Emergency Plan in Sindh;
6) no more "surprises" in polio-free countries; and
7) a decline in poor quality vaccination campaigns and poor AFP surveillance.

Achieving these goals will require significant additional funding. The current funding gap is $590 million of a $1.95 billion budget.

Progress toward the regional certification of the WHO Eastern Mediterranean Region

The polio-free status of 20 countries in the Eastern Mediterranean Region has been sustained. Three countries, Somalia, Sudan and Southern Sudan, have been re-infected in the last five years. Two countries, Afghanistan and Pakistan, remain endemic. In order to achieve regional eradication, the Region has established the following targets:

1) Pakistan will continue efforts to ensure full implementation of the National Emergency Action Plan to increase vaccination coverage;
2) Afghanistan will ensure safe access and vaccination of children in the Southern Region for routine & SIA doses;

3) polio-free countries will sustain their status by maintaining the commitment of national authorities at all levels and will conduct risk analysis to identify gaps and take measures on a timely basis;
4) certification standard surveillance will be maintained in all countries;
5) collaboration of the Polio Eradication Initiative with immunization programmes will be optimized to improve routine coverage and to sustain population immunity to prevent circulating vaccine-derived polioviruses (VDPVs); and
6) the potential impact of recent developments in some countries of the region (Libya, Yemen and Syria) will be addressed.

Progress towards the regional certification of the WHO South-East Asian Region

India is the only country in the WHO South-East Asian Region (SEAR) with endemic transmission of wild poliovirus. Nepal is the only other country with recent, active transmission of wild poliovirus, having experienced two importations in 2010 from India. Bangladesh, Indonesia & Myanmar had been re-infected, but have now been free of wild poliovirus for more than four years. All other countries in the Region have been polio-free for more than a decade. However all countries in the Region remain susceptible to importations of WPV. The five priority countries are currently achieving high levels of AFP surveillance. Certification reports have been accepted from all countries except India and Timor Leste. Laboratory containment activities have been initiated in all countries.

Sustaining poliomyelitis-free status of the WHO European Region and actions taken within the Region to control transmission of imported wild poliovirus type 1

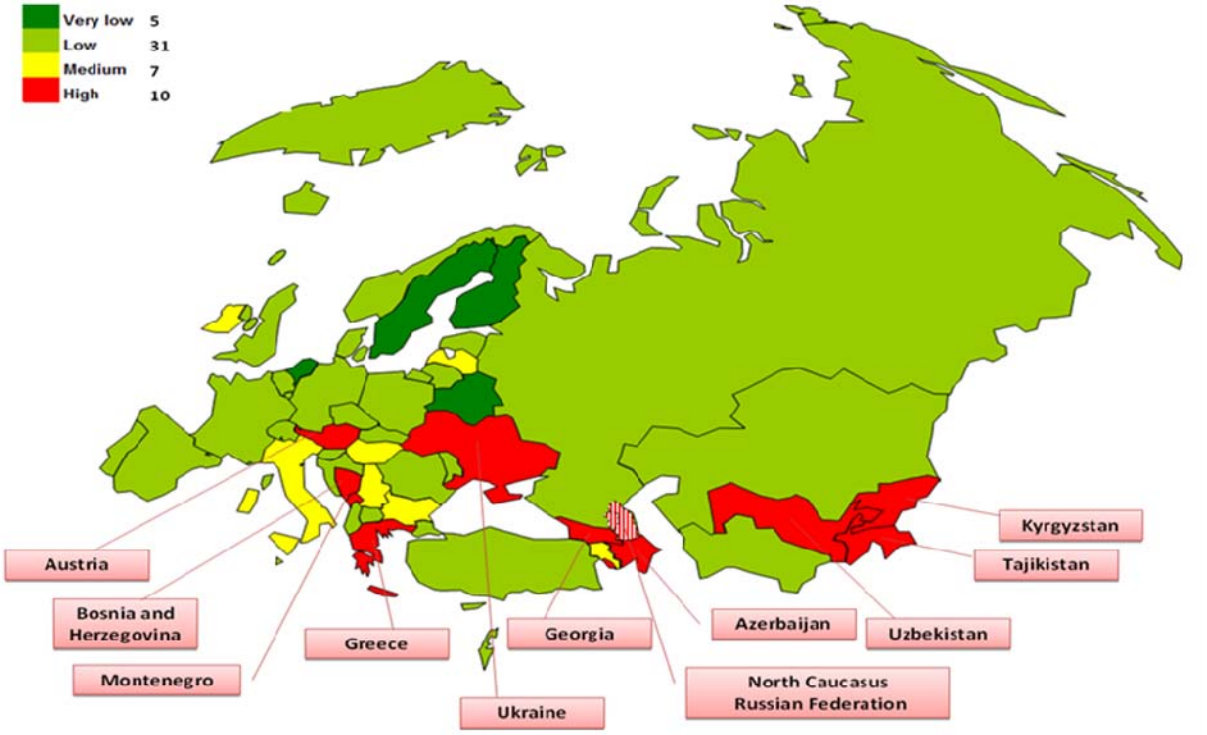
The WHO European Region has recently faced the greatest threat to its polio-free status in the thirteen years since the last indigenous case was reported by Turkey in 1998. An outbreak of wild poliovirus type 1, which originated in India, affected four countries in the Region. The outbreak was first reported by Tajikistan, which reported a total of 457 cases with 29 fatalities, and spread to Kazakhstan (1 case), the Russian Federation (14 cases) and Turkmenistan (3 cases). Supplemental immunization campaigns were conducted in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Russia and Uzbekistan to control the outbreak. More than 45 million doses of tOPV and mOPV1 were used. The last case was reported in Russia on 25 September 2010.

National health systems are strong within most countries of the Region, ensuring that any case of paralytic polio will be detected clinically and subjected to a timely laboratory investigation. Immunization services are well established with high and stable coverage with three doses of polio vaccine in a vast majority of Member States. Countries are conducting outreach programs for groups at high-risk – socially isolated, internally

displaced and refugee populations – particularly in association with European Immunization Week. Overall, surveillance for polioviruses remains strong in the Region with 43 countries employing AFP surveillance, 38 relying on enterovirus surveillance and 21 conducting environmental surveillance. AFP rates remain high at the national level for most countries using AFP surveillance. Concerns for the Region include: the timely provision of immunization and under-performing districts in several countries; the slowly declining quality of AFP surveillance; and the declining quality of National Certification Committee work.

While the risk of transmission remains low for the Region overall, 10 countries and one subnational region are assessed to be at high-risk of transmission following an importation. They are Austria, Azerbaijan, Bosnia and Herzegovina, Georgia, Greece, Kyrgyzstan, Montenegro, the Russian Federation (North Caucasus only), Tajikistan, Ukraine and Uzbekistan. An additional seven countries are at medium risk of transmission. They are Armenia, Bulgaria, Hungary, Italy, Ireland, Latvia and Serbia.

Fig.1 Risk of transmission following importations of wild poliovirus, European Region, 2011



Surveillance must be strengthened to achieve certification-level standards in all high-risk countries. Completeness and timeliness of AFP reporting are problematic in the high-risk central Asian Republics. Action must be taken to review and strengthen demand for routine immunization, particularly in under-served populations.

Additional priorities for the Region are: ensuring continuous political commitment and support; maintaining high level immunity against poliomyelitis; sustaining high quality AFP surveillance; preserving and expanding (if necessary) supplementary surveillance for polioviruses; assuring appropriate response to possible importation of wild poliovirus or detected cVDPV circulation; meeting requirements for laboratory containment of wild polioviruses; preparing for cessation of OPV; and assuring appropriate financial and human resources to support the work of the initiative.

Sub-regional overview for 2010

Because of the diversity of the 53 Member States in the Region, the information provided by countries was reviewed by six geographical zones. Three countries (Luxembourg, Monaco and San Marino) have not submitted reports since 2003. Andorra did not submit an update for 2009 or 2010. Denmark, Iceland and Poland did not submit timely updates for 2010. Indicators analysed for each country included:

- the number of meetings of their national certification commissions (NCC) in the period 2004–2010;
- immunization coverage (percentage of children vaccinated with three doses of polio-containing vaccine by one year of age reported in the WHO/UNICEF joint reporting form for 2000–2009 and provisional data for 2010); and
- the number subnational territories where coverage is <90% from the annual update.

Surveillance indicators analysed included:

- surveillance for WPV in AFP cases using the number of non-polio enterovirus isolates and the number of poliovirus isolates in 2010;
- the use of supplementary surveillance for WPV, including the implementation of enterovirus surveillance and environmental surveillance;
- the AFP index 2000-2010 (non-polio AFP rate per 100 000 per year) x (% specimens in 14 days) compared with the minimum and maximum level demonstrated during the pre-certification period (2000-2002) and the AFP index achieved in 2008 – 2010;
- the AFP index for 2010 mapped by first subnational area; and
- quality indicators for AFP surveillance in 2010, including the non-polio AFP rate, the number of AFP cases, the number of "Hot AFP cases" reported/missed and the timeliness of reporting to WHO/EURO.

Additional criteria used for the assessment were:

- the status of a Plan of Action to Sustain Polio-Free Status, as noted in the annual updates to the RCC 2007-2010;
- a plan for preparedness to control importation from annual updates to the RCC 2007-2010, noting the vaccine policy and the target group for SIAs; and
- a risk assessment for substantial transmission after importation of WPV, based on the health system, routine immunization coverage, presence of high-risk groups, the

stability of high-quality surveillance, preparedness planning and the health authorities' stable support to sustain polio-free efforts.

Nordic/Baltic zone

Denmark and Iceland did not hold any NCC meetings from 2004 to 2010 and did not submit timely updates for 2010. Most countries in this zone use IPV, and immunization coverage has been universally high (>90%). Denmark changed its methodology for measuring immunization coverage in 2007 and the current coverage level is reported as 90%, but this may be an underestimate. Four countries, Estonia, Latvia, Lithuania and Norway, employ AFP surveillance, but of these, only Latvia and Lithuania achieved a high AFP surveillance index in 2010. Five countries conduct enterovirus surveillance while three conduct environmental surveillance. Estonia, Finland, Latvia, Lithuania and Sweden have plans for sustaining their polio-free status. A plan is expected from Norway soon and Denmark has a draft plan. However the duration of all these plans is not known and key elements are missing from several plans.

Conclusion
National updates submitted by the countries in the zone demonstrate the following:

- five out of eight countries have shown continued NCC activity;
- coverage remained high throughout the sub-region, but there is concern about low coverage in some subnational areas;
- the sub-region increasingly relies on supplementary surveillance systems, which are in place in all countries;
- AFP surveillance is of value in some countries, but performance is variable; and
- four out of eight countries have approved, up-to-date National Plans to Maintain Polio-free Status.

The Secretariat concludes that: the probability is high that WPV did not circulate in the sub-region in 2010; any WPV importation would have been detected by existing surveillance systems; and the risk of transmission following importation of WPV in countries of this zone is very low. Latvia is a country of concern because of sub-optimal immunization coverage.

Western zone

No NCC reports were received from Luxembourg or Monaco. There is no NCC in the Netherlands. All countries are using IPV exclusively. Coverage is universally high, with the exception of Austria, where coverage was 83% in 2010. High-risk populations exist in many countries. Of particular concern is the concentrated population of persons who refuse immunization on religious grounds in the Netherlands. Frequent travel between western zone countries and countries with endemic transmission poses a high-risk for viruses to be imported. Four countries conduct AFP surveillance but the quality of AFP is low. All countries, with the exception of Luxembourg and Monaco, have enterovirus surveillance.

Two countries conduct environmental surveillance. Austria, Belgium, Germany, Ireland and the Netherlands have finalized plans for sustaining their polio-free status; the United Kingdom has a draft plan.

Conclusion
National updates submitted by the countries in the Sub-Region demonstrate that:

- only four out of ten countries have shown continued NCC activity;
- coverage is high throughout the sub-region, except in Austria;
- the sub-region primarily relies on supplementary surveillance systems, which are in place in eight of ten countries;
- AFP surveillance is in place in three of ten countries, but performance is suboptimal; and only 5/10 countries have approved up-to-date National Plans to Maintain Polio-free status.

The Secretariat concludes that: the probability is high that WPV did not circulate in the sub-region in 2010; WPV importation would have been detected by existing surveillance systems; and the risk of transmission following importation of WPV in countries of this zone is low. Austria and the Netherlands are countries of concern because of sub-optimal immunization coverage (Austria) and refusals to immunize (Netherlands).

Southern zone

No report was received from Andorra or San Marino. Reported immunization coverage is above 90%, with the exception of San Marino at 75%. Most countries are using IPV. AFP surveillance is conducted in nine of the ten southern zone countries, with San Marino being the only exception. AFP surveillance is suboptimal in the zone, with only Cyprus and Greece achieving an AFP index above 0.5. Seven countries now conduct enterovirus surveillance and four use environmental surveillance. Croatia, Cyprus, Israel, Portugal and Spain have finalized plans to sustain their polio-free status; plans are expected soon from Greece and Italy.

Conclusion
National updates submitted by the countries in the sub-region demonstrate that:

- eight out of ten countries have shown continued NCC activity;
- coverage is high throughout the sub-region, but there is concern that sub-optimal coverage may exist in some countries;
- the sub-region largely relies on supplementary surveillance systems, which are in place in seven out of ten countries;
- nine out of ten countries have AFP surveillance, but performance is sub-optimal in most; and only five out of ten countries have up-to-date National Plans to Maintain Polio-free Status.

The review notes improved performance of the AFP surveillance system in Portugal and declining performance in Italy and Croatia. The Secretariat concludes that: the probability is

high that WPV did not circulate in the sub-region in 2010 and WPV importation would have been detected by existing surveillance systems. The risk of transmission following importation of WPV in countries of this zone is intermediate. Croatia, Greece, Italy and Portugal are countries of concern because of sub-optimal surveillance performance and high-risk population groups.

Central-eastern zone

Montenegro has not been able to establish an NCC and submit a report. NCCs were very active in the remaining countries. Routine immunization coverage is above 90% in all countries, with the exception of Ukraine, where reported coverage has now fallen to 57%. Several countries have significant subpopulations with low coverage. All countries conduct AFP surveillance, which was of moderate to excellent quality, except in Romania. There are significant numbers of subnational territories in the zone that did not report any AFP cases in 2010. Five countries conduct enterovirus surveillance and two conduct limited environmental surveillance. Sabin polioviruses continue to be isolated in countries using OPV. All countries except Bosnia and Herzegovina have finalized plans of action for sustaining their polio-free status.

Conclusion
National updates submitted by countries show that:

- seven out of eight countries demonstrated continued NCC activities;
- subnational territories with coverage <90% existed in seven out of eight countries, with the highest number in Bosnia and Herzegovina, Romania and Ukraine;
- outbreaks of VDPVs in 2009 and 2010 alerted countries to the existence of significant unimmunized and under-immunized populations in four out of eight countries;
- AFP surveillance performance was stable, except in Romania where it declined sharply;
- five out of eight countries conduct supplementary surveillance;
- all countries developed National Plans of Action to Maintain Polio-free Status.

The Secretariat concludes that: the probability is high that WPV did not circulate in this sub-region during 2010; any WPV importation would have been detected by existing surveillance systems; and the overall risk of spread following importation of WPV is intermediate in this sub-region, mainly due to gaps in immunization coverage. Bosnia and Herzegovina, Romania, and especially Ukraine are countries of concern due to suboptimal immunization coverage in subpopulations or nationally, as well as AFP surveillance performance (Romania).

Central zone

No timely reports were received from NCCs in Hungary and Poland. NCCs in the other five countries of the sub-region held meetings in 2010. Polio vaccination coverage is uniformly

very high with very few subnational territories with low coverage. All countries conduct AFP surveillance. Slovenia reported zero AFP cases since at least 2007. AFP surveillance quality is low in the Czech Republic and Slovakia. Belarus, Bulgaria and Hungary report high quality surveillance. All countries conduct enterovirus surveillance and four countries conduct environmental surveillance.

Conclusion
National updates submitted by countries show that:

- five out of seven countries demonstrated continued NCC activities;
- no subnational territories have coverage <90%, excepting two territories in Bulgaria;
- AFP surveillance performance is sub-optimal, particularly in the Czech Republic and Slovakia, but all countries conduct supplementary surveillance; and
- four countries out of seven have a finalized National Plans of Action to Maintain Polio-free Status.

The Secretariat concludes that: the probability is high that WPV did not circulate in this sub-region during 2010, as immunization coverage was good and WPV importation would have been detected by existing surveillance systems; and the overall risk of spread following importation of WPV is low in this sub-region, with the exception of Bulgaria, due to good immunization services and supplementary surveillance, but only four countries have national preparedness plans to respond to importation of WPV. Bulgaria and Poland are countries of particular concern due to high-risk population groups with suboptimal immunization coverage.

MECACAR zone

NCCs were active in all MECACAR countries in 2010. All countries continue to use OPV. Reported immunization coverage has been traditionally high in MECACAR countries and remains so. However, Georgia reports significant numbers of subnational territories where coverage is low. All countries conducted NIDs and SNIDs in 2010 and 2011. AFP surveillance is conducted in all countries and was generally of good to high quality, with the exception of Armenia. A significant number of subnational territories reported zero AFP cases in 2010, particularly in the Caucasus and Turkey. In both Azerbaijan and Georgia there are territories where surveillance reports are provided by international organizations. Five countries conduct enterovirus surveillance and five conduct environmental surveillance. Many isolates of Sabin-like poliovirus were reported, consistent with the widespread use of OPV in the zone. All countries have finalized Plans to Maintain Polio-free Status. Azerbaijan, Kazakhstan and the Russian Federation have not specified target populations for immunization response in case of wild poliovirus importation.

Conclusion
National updates submitted by countries show that:

- all countries demonstrated continued NCC activities;

- while overall reported immunization coverage is high, areas of immunization coverage <90% still exist in Azerbaijan, Georgia, Tajikistan and Turkey, but the 2010 polio outbreak demonstrated that administrative coverage data may not be accurate;
- AFP surveillance performance in the zone has improved substantially following the outbreak, except in Armenia; and
- all countries have updated National Plans of Action to Maintain Polio-free Status, excepting Turkey.

The Secretariat concludes that: the response measures taken by the countries were effective in interrupting the transmission of imported WPV1 in 2010; there is no evidence of ongoing circulation of WPV1 after the last case reported in Russia on 25 September 2010; and the overall risk of spread following importation of WPV is intermediate or high in this sub-region, mainly due to gaps in immunization coverage and historical risk factors in certain areas. Tajikistan, Georgia, the Northern Caucasus of the Russian Federation, southeast Turkey and Uzbekistan are countries of particular concern, due to sub-optimal immunization coverage in high-risk territories/population groups and/or AFP surveillance performance. The immunity profile of older age groups in high-risk countries needs to be assessed.

Review of national updates for 2010 and presentations by selected countries

Tajikistan

The NCC held four meetings in 2010 to discuss the WPV1 outbreak. AFP surveillance for 2010 identified 587 cases less than 15 years of age for an AFP rate of 7.1. Of these, 83.8% had 2 adequate stool samples for an AFP surveillance index of 0.83. One sparsely-populated province had an AFP surveillance index below 0.5 in 2010. For 2010, 712 total AFP cases were reported. Of these, 457 were classified as WPV, 61 as polio compatible, 1 as VDPV, 1 as VAPP, and 192 as non-polio. For 2010, 6 of the 192 non-polio cases were classified as Guillain-Barré Syndrome and the remaining 186 as other diagnoses. For the first half of 2011, 23 AFP cases have been reported for an AFP rate of 1.77; 91.3% of cases had 2 adequate stool samples for an AFP index of 0.91; 2 provinces were below 0.5 in 2011; 22 of the 23 cases have been classified as non-polio, 7 cases have been classified as Guillain-Barré Syndrome and 15 as other diagnoses. In laboratory, 641 samples were tested in 2010 with WPV isolated from 457, Sabin virus from 25, VDPV from 1 and NPEV from 9. 22 samples were tested thus far in 2011, with WPV isolated from 0, Sabin virus from 0, 0 with VDPV and 1 NPEV. There was no enterovirus or environmental surveillance in Tajikistan. Routine immunization coverage is above 95% in all but 2 provinces, which are at 94.5% and 94.9%. Six rounds of NIDs and one SNID were conducted in 2010. Two NIDs were conducted in 2011. There is a National Plan of Action to Maintain Polio-free Status.

Country-specific feedback from the RCC

- The RCC notes with appreciation the efforts of the Ministry of Health to conduct multiple rounds of SIAs, which were necessary to control the wild poliovirus type 1 outbreak and which achieved high coverage over a broad age range.
- The evidence provided by the NCC indicates that wild poliovirus type 1 transmission has been interrupted in 2011.
- The RCC urges Tajikistan to reach and sustain a non-polio AFP target rate of ≥2 per 100 000 population for the next 12-month period in all subnational levels (states or provinces with population aged <15 years of >100 000) and make efforts to improve surveillance in subnational regions that are currently underreporting.
- The RCC urges the Ministry of Health to maintain high routine immunization coverage in all geographic areas and among vulnerable and marginalized population groups in the country.

The Russian Federation

The NCC held four meetings in 2010 to discuss the WPV1 outbreak. For 2010, 465 total AFP cases were reported; 391 cases were less than 15 years of age for an AFP rate of 1.9. 94.7% of cases had 2 adequate stool samples for an AFP surveillance index of 0.95. Eight provinces had an AFP surveillance index below 0.5 in 2010. 14 cases were classified as WPV1, 0 as polio compatible, 0 as VDPV, 5 as VAPP and 397 as non-polio; the rest were discarded as non-AFP. For 2010, 39.3% of the 465 AFP cases were classified as Guillain-Barré Syndrome, 10.7% as transverse myelitis, 37% as traumatic neuritis, 8.2% as other diagnoses, 3.5% as WPV and 1.3% as VAPP. In, 621 samples were tested in 2010 with WPV isolated from 36, Sabin PV from 72 and NPEV from 75. Environmental surveillance yielded 542 vaccine polioviruses, 397 Coxsackie viruses, 201 ECHO viruses and 99 non-typeable enteroviruses. For 2011, 242 AFP cases have been reported (206 cases less than 15 years of age) for an AFP rate of 0.9. 93% of cases had 2 adequate stool samples for an AFP index of 0.95. Of the 242 AFP cases, 221 were classified as non-polio. For 2011, 28.1% of the AFP cases have been classified as Guillain-Barré Syndrome, 3.6% as transverse myelitis, 24.4% as traumatic neuritis, 2.7% as other diagnoses, 0% as WPV and 0% as VAPP. Routine immunization coverage is above 95% in all provinces. Mopping up was conducted in 2010 and 2011. SNIDs immunized 2.2 million children in 2010 and 1.39 million children in 2011. Serological monitoring indicates a high level of immunity to all three types of poliovirus at the national level and in three republics of the Northern Caucasus. There is a National Plan of Action to Maintain Polio-free Status.

Country-specific feedback from the RCC

- The RCC appreciates the efforts made by the Ministry of Health of the Russian Federation to conduct supplemental immunization campaigns and improve surveillance in order to control the spread of wild poliovirus, both within in the country and internationally.

- The RCC is reassured by the serosurvey data from the North Caucasus, which demonstrates that overall population immunity is high, despite reported low coverage in some areas.
- The RCC appreciates the efforts made by the government of the Russian Federation to facilitate entry of specimens from other countries for testing in the Moscow Regional Reference Laboratory.
- The RCC encourages the country to reach and sustain a non-polio AFP target rate of ≥2 per 100 000 population for the next 12-month period in all subnational levels (states or provinces with population aged <15 years of >100 000) and make efforts to improve surveillance in subnational regions that are currently underreporting to maintain high level surveillance throughout the Russian Federation. The RCC encourages the country to conduct a formal surveillance assessment within the next six months as one component of this process.
- The RCC encourages efforts by the Ministry of Health to ensure that migrant populations are appropriately immunized.

Turkmenistan

The NCC held two meetings in 2010 to discuss the WPV1 outbreak. AFP surveillance for 2010 identified 50 cases less than 15 years of age for an AFP rate of 3.22. 100% of cases had 2 adequate stool samples for an AFP surveillance index of 1.0. All provinces had an AFP surveillance index above 0.80 in 2010. For 2010, 50 total AFP cases were reported: 3 were classified as WPV, 0 as polio compatible, 0 as VDPV, 1 as VAPP and 46 as non-polio. For the first-half of 2011, 19 AFP cases have been reported for an AFP rate of 2.5. 100% of cases had 2 adequate stool samples for an AFP index of 1.0. For 2010, 30 of the 50 AFP cases were classified as Guillain-Barré Syndrome, 0 as transverse myelitis, 1 as traumatic neuritis, 15 as other diagnoses, 3 as WPV and 1 as VAPP. For 2011, 19 total AFP cases were reported and 16 classified as non-polio; 15 of the 19 AFP cases have been classified as Guillain-Barré Syndrome, 0 as transverse myelitis, 0 as traumatic neuritis, 1 as other diagnoses, 0 as WPV and 0 as VAPP. In laboratory, 100 samples were tested in 2010 with WPV isolated from 6, Sabin virus from 4 and NPEV from 18. In 2011, 36 samples have been tested yielding only 4 NPEV. No samples were tested in 2010 or 2011 for enterovirus or environmental surveillance. Routine immunization coverage is above 95% in all provinces. Three rounds of NIDs and one SNID were conducted in 2010. Two rounds of NIDs were conducted in 2011. There is a National Plan of Action to Maintain Polio-free Status.

Country-specific feedback from the RCC

- The RCC congratulates Turkmenistan on its successful efforts to control importation of WPV into the country by improving surveillance and rapidly implementing multiple SIAs.
- The RCC encourages the country's efforts to maintain uniformly high routine immunization coverage and to sustain high level AFP surveillance by reaching and sustaining a non-polio AFP target rate of ≥2 per 100 000 population for the next 12-

month period in all sub-national levels (states or provinces with population aged <15 years of >100 000).

Kazakhstan

The NCC held three meetings in 2010 to discuss the WPV1 outbreak. AFP surveillance for 2010 identified 113 cases less than 15 years of age for an AFP rate of 2.8. 99% of cases had 2 adequate stool samples for an AFP surveillance index of 0.99. All provinces had an AFP surveillance index above 0.80 in 2010 with one exception, where the index was above 0.5. Of the 113 AFP cases reported in 2010, 1 was classified as WPV, 0 as polio compatible, 0 as VDPV, 0 as VAPP and 112 as non-polio; 10 cases were classified as Guillain-Barré Syndrome, 44 as transverse myelitis, 2 as traumatic neuritis, 56 as other diagnoses, 1 as WPV and 0 as VAPP. For the first-half of 2011, 54 AFP cases have been reported for an AFP rate of 1.3; 96% of cases had 2 adequate stool samples for an AFP index of 0.96; of the 54 total AFP cases, 47 classified as non-polio, 1 as Guillain-Barré Syndrome, 16 as transverse myelitis, 0 as traumatic neuritis, 30 as other diagnoses, 0 as WPV and 0 as VAPP. In laboratory, 226 samples were tested in 2010 with WPV isolated from 2, Sabin virus from 16 and NPEV from 27. In 2011, 108 samples have been tested yielding only 6 Sabin PV and 6 NPEV. Environmental surveillance yielded 16 vaccine polioviruses and 47 NPEV in 2010, and 4 Sabin viruses and 11 NPEV in 2011. Enterovirus surveillance identified 23 NPEV in 2010 and 6 NPEV in 2011. Routine immunization coverage is above 95% in all provinces. Two rounds of NIDs and one SNID were conducted in 2010; one round of NID and two rounds of SNIDs were conducted in 2011. There is a National Plan of Action to Maintain Polio-free Status.

Country-specific feedback from the RCC

- The RCC congratulates Kazakhstan on its ability to rapidly detect and control the spread of the wild poliovirus imported into the country in 2010.
- The RCC encourages the country's efforts to maintain uniformly high routine immunization coverage and to sustain high level AFP surveillance by reaching and sustaining a non-polio AFP target rate of ≥2 per 100 000 population for the next 12-month period in all subnational levels (states or provinces with population aged <15 years of >100 000).

Uzbekistan

The NCC held four meetings in 2010 to discuss the WPV1 outbreak and two meetings have been held in the first-half of 2011. AFP surveillance for 2010 identified 134 cases less than 15 years of age for an AFP rate of 1.49. 100% of cases had 2 adequate stool samples for an AFP surveillance index of 0.97. All provinces had an AFP surveillance index above 0.80 in 2010 with one exception, where the index was above 0.5. For 2010, 56 of the 134 AFP cases were classified as Guillain-Barré Syndrome, 51 as transverse myelitis, 27 as traumatic neuritis, 0 as other diagnoses, 0 as WPV and 0 as VAPP. All 134 were classified as non-polio. For the first

half of 2011, 106 AFP cases have been reported for an AFP rate of 1.97. 100% of cases had 2 adequate stool samples for an AFP index of 0.94; 67 classified as non-polio. For 2011, 34 of the 106 AFP cases have been classified as Guillain-Barré Syndrome, 16 as transverse myelitis, 16 as traumatic neuritis, 1 as other diagnoses, 0 as WPV and 0 as VAPP. In laboratory, 268 samples were tested from the cases reported in 2010 with WPV isolated from 0, Sabin virus from 6 and NPEV from 6. In 2011, 182 samples have been tested yielding 8 Sabin viruses and 23 NPEV. Environmental surveillance identified 17 NPEV in 2010, and 2 Sabin viruses and 12 NPEV in 2011. No samples were tested in enterovirus surveillance in 2010 or 2011. Routine immunization coverage is above 95% in all provinces. Four rounds of NIDs and one SNID were conducted in 2010. Two rounds of NIDs were conducted in 2011. There is a National Plan of Action to Maintain Polio-free Status.

Country-specific feedback from the RCC

- The Uzbekistan national polio laboratory needs to be accredited urgently. Sharing of specimens on an ongoing basis with the Moscow Regional Reference Laboratory is essential to maintain accreditation. The RCC notes with thanks the recent initial shipment of specimens in 2011.
- The RCC encourages the country to review the classification of its AFP cases, given that specimens have been sent to the Regional Reference Laboratory in Moscow. Based on the findings, the AFP cases should be appropriately classified as soon as possible.
- The RCC appreciates the strong efforts made by the country in 2010 to prevent the spread of wild poliovirus in Uzbekistan with multiple rounds of supplementary immunization, as well as the additional rounds conducted in 2011, which achieved high coverage.
- The RCC encourages the country's efforts to maintain uniformly high routine immunization coverage and to sustain high level AFP surveillance by reaching and sustaining a non-polio AFP target rate of $\geq$2 per 100 000 population for the next 12-month period in all subnational levels (states or provinces with population aged <15 years of >100 000).
- The RCC notes that Uzbekistan is at high-risk of a future poliovirus importation because of its geographic situation.
- The RCC is concerned that some cases of paralysis reported as AFP by Uzbekistan may not fall within the established case definition of AFP (e.g. obvious external trauma is not AFP). It encourages the country to report only AFP cases that fall within the AFP case definition.
- Efforts are needed to increase active surveillance for AFP cases in silent districts so that the RCC can be confident that all AFP cases are reported and investigated.
- The government of Uzbekistan must ensure that an adequate, continuous supply of vaccine is available for the routine immunization program.

Kyrgyzstan

The NCC held four meetings in 2010 to discuss the WPV1 outbreak. AFP surveillance for 2010 identified 68 cases less than 15 years of age for an AFP rate of 3.58; 96.7% of cases had 2 adequate stool samples for an AFP surveillance index of 0.97. All but 1 province had an AFP surveillance index above 0.80 in 2010. All provinces were above 0.80 in 2011. All were classified as non-polio. For 2010, 24 of the 68 AFP cases were classified as Guillain-Barré Syndrome, 4 as transverse myelitis, 2 as traumatic neuritis, 24 as peripheral neuropathy, 14 as other diagnoses and 0 as VAPP. For the first-half of 2011, 31 AFP cases have been reported for an AFP rate of 2.9. 100% of cases had 2 adequate stool samples for an AFP index of 1.0. All were classified as non-polio; 16 of the 31 AFP cases have been classified as Guillain-Barré Syndrome, 2 as transverse myelitis, 0 as traumatic neuritis, 9 as peripheral neuropathy, 4 as other diagnoses and 0 as VAPP. In laboratory, 68 samples were tested in 2010 with WPV isolated from 0, Sabin virus from 1 and NPEV from 10. In 2011, 31 samples have been tested yielding only 5 Sabin viruses and 1 NPEV. No samples were tested in 2010 for enterovirus or environmental surveillance. In 2011, 4 environmental samples were tested yielding 0 positive results and 17 NPEV were isolated in enterovirus surveillance. Routine immunization coverage is above 90% in 5 provinces and between 80 and 89% in 4 provinces. Two rounds of NIDs were conducted in 2010. Two rounds of NIDs were conducted in 2011. There is a National Plan of Action to Maintain Polio-free Status.

Country-specific feedback from the RCC

- The RCC supports the efforts of the Ministry of Health to secure a reliable budget for vaccine purchase.
- The RCC is pleased with SIA rounds conducted in 2011 covering children aged 0-14 years to ensure older children that may not have been immunized as infants are protected against polio.
- The RCC encourages the country's efforts to maintain uniformly high routine immunization coverage and to sustain high level AFP surveillance by reaching and sustaining a non-polio AFP target rate of $\geq$2 per 100 000 population for the next 12-month period in all subnational levels (states or provinces with population aged <15 years of >100 000).
- The Ministry of Health should make efforts to improve internal transport of stool specimens so that all specimens arrive at the laboratory in good condition and on a timely basis.

Azerbaijan

The NCC held only one meeting in 2010 to discuss the WPV1 outbreak. AFP surveillance for 2009 identified 47 cases less than 15 years of age for an AFP rate of 2.15. 98% of cases had 2 adequate stool samples for an AFP surveillance index of 0.98. In 2009, 3 zones in the north had an AFP surveillance index above 0.80, 3 zones in the center of the country had AFP indexes

between 0.5 and 0.79 and 3 zones in the south of the country had surveillance indexes below 0.5. For 2010, 29 total AFP cases were reported for an AFP rate of 1.4. 100% of cases had 2 adequate stool samples for an AFP index of 1.0. All 29 AFP cases were classified as other diagnoses with no WPV or VAPP cases. In laboratory, 58 samples were tested from AFP cases in 2010 with WPV isolated from 0, Sabin virus from 1and NPEV from 2. Environmental surveillance identified 1 Sabin PV and 2 NPEV in 2010. No samples were tested for enterovirus surveillance. Routine immunization coverage is above 90% in all districts except for five, which are between 80 and 89%. Supplementary immunization of underimmunized children was conducted during European Immunization Week in April - May 2011. There is a National Plan of Action to Maintain Polio-free Status.

Country-specific feedback from the RCC

- The RCC encourages the country's efforts to maintain uniformly high routine immunization coverage and to sustain high level AFP surveillance in all regions by reaching and sustaining a non-polio AFP target rate of $\geq$2 per 100 000 population in all subnational levels (states or provinces with population aged <15 years of >100 000) until the RCC declares the country no longer at high-risk for transmission.
- The RCC is concerned because the final classification of a high percentage of AFP case is "other". The RCC requests that the NCC resubmit their report with more detailed final diagnoses on all AFP cases to ensure that reported AFP cases fall within the established AFP case definition.
- The RCC notes that routine immunization coverage data provided by the NCC are different from the WHO/UNICEF report, which shows that national coverage levels are less than 80%. The RCC requests that the National Immunization Programme work with WHO European Regional Office to clarify the discrepancies and report back to the NCC.

Bosnia and Herzegovina

The NCC held two meetings in 2010. AFP surveillance for 2010 identified 7 cases less than 15 years of age for an AFP rate of 1.1; 100% of cases had 2 adequate stool samples for an AFP surveillance index of 1. The Federation of Bosnia and Herzegovina had an AFP surveillance index 1.0 in 2010 while the Republic of Srpska had an index below 0.5. For 2010, all 7 AFP cases were classified as non-polio; 5 AFP cases were classified as Guillain-Barré Syndrome, 0 as transverse myelitis, 1 as traumatic neuritis and 1 as other diagnoses. In laboratory, 6 samples were tested in 2010 with all samples negative for polioviruses. No samples were tested in 2010 or 2011 for enterovirus or environmental surveillance. Routine immunization coverage is above 95% in the Republic of Srpska and at 83% for the Federation of Bosnia and Herzegovina. No supplementary immunization activities were conducted in 2010. There is a draft national plan of action to maintain polio-free status, but the source of vaccine has not been identified.

Country-specific feedback from the RCC

- The RCC congratulates the ongoing work of the NCC, which has now been active for two years, despite the political situation in the country.
- The RCC notes a need for improved coverage in some areas of country. In particular, high level coverage must be maintained in high-risk population groups.
- The NCC should work with Republic of Srpska to improve AFP surveillance.
- The RCC encourages the country's efforts to maintain uniformly high routine immunization coverage and to sustain high level AFP surveillance in all regions by reaching and sustaining a non-polio AFP target rate of ≥2 per 100 000 population in all subnational levels (states or provinces with population aged <15 years of >100 000) until the RCC declares the country no longer at high-risk for transmission. Because the political divisions of the country are complicated, data in NCC reports should be presented in a manner that can be readily understood by persons unfamiliar with the country.
- The RCC is concerned that older children and young adults may not have been immunized during periods of conflict. The country should consider conducting a catch-up campaign to ensure that these older age groups are protected against polio.

Bulgaria

The NCC held two meetings in 2010 to discuss the situation in light of the WPV1 outbreak. AFP surveillance for 2010 identified 13 cases less than 15 years of age for an AFP rate of 1.19; 92% of cases had 2 adequate stool samples for an AFP surveillance index of 0.92. In 2010, 4 zones had an AFP surveillance index above 0.80, 3 zones had AFP indexes between 0.5 and 0.79 and 2 zones had surveillance indexes below 0.5. For 2010, all 13 AFP cases were classified as non-polio; 7 AFP cases were classified Guillain-Barré Syndrome and 6 were classified as other diagnoses with no WPV or VAPP cases. In laboratory, 24 samples were tested from AFP cases in 2010 and all were negative for all viruses. No samples were tested for environmental surveillance. Enterovirus surveillance isolated 7 NPEV from 540 samples. Routine immunization coverage is above 90% in all districts with the exception of three, which are between 80 and 89%. Two rounds of SNIDs were conducted in 2011 in high-risk districts. There is a National Plan of Action to Maintain Polio-free Status.

Country-specific feedback from the RCC

- The RCC is concerned that there are significant areas of country with low AFP rates. It encourages the Ministry of Health to use active surveillance to improve detection of AFP cases in these low-performing areas.
- The RCC also notes that there are areas of the country with coverage less than 90% and significant high-risk populations. It encourages the country to conduct outreach activities to ensure uniformly high immunization coverage in all geographic areas and among high-risk populations, specifically the Roma.

- The RCC notes that the final classification of some AFP cases is "not AFP". The RCC encourages the country to report AFP cases consistent with the established AFP case definition.

Georgia

The NCC held two meetings in 2010. AFP surveillance for 2010 identified 7 cases less than 15 years of age for an AFP rate of 0.93. 100% of cases had 2 adequate stool samples for an AFP surveillance index of 0.93. In 2010, 4 zones had an AFP surveillance index above 0.80, 4 zones had AFP indexes below 0.5. For 2010, all 7 AFP cases were classified as non-polio. 5 AFP cases were classified Guillain-Barré Syndrome, 1 was classified as transverse myelitis and 1 was classified as other diagnoses with no WPV or VAPP cases. In laboratory, 14 samples were tested from AFP cases in 2010 and all were negative for all viruses. 82 samples were tested for environmental surveillance, yielding 1 Sabin virus and 34 NPEV. Enterovirus surveillance tested 2 samples and both were negative. Routine immunization coverage is above 90% in most districts with the exception of 13 between 80 and 89% and 7 below 80%. Two rounds of SNIDs were conducted in 2010 in Abkhazia, in addition to one round in Marneuli District. Mopping-up was conducted for underimmunized children for the entire country in 2010 and 2011. There is a National Plan of Action to Maintain Polio-free Status.

Country-specific feedback from the RCC

- The RCC recommends that the country continue its efforts to improve AFP surveillance in under-performing districts
- The RCC encourages the country's efforts to maintain uniformly high routine immunization coverage and to sustain high level AFP surveillance in all regions by reaching and sustaining a non-polio AFP target rate of $\geq$2 per 100 000 population in all subnational levels (states or provinces with population aged <15 years of >100 000) until the RCC declares the country no longer at high-risk for transmission.
- The RCC recommends that the country continue its efforts to improve immunization in districts with low coverage.
- The RCC is encouraged that Georgia will conduct targeted supplementary immunization campaigns to address historically low coverage.
- The RCC greatly appreciates that immunization campaigns were conducted in Abkhazia for a broad age range of children to ensure that children not immunized in the past are protected against polio.
- The RCC encourages Georgia to continue to work with international organizations to ensure vaccination and AFP surveillance implemented in all areas not under government control.

Latvia

Country-specific feedback from the RCC

- The RCC has been informed that sufficient funding may not be available to purchase vaccine for the routine immunization program in Latvia. The RCC urges the country to make sufficient funds available to prevent any stock-outs of vaccine.

Turkey

The NCC held five meetings in 2010. AFP surveillance for 2010 identified 218 cases less than 15 years of age for an AFP rate of 1.17. 83% of cases had 2 adequate stool samples for an AFP surveillance index of 0.97. While much of the country had AFP surveillance indexes above 0.80, many provinces in the east and southwest of the country had indexes below 0.5. For 2010, 6 of the 218 AFP cases were discarded as not AFP. 63.7% of the AFP cases were classified as Guillain-Barré Syndrome, 2.7% were classified as transverse myelitis, 0.5% as traumatic neuritis and 32.55% as other diagnoses. There were no WPV or VAPP cases. In laboratory, 552 samples were tested from AFP cases in 2010 with WPV isolated from 0, Sabin virus from 0 and NPEV from 29. No samples were tested for enterovirus surveillance or environmental surveillance. Routine immunization coverage is above 90% in all districts with the exception of one, which was between 80 and 89%. Two rounds of SNIDs targeting 380 000 children less than five years were conducted in 2010. There is a National Plan of Action to Maintain Polio-free Status.

Country-specific feedback from the RCC

- The RCC notes that AFP surveillance is not uniformly high in all areas of the country and encourages the Ministry of Health to improve AFP surveillance in underperforming areas of the country. Attention must be paid, in particular, to improving stool collection rates. There is also a specific need to improve AFP surveillance in the southeast of the country, which is traditionally a high-risk area.
- The RCC is greatly appreciative of recent efforts to improve immunization coverage throughout the country and has changed the risk of transmission to low. However this is done with caution and the RCC will monitor closely the progress of the country to strengthen AFP surveillance in all areas.

Ukraine

The NCC held only one meeting in 2010. AFP surveillance for 2010 identified 130 cases less than 15 years of age for an AFP rate of 2.0. 97.7% of cases had 2 adequate stool samples for an AFP surveillance index of .98. All provinces in the country had AFP surveillance indexes above 0.80 in 2010. For 2010, 129 of the 130 AFP cases were discarded as non-polio. 104 AFP cases were classified as Guillain-Barré Syndrome, 6 were classified as transverse myelitis, 0 as

traumatic neuritis, 19 as other diagnoses and 1 as VAPP. There were no WPV cases. In laboratory, 260 samples were tested from AFP cases in 2010 with WPV isolated from 0, Sabin virus from 2 and NPEV from 3. Environmental surveillance yielded 18 Sabin viruses and 94 NPEV. Enterovirus surveillance isolated 13 Sabin viruses and 73 NPEV. Routine immunization coverage is below 80% in all provinces with national coverage at 57.3%. No supplementary immunization activities were conducted in 2010. There is a National Plan of Action to Maintain Polio-free Status.

Country-specific feedback from the RCC

- The RCC notes with great concern and alarm that routine immunization coverage is now at 57.3%. Low coverage results from recent failures to purchase vaccine.
- The RCC requests an interim report within six months on progress towards restoring high immunization coverage in the country.
- The RCC informs Ukraine that a letter will be sent to the Independent Monitoring Board informing them of the RCC's high concern for potential transmission of wild poliovirus if introduced into Ukraine.
- The RCC urges Ukraine to urgently reinstate its full immunization program and rapidly achieve high immunization coverage.
- The RCC strongly recommends that catch-up campaigns be conducted to protect children not immunized in recent years.
- While the country reports that vaccine supplies have recently been purchased, it is unclear to the RCC whether supplies are sufficient to cover the entire population, including catch-up campaigns, and when immunization programs will be implemented. The RCC requests that Ukraine provide an interim report within six months that specifies details on vaccine supply and plans for reestablishing the immunization program.
- The RCC encourages the country's efforts to maintain uniformly high routine immunization coverage, and to sustain high level AFP surveillance in all regions by reaching and sustaining a non-polio AFP target rate of $\geq$2 per 100 000 population in all subnational levels (states or provinces with population aged <15 years of >100 000) until the RCC declares the country no longer at high-risk for transmission
- The RCC requests the NCC to clarify the sampling methodologies used for environmental testing.

Performance of the European Polio Laboratory Network in 2010-2011

The LabNet plays a central role in maintaining the polio-free status of the Region by documenting the absence of wild poliovirus and rapidly detecting any imported poliovirus or cVDPV. 98% of network laboratories are fully accredited and passed their annual

laboratory proficiency test in 2010. Member States reported that 109 144 samples were analysed in 2010 from three sources – AFP cases (3 786), patients with suspected enterovirus infection (111 180) and environmental (sewage) sampling (24 435). These analyses yielded 561 wild polioviruses, 30 VDPV, 1 408 Sabin polioviruses and 7 289 NPEV isolates. The wild poliovirus outbreak in Tajikistan produced a tremendous workload for the LabNet, with the greatest burden falling on the Moscow Regional Reference Laboratory. While the average time for processing specimens from Tajikistan was over 30 days in 2010, the average time for processing specimens from Tajikistan has fallen to 16 days in 2011, close to the WHO standard of 15.

Major achievements of the Laboratory Network in the past year include:

- development and implementation of a new online Laboratory Data Management System; implementation of real-time PCR (rRT-PCR) technology in all Regional Reference Laboratories (RRLs);
- training on rRT-PCR and external proficiency testing;
- all relevant laboratories supplied with rRT-PCR reagents and controls;
- a technical consultative meeting of RRLs held on ways to improve timeliness;
- ELISA has been removed from the diagnostic standard to reduce testing time;
- guidelines on sample collection and transport revised and circulated; and
- greement with the Russian Federation reached on samples import.

Containment Activities in 2010-2011 in view of recent importation of wild poliovirus type 1: policy, strategies and actions

Containment of polioviruses is a necessary step for achieving global eradication. The global strategy for containment consists of risk elimination by destruction of poliovirus materials in all but a few essential facilities and risk management of such facilities by strict adherence to required safeguards. Containment activities in the Region have been affected by several recent developments. Six countries have been collecting stool samples for rotavirus surveillance to evaluate the disease burden in preparation for the introduction of that vaccine. Current and future testing of these samples with inadequate biosafety poses a risk of releasing wild poliovirus. WHO has made recommendations to countries on reinforcement of biosafety rules for collecting, processing and storing stool specimens that might contain poliovirus.

Twenty-two Member States of the European Region now report that laboratories are storing wild poliovirus infectious materials. This represents a decrease from 25 countries with 111 laboratories in 2006. Thirty-one Member States are now reporting that they have no laboratories storing wild poliovirus infectious materials.

A low priority has been placed on containment recently because of the global pressure to finish eradication and the need to control the 2010 outbreak in the Region. The risk is a delay in moving Phase II forward in the Region. The long procedure for implementing new regulations/legislation in the EU could be an obstacle when containment becomes an urgent priority. There is a need for clear guidance from the Global Polio Eradication Initiative regarding containment activities in regions where Phase I has been completed.

Regional Plan of Action to sustain polio-free status in 2011 – 2012

Activities to sustain the polio-free status of the European Region in 2011 include:

- an advocacy mission to Tajikistan;
- mitigating risks in high-and medium-risk countries;
- working on vaccine risk and crisis communication in CAR;
- a polio simulation exercise in Bosnia and Herzegovina;
- strengthening AFP surveillance with Member States;
- an AFP surveillance review in Kyrgyzstan; and
- nationwide SIAs in Georgia.

Proposed activities to sustain the polio-free status of the European Region in 2012-2013 include:

- strengthening and sustaining political commitment;
- joint planning across countries/Regions;
- mitigating identified risks in high- and medium-risk countries;
- strengthening surveillance with Member States, SIAs in Tajikistan and possibly Ukraine, Uzbekistan and other countries;
- release of enterovirus surveillance guidelines;
- AFP surveillance reviews in the Russian Federation, Tajikistan, Ukraine and Uzbekistan; maintaining of accreditation of laboratories;
- containment;
- assessing immunization coverage rates;
- strengthening immunization coverage; a
- dvocacy missions by RCC members;
- European Immunization Week;
- strengthening partnerships; and
- ensuring funding at the national and Regional level.

Update on planned simulation exercise on wild poliovirus outbreak in the European Region

An exercise simulating a wild poliovirus outbreak is being planned for Bosnia and Herzegovina for December 2011. The aim of the exercise is to stimulate participants to critically review and

update their national plans on responding to the detection of wild polioviruses and vaccine-derived polioviruses (VDPV). The objectives are to: increase the level of preparedness for a possible event of importation of wild poliovirus or VDPV into a poliomyelitis-free Member State; to improve capacity to respond rapidly to the detection of circulating polioviruses; and to improve country response and use of IHR mechanism in case of detection of wild poliovirus or VDPV. If successful, similar exercises could be conducted in other Member States.

Conclusions and Recommendations

Conclusions

Based on their review of the polio annual progress reports submitted by the National Certification Committees (NCCs), the European Regional Certification Commission for Poliomyelitis Eradication (RCC) has reached the following conclusions:

1. With more than 11 months having passed since the last wild poliovirus case was detected, the RCC recognizes that available evidence from previously infected Member States indicates that the measures taken to control the outbreak of 2010 were effective in interrupting the circulation of imported wild poliovirus within six months of its detection. Therefore, the RCC believes that the Region does not need to be re-certified.

2. The RCC thanks the Regional Director for her support in the efforts to control the 2010 wild poliovirus outbreak. The RCC urges her to continue her advocacy to strengthen political support and mobilize the necessary human and financial resources to keep the Region free of polio, in line with the agreement Member States made in 2002, when the Region was certified.

3. The RCC reminds the Member States of the European Region that they remain at continuing risk of importations of wild polioviruses or the emergence of a circulating vaccine-derived poliovirus until global eradication is certified.

4. The RCC has examined the polio annual progress reports submitted by all Member States except for Iceland, Luxembourg, Poland, San Marino, Andorra and Monaco. The RCC has accepted all the reports that were submitted, but not presented at the meeting. The RCC requests that the Regional Office follow-up with the NCCs of the six countries that did present their reports.

5. The RCC notes that the well-established biosafety awareness program in the Region demonstrated its value through the safe handling of infectious material during the polio outbreak of 2010.

6. The RCC commends WHO/Europe for its work in poliovirus containment and looks forward to furthering these efforts under the guidance of the Global Polio Eradication Program

The RCC also wishes to make the following comment regarding the current threat to global polio eradication posed by the status of immunization in Ukraine:

The RCC expresses its extreme concern about the situation in Ukraine, where national vaccine coverage levels have fallen profoundly to less than 60% and to below 30% in some subnational levels. This low coverage is a consequence of both loss of public trust in vaccines and a failure to procure adequate stocks of childhood vaccines, including polio vaccine. The number of children that are susceptible to polio and other vaccine-preventable diseases is large and growing rapidly. Should wild poliovirus or circulating vaccine-derived poliovirus be introduced into the country, an explosive outbreak is likely. This would pose a global risk. As soon as adequate vaccine is purchased and made available, there is an urgent need to specify and implement plans for re-establishing the routine program and conducting catch-up immunization. The RCC requested an interim report within six months on Ukraine's progress towards restoring high immunization coverage.

Recommendations

After reviewing the polio annual progress reports submitted by the NCCs, the RCC makes the following recommendations:

1. Ministries of Health should regularly and carefully assess the immunization status at the national, subnational and local levels and among high-risk groups. In areas and populations with low immunization coverage, targeted supplemental immunization should be conducted rapidly and thoroughly to keep population immunity high. National Certification Committees should routinely meet and review these data that are essential in ensuring that their countries are polio free.

2. There is a need for further improvement in surveillance in some parts of the Region. Ministries of Health should increase their efforts to achieve high quality polio surveillance in all areas until global polio eradication is certified. National Certification Committees should routinely meet and review the performance of surveillance with respect to its ability to detect any importation of wild poliovirus.

3. Member States, with the assistance of WHO/Europe and other international organizations, should provide sufficient financial support for surveillance activities, including the polio laboratories.

4. The WHO Regional Office for Europe should require high-risk countries to comply with the same AFP surveillance criteria[1] as countries with importations until they are no longer considered at high-risk.

5. In order to facilitate rapid detection of polio cases, countries should continue their efforts to ensure routine and rapid transportation of specimens from the field to their designated national laboratory and the regional reference laboratories.

6. The RCC reaffirms its prior requirements that all specimens from AFP cases or suspected polio cases from all countries of the Region must be tested in WHO accredited network laboratories.

[1] Non-polio AFP target rate of >2 per 100 000 population in last 12 months in all sub-national levels (states or provinces with population aged <15 years of >100 000.

7. Supplementary virological data provided in NCC reports can only be considered if such data come from laboratories participating in an external quality assurance program.

8. The source of specimens (e.g. stool or CSF) for supplementary virological surveillance should be specified in all future NCC reports.

9. All Member States that have not submitted or do not have an up-to-date national plan for sustaining their polio free status should do so by the end of 2011. The national plan should include a preparedness plan for responding to a polio importation. This should address the following:
    a. identification of the source of the polio vaccine to be used in the event of poliovirus importation, including the funding for its purchase and the legal framework for its use (e.g. use of unlicensed vaccine);
    b. sharing of surveillance data with bordering countries and coordinating cross border supplementary immunization activities; and
    c. inclusion of a crisis communication strategy.

10. Future NCC reports to the RCC should include the following:
    a. a specific statement from the NCC chair on why it believes that there is no poliovirus in the country (it is highly recommended that the Regional Office provide a template to assist in preparing these statements); and
    b. a line listing of the final clinical diagnoses of all AFP cases reviewed by the National Expert Committee.

11. When a country is requested to present at a meeting of the RCC, the chair or another member of the NCC should attend.

12. Advocacy is needed to address the threat posed by anti-vaccine sentiment. European Immunization Week provides a good platform for this work.

13. All countries should have a dedicated line item for vaccine purchase in the national budget.

Annex 1. Programme

Tuesday, 23 August 2011

Plenary session 1: Progress towards global polio eradication and sustaining polio free Europe

8.30 – 09.00	Registration
09.00 – 09.30	**Opening** **Dr Guénaël R. Rodier** **Director, Division of Communicable Diseases, Health Security, & Environment**
09.30 – 10.00	**Global eradication WPV Strategic plan 2010-2012: Progress and challenges** **WHO Headquarters**
	Discussion
10.00 – 10.30	Coffee break
10.30 – 11.00	**Progress towards the Regional Certification of the WHO Eastern Mediterranean Region** **WHO Regional Office for Eastern Mediterranean**
	Progress towards the Regional Certification of the WHO South-East Asian Region **Regional Office for South-East Asia**
	Discussion
11.00 – 11.30	**Sustaining poliomyelitis-free status of the WHO European Region and actions taken within the Region to control transmission of imported wild poliovirus type 1** ***Dr Rebecca Martin***
	Discussion

<u>Plenary Session 2</u>: Sustainability of "polio-free" Europe: Review of national updated documents for 2010 by epidemiological zones (10 min. presentation and 10 min. discussion)

11.30 – 11.40	**Introduction to sub-regional zones overview** ***Dr George Oblapenko***
11.40 – 12.00	**Sub-regional overview: Update information for 2010 in the Nordic/Baltic (8 countries) and Western (10 countries) epidemiological zones** ***Dr Sergei Deshevoi***
12.00 – 13.00	Lunch
13.00 – 13.20	**Sub-regional overview: Update information for 2010 in the Southern (10 countries) and Central-Eastern (8 countries) epidemiological zones** ***Dr Dragan Jankovic***
13.20 – 13.40	**Sub-regional overview: Update information for 2010 in the Central (7 countries) and MECACAR (10 countries) epidemiological zones** ***Dr Shahin Huseynov***

<u>Plenary Session 3</u>: Review of polio reports from infected or high-risk countries for 2010 and updated information on actions and plans for 2011 (presentation 20 minutes; WHO comments 5 minutes; discussion 15 minutes)

13.40 – 14.20	**Tajikistan** Discussion
14.20 – 15.00	**The Russian Federation** Discussion
15.00 – 15.20	Coffee break
15.20 – 16.00	**Turkmenistan** Discussion
16.00 – 16.40	**Kazakhstan** Discussion

16.40 – 17.20 **Uzbekistan**
Discussion

17.20 - 18.00 **Kyrgyzstan**
Discussion

17.30 –18.30 **Private meeting of the EUR/RCC**

18.30 – 19.45 *Reception on the occasion of the 25th Meeting of the European Regional Certification Commission for Poliomyelitis Eradication*

Wednesday, 24 August 2011

08.30 – 08.50 **Azerbaijan**

08.50 – 09.10 **Bosnia and Herzegovina**

09.10 – 09.30 **Bulgaria**

09.30 – 10.00 Coffee break

10.00 – 10.20 **Georgia**

10.20 – 10.40 **Turkey**

10.40 – 11.00 **Ukraine**

11.00 – 11.30 **Discussion**

Plenary Session 4: Review of European Polio Laboratory Network performance in 2010-2011, containment activities in 2010-2011 and the Regional Plan of Action

11.30 – 12.00 **Performance of the European Polio Laboratory Network in 2010-2011 & Containment in 2010-2011 in view of recent importation of wild poliovirus type 1: policy, strategies and actions**

Dr Eugene Gavrilin, Dr Galina Lipskaya

Discussion

12.00 – 12.30	**Regional Plan of Action to sustain polio-free status in 2011 – 2012** **Discussion of countries in high and medium risk of transmission following importation and actions** *(15 min. presentation and 15 min. discussion)* ***Dr Rebecca Martin***
12.30 – 13.30	Lunch
13.30 – 15.30	**Private meeting of the EUR/RCC** ***General discussion***
15.00 – 15.30	Coffee break

Plenary Session 5: Conclusion of the RCC and feedback to Member States

15.30 – 17.00	**Conclusion of the RCC and recommendations to Member States** ***Professor David Salisbury, RCC Chairperson***
17.00 – 17.30	**Closing plenary session**

Thursday, 25 August 2011

Private meeting of the RCC

09.00 – 10.00	**Conclusions, recommendations and follow-up from the 25th RCC** ***Professor David Salisbury, RCC Chairperson***
10.00 – 10.30	**Highlights from global and regional meetings** ***Dr Sergei Deshevoi***
10.30 – 11.00	***Coffee break***
11.00 – 11.30	**Update on planned simulation exercise on wild poliovirus outbreak in the European Region *(tentative)*** ***Dr Anita Blake, HPA***

11.00 – 12.30 **Operational issues:**

- **Date for next RCC meeting**
- **Review and amendments to format of updates**
- **Proposal for RCC members' participation in the regional activities**

12.30 **Adjourn**

Annex 2. List of Participants

RCC Members

Professor David M. Salisbury *(Chair)*

Professor Sergey Drozdov

Dr Donato Greco

Professor Tapani Hovi

Ms Ellyn Ogden

Professor Adolf Windorfer

Countries

Azerbaijan

NIP representative

Dr Rana Yusifi
Head
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Baku, Azerbaijan

Dr Sheyda Shikhaliyeva
Associate Professor
Chair of Microbiology and Epidemiology
State Institute of Post Graduate
Baku, Azerbaijan

NCC Member not attending

Bosnia and Herzegovina

NIP representative

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Assistant to the EPI Manager
Institute for Public Health of the
Federation for Bosnia and Herzegovina
Sarajevo, Bosnia and Herzegovina

NCC Member

Dr Drazenka Malicbegovic
Assistant Minister
Department of Health
Ministry of Civil Affairs
Sarajevo,Bosnia and Herzegovina

Bulgaria

NIP representative

Professor Mira Kojouharova
Deputy Director
National Centre of Infectious and Parasitic Diseases
Head, Department Epidemiology and CD Surveillance
National Consultant on Epidemiology
Sofia, Bulgaria

NCC Member

Professor Ivan Litvinenko
Head
Clinic at Specialized Hospital for
Active Treatment of Children's Diseases
Member of Certification Commission
for Polio Eradication
Sofia, Bulgaria

Georgia

NIP Manager

Dr Givi Azaurashvili
EPI Manager
National Center for Disease Control and Public Health
Tbilisi, Georgia

NCC Member

Professor Irakli V. Pavlenishvili
Vice-Rector and Chair, NCC for polio
Department of Pediatrics
Tbilisi State Medical University
Tbilisi, Georgia

Kazakhstan

NIP representative

Dr Aizhan S. Yesmagambetova
Deputy Chairman
Epidemiological Surveillance
Committee of State Sanitary
Epidemiological Surveillance, MoH
Astana, Kazakhstan

Dr Saltanat Tursunbekova
Chief Expert
Epidemiological Surveillance Unit
Committee of State Sanitary Epidemiolo-
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NCC member not attending

Kyrgyzstan

NIP representative

Dr Rakhat Kadyrova
Head
Department of Infectious Diseases
Bishkek, Kyrgyzstan

NCC Member

Dr Nurmuhamed Babadzhanov
Chief
Department of Neonatal Pathology
Bishkek, Kyrgyzstan

Russian Federation

NIP representatives

Dr Elena Ezhlova
Head
Department of Infectious Disease
Surveillance
Federal Service for Surveillance on
Consumer Rights Protection and Human Well Being
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NCC member not attending

Tajikistan

NIP Manager

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NCC Member

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Chairman
National Certification Committee
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Ministry of Health
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Turkey

NIP representative

Dr Umit Ozdemirer
Primary Health Care General Directorate
Ministry of Health
Ankara, Turkey

NCC Member

Prof Ufuk Beyazova
Chairman
National Certification Committee
Gazi University Medical Faculty
Department of Pediatrics
Besevler
Ankara, Turkey

Turkmenistan

NIP representative

Mrs Maral Aksakova
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Epidemiological Surveillance and
Parazitology Department
Ministry of Health
Ashgabat, Turkmenistan

NCC member not attending

Ukraine

NIP representatives

Dr Kostiantyn Legeza
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Sanitary and Epid.Surveillance
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Immunoprophylaxis Department
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NIP Manager

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EPI Manager
Ministry of Health
Tashkent, Uzbekistan

NCC Member

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Chief Specialist
Child Immunization
Research Institute of Paediatrics
Ministry of Health
Tashkent, Uzbekistan

Representatives

CDC

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HPA

Ms Anita Blake
Group Leader
Emergency Response
Health Protection Services
United Kingdom of Great Britain and Northern Ireland

Mrs Vanessa Middlemiss
Exercise Manager (Emergency Preparedness)
Emergency Response Department

Health Protection Agency
United Kingdom of Great Britain and Northern Ireland

UNICEF

Dr Oya Zeren Afsar
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UNICEF Regional Office for CEE/CIS
United Nations Children's Fund (UNICEF)
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Rapporteur

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Director
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World Health Organization

Headquarters

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Dr Dragan Jankovic
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Dr Galina Lipskaya
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Dr Ahmed Novo
BIH WHO Country Office
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Dr George Oblapenko
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Mr Georgy G. Pignastyy
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Support staff

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Vaccine-preventable Diseases and Immunization Programme

Ms Natasha Allen
Secretary
Vaccine-preventable Diseases and Immunization Programme

Ms Michelle Frederiksen
Secretary
Vaccine-preventable Diseases and Immunization Programme

Annex 3. Press Release

Press release issued by the WHO Regional Office for Europe

Polio kicked out of Europe: European Region to retain polio-free status, but constant vigilance is needed

Copenhagen, 25 August 2011

The European Regional Certification Commission for Poliomyelitis Eradication (RCC) announced yesterday that Europe will retain its polio-free status after the importation of wild poliovirus type 1 in 2010. At their 25th meeting in Copenhagen, Denmark this week, the RCC noted that wild poliovirus transmission has been interrupted. No new cases have been reported since September 2010 because countries have taken effective action.

Zsuzsanna Jakab, WHO Regional Director for Europe, commented, "The RCC decision is tremendous news for the Region and a credit to all the Member States and partners that individually, collectively and promptly combated the first and largest outbreak of poliomyelitis the Region has seen since it was declared polio free in 2002. I am also very pleased that the hard work and personal commitments of the presidents, prime ministers and health ministers have produced this success, which shows the importance and value of political commitment and joint action. The WHO Regional Office for Europe will continue to work with Member States so that Europe remains vigilant and the polio-free status of the Region is sustained".

In 2010, four countries, Kazakhstan, the Russian Federation, Tajikistan and Turkmenistan, reported 475 laboratory-confirmed cases of wild poliovirus type 1, with 30 deaths. At this week's meeting, all 53 countries in the WHO European Region, including those in which wild poliovirus circulated in 2010, provided evidence to help the RCC make an independent expert assessment of the sustainability of the polio-free status of the Region. The RCC reviewed this evidence to determine whether the European Region would keep its status as polio free. David Salisbury, Chairperson of the RCC, commended the response by Member States, especially their efforts to protect their populations and stop the transmission of the poliovirus. This was done through synchronized additional immunization activities, often involving nationwide vaccination campaigns.

The RCC recognized that Member States had satisfactorily adopted the recommendations made at their 24th meeting on 26–27 January 2011 in St Petersburg, Russian Federation. The RCC concluded that countries had provided sufficient evidence addressing immunization coverage and on the sensitivity of their polio surveillance systems, including establishing sustainable transport of specimens. There was therefore no need to recertify all 53 Member States of the WHO European Region or any subregion.

The RCC also acknowledged the contribution and technical support of the WHO Regional Office for Europe, the Global Polio Eradication Initiative partners and the Russian Federation, India and the United States Agency for International Development.

Bruce Aylward, WHO Assistant Director-General for Polio, Emergencies and Country Collaboration, commented: "The RCC's assessment is extremely important. At the same time, we are seeing critical progress in India, the source of last year's importations into the European Region, and where we have not seen a case in more than six months. Taken together, these two developments constitute strong evidence that polio eradication can be achieved rapidly, with sufficient financing and political will."

Globally, the effort to eradicate polio continues to face a critical funding gap of US$ 590 million through the end of 2012.

The Global Polio Eradication Initiative (GPEI) is spearheaded by WHO, Rotary International, the United States Centers for Disease Control and Prevention and UNICEF. Since 1988 (the year the GPEI was launched), the incidence of polio has been reduced by more than 99%. At the time, more than 350 000 children were paralysed every year in more than 125 endemic countries. So far in 2011, 325 cases have been reported worldwide (as of 16 August 2011). Only four countries remain endemic: Afghanistan, India, Nigeria and Pakistan.

More information on polio is available at: http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/poliomyelitis

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