Geneva,
25-26 April 2005

Report of the Ninth Meeting of the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC)

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Polio Eradication Initiative		

1. Introduction

In welcoming participants to this ninth meeting of the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC), Dr David Heymann, Special Representative of the Director General for Polio Eradication, announced that the DG/WHO had recently appointed Dr Anthony Adams as the new Chairman of the GCC. Dr Heymann welcomed Dr Adams in his new role as GCC chair and noted Dr Adams' extensive experience as chairman of the RCC in the Western Pacific, the second WHO Region following the Americas to be certified polio-free in the year 2000. Dr Heymann once again thanked Sir Joseph Smith, the outgoing chair of the GCC, on behalf of the DG, for the great leadership and guidance provided to the GCC.

Dr Heymann expressed his hope that the GCC would once again provide guidance to facilitate the successful continuation of the global and regional process towards eventual certification of poliomyelitis eradication. Dr Adams paid tribute to Dr Nath, eminent virologist, chairman of the South-East Asian Regional Certification Commission and GCC member, who died in February of 2004 . Dr Nath greatly contributed to establishing certification activities in the Region and to the work of the GCC.

GCC members attending the ninth meeting were:

- African Region: Dr Rose Leke, Chair, African Regional Certification Commission (RCC/AFR), Professor F. Nkrumah, Member, RCC/AFR;
- Region of the Americas: Dr C. de Macedo, Chair, Regional Commission for Laboratory Containment and Verification of Polio-Free Status in the Americas, Member, Western Pacific Regional Certification Commission (RCC/WPR); Dr W. Dowdle, for Dr Joseph Smith, Chair, European Regional Certification Commission, who was unable to attend;
- Eastern Mediterranean Region: Dr Ali Jaffar, Chair, Eastern Mediterranean Regional Certification Commission (RCC/EMR); Dr A. Deria, Member, RCC/EMR;
- European Region: Prof. S. Drozdov, Member, RCC/EUR;
- South-East Asian Region: Dr. Shah, Chairman, South East Asian Regional Certification Commission (RCC/SEAR);
- Western Pacific Region: Dr A. Adams, Chair, Western Pacific Regional Certification Commission (RCC/WPR) and Chair, GCC; Dr Wang Ke An.

2. Objectives

Main objectives of this ninth meeting of the GCC were:

(a) to review in detail the status of wild poliovirus transmission and its implications for certification;

(b) to evaluate progress towards regional certification in the polio-endemic Regions (AFR, EMR and SEAR), as well as activities to maintain polio-free status in the certified Regions (AMR, EUR and WPR);

(c) to inform the GCC about the detection of previously missed transmission in 2004 in west and central Africa and the Sudan, and discuss lessons learned regarding surveillance quality and implications for certification;

(d) to discuss progress and developments in laboratory containment of polioviruses;

(e) to brief the GCC on current activities to prepare for the eventual coordinated cessation of OPV use;

(f) to discuss GCC operating procedures, including GCC membership issues and GCC support for and relationship with RCCs.

3. Global status of polio eradication

- The GCC noted that some of the most important progress ever in the global polio eradication initiative has been made towards interrupting wild poliovirus transmission in the three endemic Asian countries: Afghanistan, India and Pakistan. In these countries, a marked increase in the frequency and quality of supplementary immunization activities (SIAs) reduced both the geographical extent of transmission and almost halved the number of cases in 2004 compared to 2003. The lowest-ever levels of virus transmission during a peak transmission season were recorded during the second half of 2004. Transmission levels in Asia for January – March 2005 remain very low.

- The GCC was still concerned, however, about the risks faced by the global polio eradication initiative towards interrupting wild poliovirus transmission, particularly in Africa. A total of 14 previously polio-free countries suffered importations in 2003-2004, which spread from the Nigeria-Niger endemic reservoir, most recently to Saudi Arabia and Ethiopia. Wild poliovirus transmission was re-established (i.e., transmission of an imported virus for 6 months or longer) in six previously polio-free countries: Burkina Faso, the Central African Republic, Chad, Côte d'Ivoire, the Sudan, and Mali.

- The GCC emphasizes the urgent need to maintain support for the continuation of essential surveillance and immunization activities to maintain polio-free status in polio-free countries. Governments and polio partners in certified Regions must be kept aware of the considerable ongoing risk of virus importations from endemic areas, and of the need to maintain surveillance and vaccination activities at a sufficient quality level to assure that the large investment made into polio eradication is not put at risk.

GCC decisions:

- *The GCC proposes that the DG/WHO appeals to all international polio eradication partners and to governments in polio-endemic countries, and in countries with re-established wild poliovirus transmission or recent virus importations, to maintain the highest possible level of support to assure that virus transmission is interrupted as soon as possible through high-quality supplementary immunization campaigns, and monitored by sufficiently sensitive AFP surveillance.*

- *The GCC specifically requests that, to raise awareness among member states of the urgency to interrupt transmission or to maintain polio-free status, polio eradication should become a standing agenda item for the World Health Assembly and for all WHO Regional Committee meetings, or other appropriate inter-country meetings. To facilitate this request, WHO/HQ should approach each of the Regional Directors directly.*

- *In view of the current polio situation affecting member states of both EMR and AFR in the Horn of Africa, the GCC suggests WHO/AFRO and WHO/EMRO consider to establish an inter-regional technical advisory group (TAG).*

4. Reports from the WHO Regions

African Region

The GCC appreciates the ARCC's successful efforts to maintain certification and containment activities in the Region, as well as the ARCC's efforts to balance certification work with the over-riding need to interrupt transmission. The GCC also notes the ongoing work in Africa to improve the quality of SIAs and AFP surveillance in the Region.

GCC decisions:

- *Noting the crucial importance of highest-level political support in African countries to assure that eradication activities are of the necessary quality, the GCC urges WHO and all polio partners to use any opportunity for advocacy with political leaders and health officials at the highest level.*

Region of the Americas (AMR)

The GCC commends AMR on having remained polio-free and improving routine immunization coverage since regional polio-free certification occurred 14 years ago.
The GCC also appreciates that the newly established Regional Commission for Laboratory Containment and Verification of Polio-free Status in the Americas (RCC/AMR) has held its first meeting in 2004, and that Dr Carlyle de Macedo, member of the GCC, was appointed as the chairman of the RCC/AMR.
The RCC/AMR has established terms of reference for National Containment Committees (NCCs) as well as procedures for review of surveillance and immunization activities in the Region.
The GCC is concerned about possible problems with the quality of the laboratory surveys and inventories for wild polioviruses already conducted in several countries. The upcoming workshop on containment quality assessment for NCC presidents in Guatemala will provide an opportunity to ensure the quality of laboratory containment work in the Region.

GCC decisions:

- *While recognizing the efforts made towards laboratory containment through establishing Regional and National groups for laboratory containment and verification of polio-free status, the GCC calls on WHO/AMR and national governments to give the necessary priority and attention to the work of RCC and NCCs, including the provision of resources.*

Eastern Mediterranean Region (EMR)

The GCC commends the RCC/EMR for their continued consistent work towards regional certification and laboratory containment. The review of provisional reports from endemic EMRO countries (Pakistan, Egypt, Afghanistan), or from countries in complex emergency situations such as Somalia, greatly helps NCCs and WHO country teams (Somalia) gain experience in assembling national certification documentation.

GCC decisions:

- *The GCC endorses the decision of the RCC/EMR to request the Sudan and Yemen, two countries affected by recent importations for which the RCC had already accepted full national certification documentation claiming polio-free status, to re-submit their entire national certification documentation, including updated documentation on containment activities, once the circulation of wild poliovirus has again been interrupted (see below).*
- *The GCC requests WHO, with support from the EMR Regional Polio TAG, to review the need for additional SIA rounds in EMR countries, particularly those where no SIAs were done for several years, to prevent spread of imported polioviruses. The GCC also suggests that WHO/EMR and WHO/AFR develop a joint consultative group to advise on how to optimize activities in the Horn of Africa (see section 1) above).*

European Region (EUR)

The GCC applauds the RCC/EUR for its continued consistent work towards maintaining the Region polio-free, and for guiding containment activities towards 100% completion of the lab inventory.

The GCC notes that high-risk sub-populations, such as the mobile Roma tribes, remain a serious concern in the Region.

GCC decisions:

- *The GCC endorses continued cooperation between EUR and EMR countries, particularly those previously coordinating their polio activities under operation 'MECACAR'.*

South East Asian Region (SEAR)

The GCC appreciates that certification and containment activities in SEAR have continued parallel to the intensive activities to interrupt wild poliovirus transmission in India. The GCC notes several remaining issues related to certification. First, the GCC was concerned to hear that written importation response plans have not yet been prepared for 7 of 11 countries. Second, Timor L'Este is now the only country in the Region with neither a National Certification Committee nor a laboratory containment group. The GCC also expresses its concern about the lack of comprehensive information from the Democratic Peoples Republic of Korea (DPRK).

GCC decisions:

- *All countries in SEAR should have plans of preparedness for importations. This plan proved to be very useful during a recent wild virus importation into Nepal, where it greatly helped to set up and implement timely response activities.*
- *Certification capacity should be established in Timor L'Este as soon as possible.*

Western Pacific Region (WPR)

The GCC notes that considerable progress has again been made to sustain polio-free status in the Western Pacific Region.

The completion of phase 1 laboratory containment of wild poliovirus infectious and potentially infectious materials, however, continues to be delayed and is still not finalized in Japan and China. However, Japan has now allocated considerable additional resources and is in the process of repeating the laboratory survey, and there has been initial encouraging progress in China.

GCC decisions:

- *The GCC requests a specific update on progress with laboratory containment of wild poliovirus infectious and potentially infectious materials in China at its next meeting.*

5. Quality of AFP surveillance

The GCC notes with great concern evidence suggesting that virus strains have circulated for 3-4 years in Central Africa and the Sudan without being detected through AFP surveillance. These surveillance 'gaps' – present to a lesser extent in other countries – may delay eradication and could undermine the programme's confidence in the reliability of AFP surveillance data, thereby compromising certification activities.

In 2-3 endemic countries, surveillance 'gaps' were found predominantly in areas with security problems and difficult access. In other countries, prolonged delays in detection of virus strains may have been associated with mobile, non-resident populations.

The GCC also notes that areas with low-performing surveillance at the sub-national level exist in most countries, including in many polio-free countries, often masked by good AFP indicators at the national level. Surveillance quality overall in 14 of 17 West African countries did not improve or even dropped, in the face of the ongoing epidemic, i.e. between 2002 and 2004.

As a result, surveillance systems, particularly in West and Central Africa, have missed locally circulating or re-introduced virus, or detected imported virus late.

An additional concern decreasing the reliability and usefulness of surveillance data is the fact that large proportions of AFP cases are incompletely investigated, particularly in some African countries. Often, important data points, such as the immunization status of cases, are missing, in some countries for up to 25% or more of all AFP cases.

GCC decisions:

- *To provide reliable data for polio eradication programmes, to facilitate eventual polio-free certification, and to reliably demonstrate the absence of wild virus transmission, the GCC emphasizes the following decisions as requirements and guidance for RCCs and NCCs:*

  - *At each RCC meeting, the secretariat should provide a comprehensive surveillance update for countries of the Region, including an analysis of possible sub-national surveillance gaps. Reports of AFP surveillance reviews are an excellent additional data source and should be made available to RCCs whenever appropriate.*

  - *Well-performing AFP surveillance systems in many countries regularly achieve non-polio AFP rates of 2/100.000 or higher. Achieving a non-polio AFP rate of 1/100.000, with adequate specimens collected from 80% or more of AFP cases, should be considered as a minimum standard. This standard, as a minimum, should also be achieved at the appropriate sub-national level in all countries.*

  - *Basic surveillance tasks, such as the conduct and documentation of a complete case investigation, must be carried out fully. Key data points, such as date of paralysis onset, age, immunization status, and final classification , should be available for the large majority (i.e. 85%+) of AFP cases.*

  - *Hard-to-access or mobile populations should be identified and mapped for surveillance purposes; this includes populations in security-affected areas, or nomadic and other moving populations, with their routes of movement. Specific surveillance strategies should be defined for these special groups.*

6. Immunity levels and immunization activity

The GCC continues to be concerned about low routine vaccination coverage in many countries, including in polio-free countries which have stopped conducting supplementary immunization activities (SIAs).

The GCC notes that accurate assessments of the immunity level in a population will be increasingly important, both for evaluating the quality of SIAs, detecting immunity 'gaps', and assembling background material for eventual polio-free certification.

GCC decisions:

- *The GCC reemphasizes the continuing need to maintain high levels of immunity against polioviruses in young children in polio-free countries.*

- *The GCC suggests that NCCs, in assembling data on the achievements of both routine and supplementary immunization activities at the national level, utilize all available data, including SIA post-campaign assessments, analyses of the immunity profile of AFP cases, results of convenience surveys for 'missed children', and coverage survey results.*

7. Importation preparedness

The importation of wild poliovirus into many previously polio-free countries of West and Central Africa, the Sudan, Saudi Arabia, Yemen and Indonesia (2005) shows the ease with which wild poliovirus is transmitted across international borders and proves that no country is safe from importations. Delays in detection and early response to many of these importations demonstrates the importance of being well prepared for such an event.

GCC decisions:

- *The GCC reaffirms that each country must maintain and regularly update a plan for importation preparedness, and that RCCs and NCCs should closely examine regional and country experience and competence in rapidly detecting and responding to importations.*

- *Countries which have submitted certification documentation, but suffered importations, should resubmit documentation, including that on phase I laboratory containment, after at least 12 months have passed since detection of the last virus. In countries where wild poliovirus transmission was re-established, plans should be made to resubmit the entire documentation at least 1 year and possibly up to 3 years after cessation of transmission. The GCC will take final decisions on which time interval is required as additional information from such countries becomes available.*

8. Other issues

It is now clear that outbreaks will continue to occur if attenuated OPV polioviruses are routinely reintroduced after the transmission of wild polioviruses has been interrupted globally.

As a result, preparations are now being intensified for synchronous OPV cessation soon after wild virus transmission has been interrupted. . The GCC was informed in detail about the ongoing work to prepare for the eventual globally coordinated cessation of OPV use. In this context, the GCC also once again reviewed its own terms of reference and mandate.

GCC decisions:

- *The GCC endorses the importance of, and looks forward to, further updates on the programme of work towards stopping the use of OPV and to eliminate in the long term the use of wild polioviruses in vaccine production, quality assurance and control activities, and diagnosis.*

- *The GCC affirms its mandate as certifying the interruption of transmission of wild polioviruses and completion of Phase II of wild poliovirus laboratory containment globally.*

NINTH MEETING OF THE GLOBAL COMMISSION FOR THE CERTIFICATION OF THE ERADICATION OF POLIOMYELITIS

WHO, Geneva, Salle B, 25-26 April 2005

AGENDA

Monday, 25 April

08:30 - 09:00	Registration	
09:00 - 09:05	Welcome	*WHO*
09:05 - 09:15	Objectives of the ninth GCC meeting	*GCC Chair*
0915: - 09:45	Implementation status of key decisions arising from the 8th GCC meeting	*WHO*
09:45 - 10:30	Status and strategic priorities for interrupting wild poliovirus transmission in Asia and Africa	*WHO*
10:30 - 11:00	**COFFEE BREAK**	
11:00 - 11:45	Issues arising from 2004 RCC meetings in the African, Eastern Mediterranean and South East Asian Regions	*RCC chairs*
11:45 - 12:30	Issues arising from 2004 RCC meetings in the European and Western Pacific Regions, and from the first meeting of the Regional Containment Commission in the Americas	*RCC chairs*
12:30 - 13:30	**LUNCH**	
13:30 - 14:30	Detection of previously missed transmission viruses in 2004 - lessons learned regarding surveillance quality and implications for certification	*WHO*
14:30 - 15:30	Laboratory containment I - current progress with phase I activities - phase I documentation and review process	*WHO*
15:30 - 16:00	**COFFEE BREAK**	
16:00 - 16:30	Laboratory containment II - major issues and timeline for the development of Global Action Plan III (esp. containment of SABIN strains)	*WHO*

Tuesday, 26 April

9:00 - 10:00	OPV cessation and implications for the the certification timeline - Rationale, risks, strategies & timelines for OPV cessation	*WHO*
10:00 - 10:30	Discussion - OPV cessation	
10:30 - 11:00	**COFFEE BREAK**	
11:00 - 12:00	GCC operating procedures and GCC support for and relationship with RCCs	*GCC chair*
12:00 - 12:30	Calendar of polio events and GCC activities 2005/06	*WHO*
12:30 - 13:30	**LUNCH**	
13:30 - 15:00	Discussion of draft GCC decisions	*GCC chair*
15:00 - 15:30	**COFFEE BREAK**	
15:30 - 16:00	Finalization of GCC decisions and closing	

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