WORLD HEALTH ORGANIZATION | **ORGANISATION MONDIALE DE LA SANTE**

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BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

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ERADICATION OF POLIOMYELITIS IN THE REGION: PROGRESS REPORT

The last wild-poliovirus-associated poliomyelitis case in the Western Pacific Region had onset of illness on 19 March 1997 and countries are therefore becoming increasingly confident that the transmission of wild poliovirus in the Region has been interrupted.

In 1998, a total of 6404 cases of acute flaccid paralysis (AFP) were reported in the Region (data as at 31 March 1999). Of these, 5507 (86%) had two stool specimens collected within two weeks of the onset of paralysis. However, after these were examined in accredited laboratories, no wild poliovirus was isolated. High-quality surveillance is being maintained throughout the Region.

During the 1998–1999 winter season, Cambodia, China, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam conducted Subnational Immunization Days (SNIDs) in high-risk areas.

The Regional Certification Commission met for the third time in Brunei Darussalam in August 1998. At its fourth meeting in Manila in August 1999, progress reports for all countries and areas will be reviewed.

All countries and areas are asked to ensure that AFP and virological surveillance is sustained at the levels of quality required for certification, which is expected to take place at the end of 2000. In addition, supplementary immunization will continue in high-risk areas to protect against the potential effects of importation of wild poliovirus from other regions.

1. INTRODUCTION

At its thirty-ninth session in September 1988, the Regional Committee for the Western Pacific adopted resolution WPR/RC39.R15 on the eradication of poliomyelitis in the Region by 1995. Resolution WPR/RC41.R5 called for an annual report on eradication, and WPR/RC42.R3 and WPR/RC44.R4 proposed ways to accelerate the programme. Rapid progress has been made towards the eradication of poliomyelitis in the Region.

In May 1999, the Fifty-second World Health Assembly reaffirmed WHO's commitment to the global eradication of poliomyelitis by the end of the year 2000 (Annex 1).

2. PROGRAMME ACTIVITIES

2.1 Strengthening of routine immunization activities

In 1997, the regional coverage for oral poliovirus vaccine (OPV3) was 96%. Most countries have sustained a high level of coverage for all Expanded Programme on Immunization (EPI) antigens, or consolidated the gains in coverage made in recent years (Figure 1) while simultaneously carrying out poliomyelitis eradication activities.

2.2 Supplementary immunization activities

Although no wild poliovirus has been detected since 19 March 1997, countries continued to conduct supplementary immunization in the form of Subnational Immunization Days (SNIDs) in high-risk areas (Table 1). During the winter season 1998–1999, Cambodia, China, the Lao People's Democratic Republic, Papua New Guinea, Philippines and Viet Nam conducted SNIDs.

2.3 Poliomyelitis surveillance

As at 31 March 1999, 6404 AFP cases with onset in 1998 were reported in the Region, 86% had two stool samples taken within 14 days of onset. Surveillance activities were intensified throughout 1998 (Table 2). As a result, even though over 12 000 AFP cases have been investigated throughout the

Region since the onset of the last poliomyelitis case on 19 March 1997, no new cases of poliomyelitis have been detected.

The regional total for poliomyelitis is therefore zero cases for 1998 (Figure 2), under conditions of high-quality surveillance. Nevertheless, it has been the experience in the Western Pacific Region that the efforts to eradicate the last few remaining wild polioviruses are far more intense than those required at the beginning of the poliomyelitis eradication initiative (Figure 3).

2.4 Coordination within the Region and with other Regions

Recognizing the need for coordination to prevent and control communicable diseases in border areas, three bi-regional meetings which included poliomyelitis eradication, have been held between the Western Pacific and South-East Asia Regions.

There have also been three meetings on poliomyelitis eradication in the border areas of China and Myanmar to address policies and strategies along the two countries' shared border.

Cambodia and Viet Nam will conduct SNIDs in their high-risk areas, which include their common borders, in November and December 1999.

2.5 Certification of poliomyelitis eradication

During the third meeting of the Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific in Brunei Darussalam in August 1998, the national plans of action of recently-endemic countries and progress reports from non-endemic countries and the Pacific island countries and areas were reviewed and approved.

The fourth meeting of the Regional Certification Commission will be held in Manila in August 1999, and will review progress reports from all countries in the Region and guidelines for the safe handling and containment of polioviruses.

2.6 Vaccine quality

The Regional office is actively collaborating with centres of excellence for vaccine production and quality control. Technical support is being provided to several countries, in particular China, the Philippines and Viet Nam. The major focus continues to be on the strengthening of national regulatory authorities.

2.7 Resource requirements

The governments of the countries in the Region have provided the largest share of the resources needed for poliomyelitis eradication. However, the rapid success of the eradication initiative would not have been possible without the support of many international partners.

These partners include UNICEF, the Governments of Australia, Japan, Malaysia, the Republic of Korea and the United States of America through the Centers for Disease Control and Prevention in Atlanta; and the Agency for Cooperation in International Health, Rotary International and Rotary International Districts 2650 and 2640 of Japan. While the costs of providing vaccine for supplementary immunization are decreasing, the costs of sustaining surveillance during the certification period will remain the same, even though wild poliovirus no longer circulates in the Region.

From 1992 to 1998, a total of US$ 47.9 million has been provided by international partners for the purchase of OPV for supplementary immunization, up to and including the winter season 1998–1999 (Figure 4).

In addition to the provision of vaccine, US$ 20.92 million for staff, supplies and equipment, and operational costs for surveillance and NIDs/SNIDs has been committed by partners since 1992 (Figure 5).

2.8 Major issues in poliomyelitis eradication

Even though there is much evidence that indigenous transmission of wild poliovirus has ceased in the Region, all countries are faced with the challenge of maintaining high-quality AFP and virological surveillance not only until regional certification has been achieved, but until poliomyelitis has been eradicated globally. In addition, supplementary immunization will still be required in some high-risk areas.

During the next 12 months, all countries will be compiling the documentation needed to allow the Region to be certified as poliomyelitis-free in late 2000. The safe laboratory containment of wild polioviruses must then be ensured. This process will begin with surveying laboratories and compiling inventories.

3. FUTURE ACTIVITIES

3.1 Supplementary immunization

Although there has been no indigenous wild poliovirus reported in the Region since 19 March 1997 under conditions of high-quality surveillance, supplementary immunization with OPV will continue in high-risk areas in 1999 and 2000, though at much reduced intensity. Cambodia, China, the Lao People's Democratic Republic and Viet Nam will conduct SNIDs in areas considered to be at high risk. High-risk areas include border areas with other regions, urban areas with mobile populations and parts of the Mekong delta. There are no further plans to conduct extra rounds of High-Risk Response Immunization (HRRI). From 1999 onwards, HRRI will only be used if there is evidence that wild poliovirus has been re-introduced into the Region.

3.2 Laboratory and acute flaccid paralysis surveillance

All countries will continue regular weekly or monthly analysis of new AFP surveillance data, with particular focus on under-reporting areas to ensure that high-quality surveillance is being carried out nationwide. Continued support is needed to maintain AFP surveillance and the laboratory network at the levels required for certification. All laboratories will continue to undergo annual accreditation reviews.

After wild poliovirus has been eradicated globally, the only potential source of these viruses will be material stored at laboratories. A Regional Plan of Action and Timetable for Safe Handling and Maximum Laboratory Containment of Wild Polioviruses and Potentially Infectious Materials has been prepared.

3.3 Certification of poliomyelitis eradication

The certification process is on track for the Western Pacific Region to be certified as poliomyelitis-free by the end of 2000. There will be further meetings of the Regional Certification Commission in 1999 and 2000 to review progress reports and documentation on the poliomyelitis-free status of every country in the Region. When all countries have submitted satisfactory documentation consistent with the absence of wild poliovirus for three consecutive years, the Regional Certification Commission will declare the Region to be poliomyelitis-free.

Figure 1. Reported poliomyelitis cases and OPV3 coverage, Western Pacific Region, 1974-1998

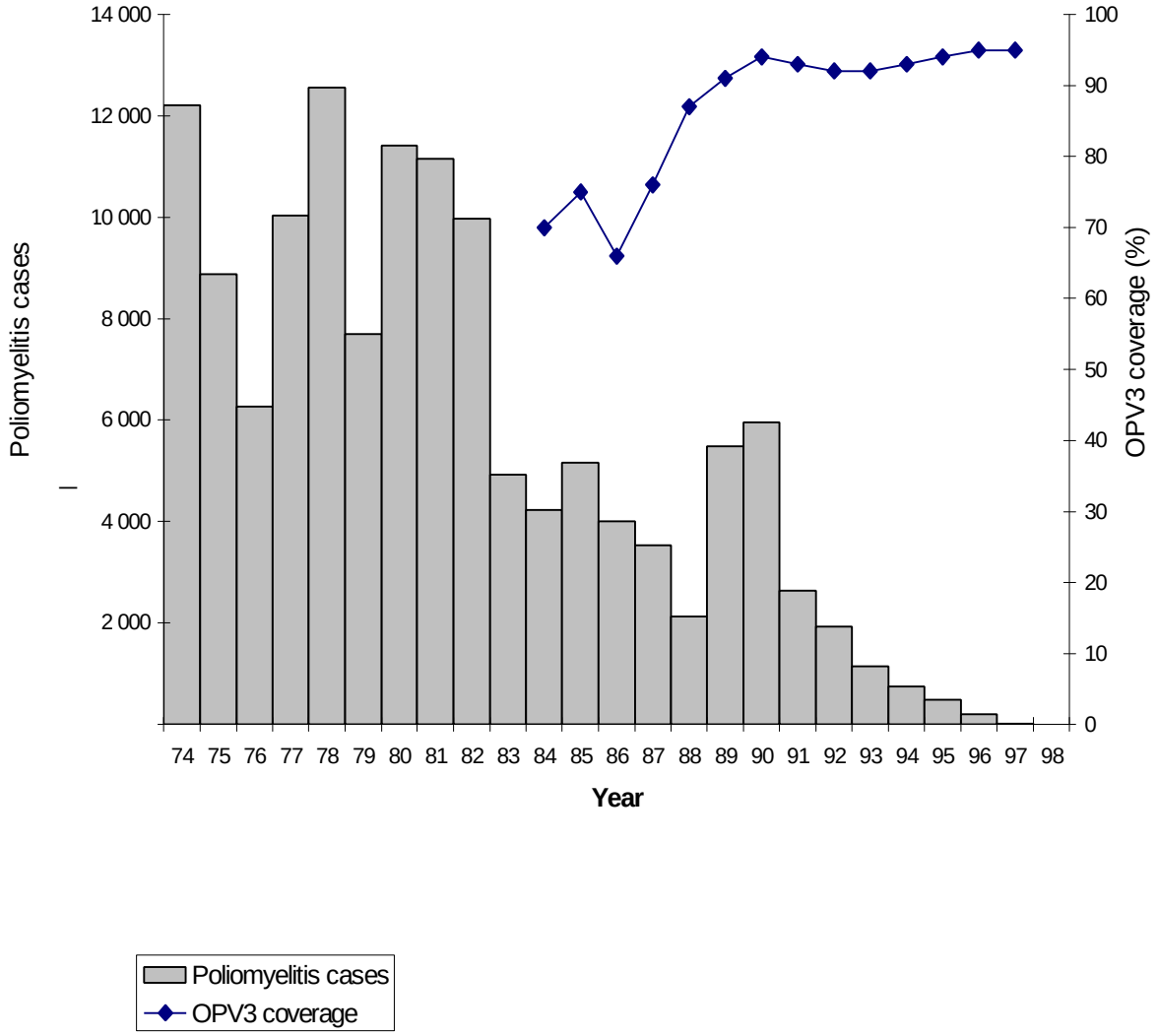


Tableau 1. Journées nationales et locales de vaccination et vaccinations dans les zones à haut risque, Région du Pacifique Occidental,[a] 1992-1998

Pays	JLV	JNV	Couverture (%)	Autres antigènes et suppléments	Nombre de vaccinés par JNV immunized per	Total des VHR	Epoque des VHR	Nombre de vaccinés
Cambodge	2	4	95	Vitamine A	1,9 million	2	Mai/juin 1997 février /mars 1998	1 million
Chine	5	3	>90	-	70–83 millions			
Mongolie	2	3	97	Diphthérie, anatoxine tétanique, rougeole	300 000			
Papouasie-Nouvelle-Guinée	2	1	80	Rougeole, anatoxine tétanique	600 000			
Philippines	2	5	>90	Vitamine A, anatoxine tétanique, rougeole	9,9 millions			
République démocratique populaire lao	2	5	>80	Vitamine A, rougeole, DTC	650 000	1	Mai/juin/juillet 1997	75 000
Viet Nam	2	5	>90	Vitamine A, anatoxine tétanique, rougeole	9,7 millions	2	Mai/juin/juillet 1997 mars/avril 1998	1 million
TOTAL	17	26			93–106 millions	5		2,075 millions

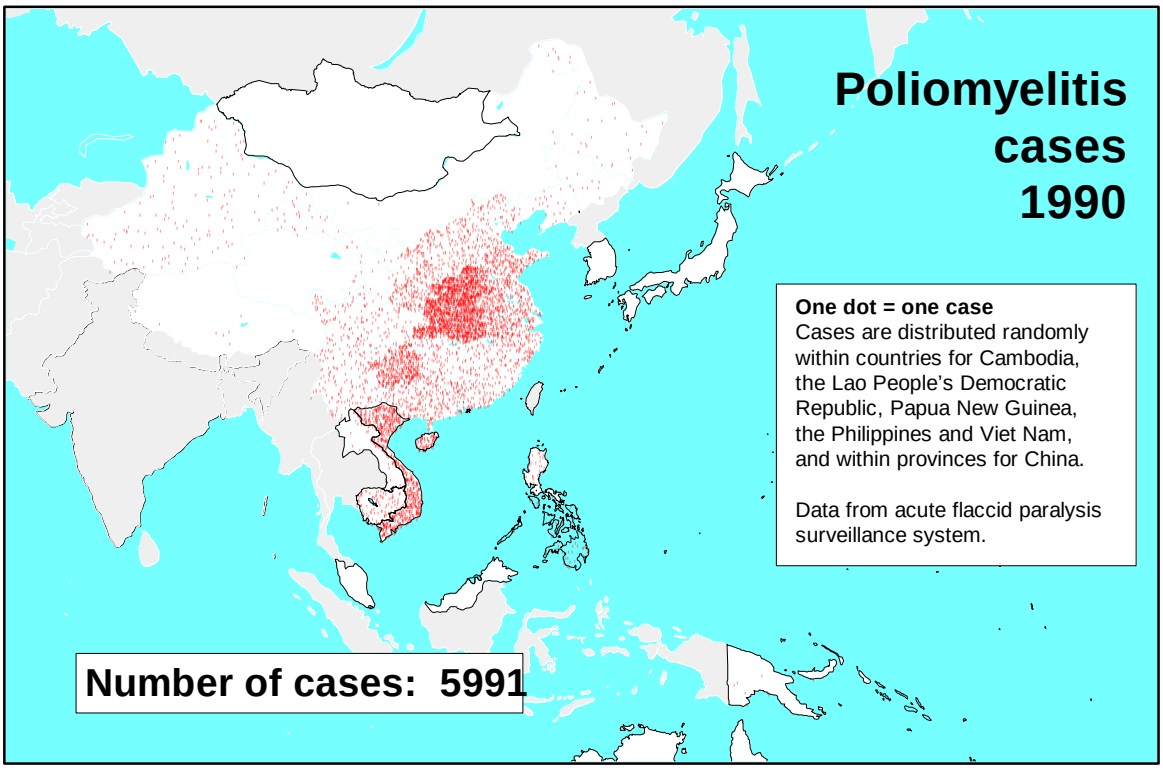
[a] Chiffres au 30 avril 1999

Tableau 2. Nombre de cas de PFA notifiés, de cas de poliomyélite confirmés et de cas associés au poliovirus sauvage, 1992–1997

Pays	Nombre total de cas de PFA notifiés						Confirmations (virologiques et/ou cliniques) de poliomyélite						Isolements de poliovirus sauvages					
	1993	1994	1995	1996	1997	1998	1993	1994	1995	1996	1997[b]	1998	1993	1994	1995	1996	1997	1998
Cambodge	135	302	183	132	178	170	135	297	130	83	8	0	4	33	17	15	8	0
Chine	1818	3092	4802	4376	4767	5051	538	307	165	3	0	0	101	6	1[a]	3[a]	0	0
Îles du Pacifique	0	1	3	6	12	5	0	0	0	0	0	0	0	0	0	0	0	0
Malaisie	1	17	13	32	86	85	0	0	0	3	0	0	0	0	0	0	0	0
Mongolie	n.c.	n.c.	0	19	18	27	2	0	0	0	0	0	n.c.	n.c.	0	0	0	0
Papouasie-Nouvelle-Guinée	16	13	13	22	39	33	0	2	1	6	0	0	0	0	0	0	0	0
Philippines	88	127	153	175	293	264	15	11	40	80	0	0	7	0	0	0	0	0
République démocratique populaire lao	9	11	16	41	76	87	7	6	8	21	0	0	0	0	0	1	0	0
Viet Nam	607	353	467	494	463	635	452	121	137	2	1	0	157	35	13	2	1	0
Autres	1	1	0	3	31	47	0	0	0	0	0	0	0	0	0	0	0	0
Région du Pacifique occidental	**2675**	**3917**	**5650**	**5300**	**5963**	**6404**	**1149**	**744**	**481**	**198**	**9**	**0**	**269**	**74**	**31**	**21**	**9**	**0**

Dernières données disponibles, provenant du Système d'information PEV informatisé du Bureau Régional, au 31 mars 1999
n.c. non connu
[a] virus sauvage importé en Chine.
[b] Les pays sont passés de la classification clinique à la classification virologique des cas.

Figure 2. Geographical distribution of poliomyelitis cases in 1990 compared to zero poliomyelitis cases in 1998, Western Pacific Region



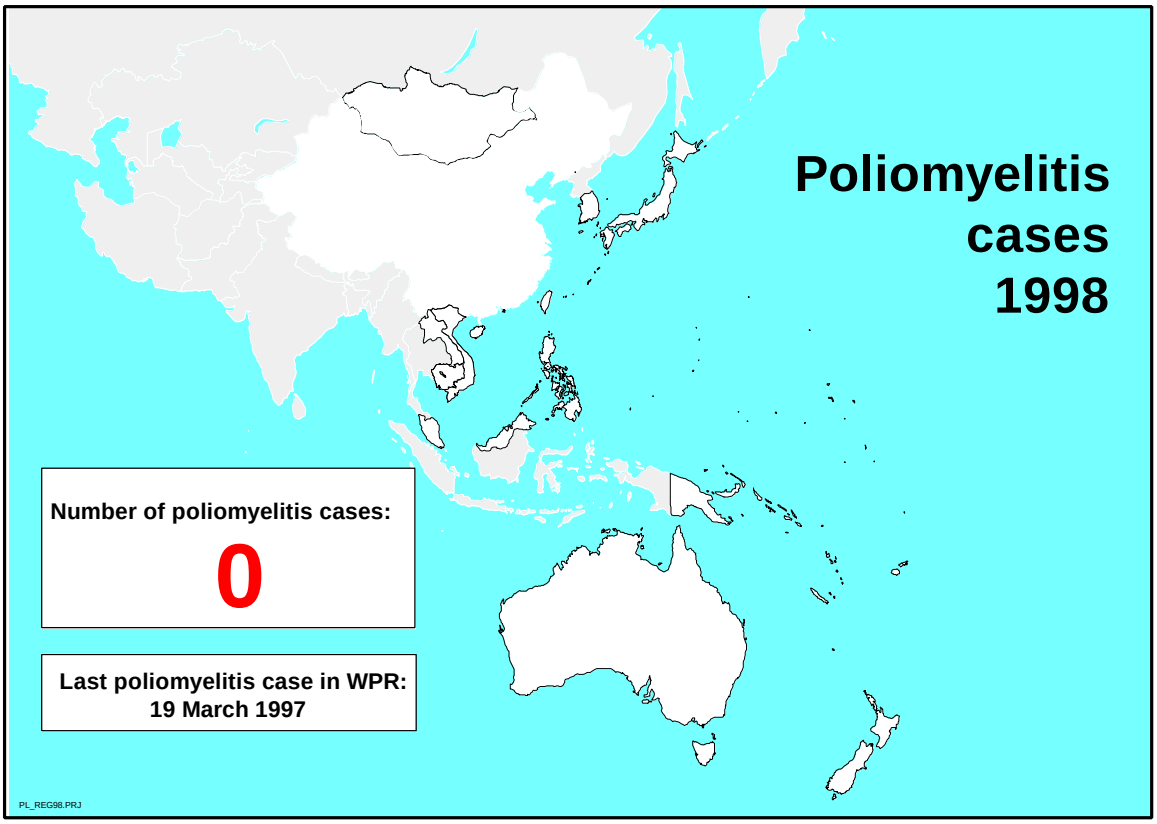
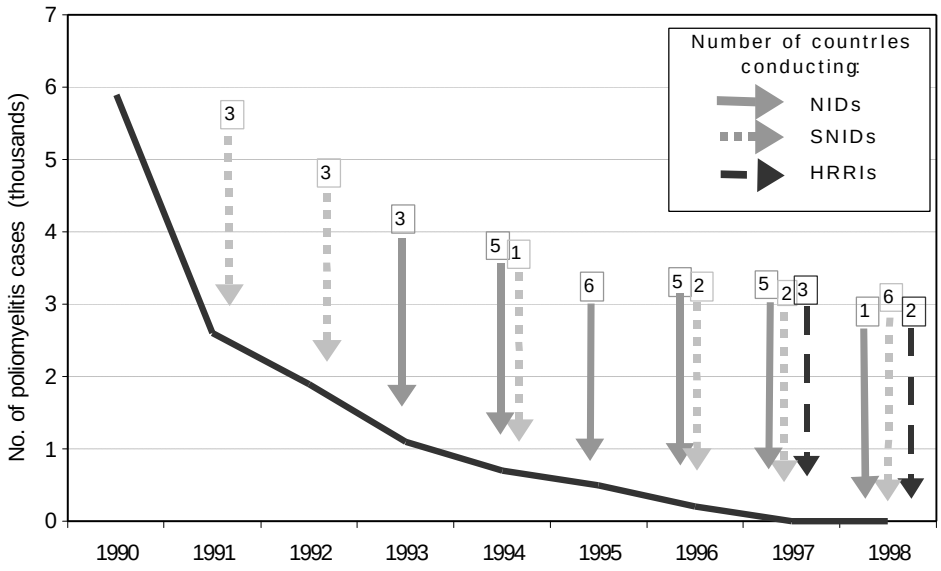
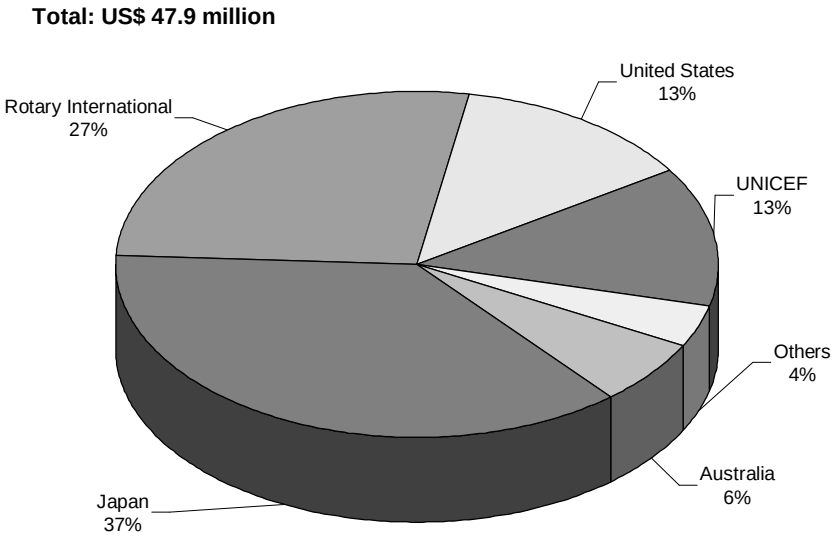


Figure 3. Supplementary immunization in Western Pacific Region intensifies during the last stages of poliomyelitis eradication, 1990-1998*



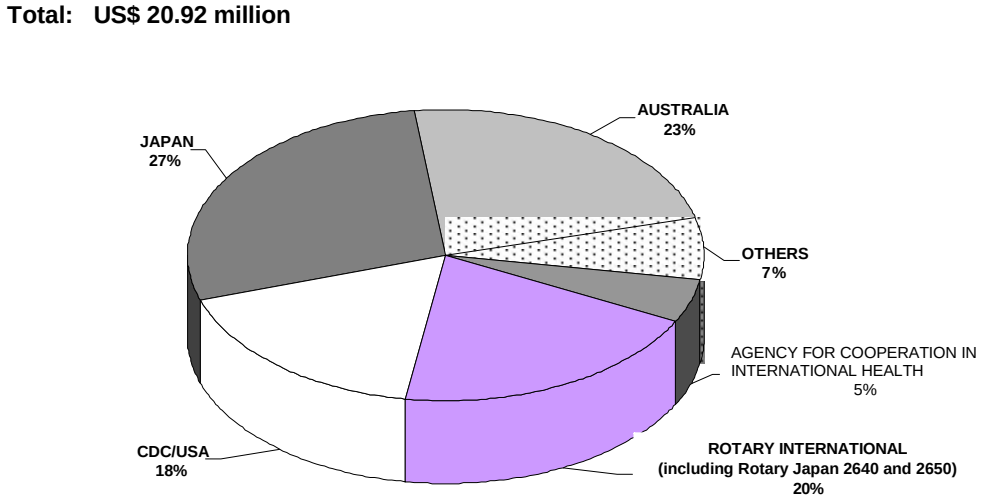
Data from Regional Office Computerized EPI Information System, as of 30 April 1999.

Figure 4. Partner support for oral poliovirus vaccine requirements, Western Pacific Region, 1992–1998



Data as of 1 June 1999; includes committed as well as received funds.

Figure 5. Partner support for operational and surveillance requirements for poliomyelitis eradication, Western Pacific Region, 1992–1998



Data as of 1 June 1999, includes committed as well as received funds.

FIFTY-SECOND WORLD HEALTH ASSEMBLY **WHA52.22**

Agenda item 13 **25 May 1999**

Poliomyelitis eradication

The Fifty-second World Health Assembly,

Reaffirming WHO's commitment to the global eradication of poliomyelitis by the end of the year 2000;

Recognizing that substantial progress has been made towards eradication of poliomyelitis, with large geographic areas of the world now free of the disease, and a fall of 85% in annually reported cases since global eradication began in 1988;

Noting that, as of May 1999, poliomyelitis remains endemic in a number of countries of southern and western Asia and the African continent, some of which are either affected by conflict or constitute densely populated wild poliovirus "reservoirs";

Realizing that civil strife and funding shortfalls represent the two major obstacles to achieving poliomyelitis eradication;

Affirming that poliomyelitis eradication will have humanitarian and economic benefits for all countries,

1. URGES poliomyelitis-endemic Member States to accelerate eradication activities by conducting additional immunization rounds each year, on either a national or subnational basis; to improve the quality of national immunization days by ensuring that every child is reached; to implement house-to-house "mopping-up" campaigns; and to enhance surveillance by ensuring that all cases of acute flaccid paralysis are detected and promptly investigated;

2. URGES poliomyelitis-free Member States:

(1) to sustain high levels of immunization coverage until eradication is certified globally;

(2) to maintain high quality surveillance for importation of wild poliovirus and establish action plans for rapidly responding to such events;

3. URGES all Member States:

(1) to mobilize the human and financial resources necessary to accelerate eradication in poliomyelitis-endemic countries;

(2) to support the peace-building process by facilitating ceasefires for national immunization days in countries affected by conflict;

(3) to support the work of the poliomyelitis eradication initiative in strengthening health systems and services;

(4) to begin, in collaboration with WHO, the process leading to the laboratory containment of wild poliovirus in maximum containment laboratories;

4. REQUESTS the Director-General:

(1) to urge all partners to facilitate acceleration of the initiative to eradicate poliomyelitis during the critical period 1999 to 2001;

(2) to facilitate, when necessary, coordinated mass immunization activities in bordering areas of Member States and WHO regions;

(3) to collaborate with other organizations of the United Nations system and other international bodies in arranging ceasefires for poliomyelitis eradication and facilitating eradication activities in countries affected by conflict;

(4) to help mobilize the necessary financing to implement eradication activities, including establishment of an emergency fund to meet the needs of countries affected by conflict, countries classified as major wild poliovirus reservoirs, and other countries in particularly difficult circumstances, and to draw upon the strengths of the regional offices in the use of these resources;

(5) to collaborate with Member States in the establishment of a mechanism for overseeing the process of laboratory containment of wild poliovirus in maximum containment laboratories;

(6) to facilitate ongoing research to define the optimum strategy for eventually stopping immunization against poliomyelitis.

Tenth plenary meeting, 25 May 1999
A52/VR/10

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