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ERADICATION OF POLIOMYELITIS IN THE REGION

In 1990, the Regional Committee asked the Regional Director to report annually on poliomyelitis eradication in the Western Pacific Region.

No indigenous transmission of wild poliovirus has been detected in the Region since March 1997, under conditions of good quality surveillance. However, an importation of wild poliovirus into China was detected in October 1999, which resulted in a case of paralysis. The fact that the case was detected quickly indicates that the surveillance system in China is functioning well. Following major surveillance and supplementary immunization activities, it was determined that this was an isolated case due to importation of wild poliovirus.

The quality of data available from countries is in general very good. Overall, high quality surveillance for acute flaccid paralysis has been maintained, and laboratory performance has been of a very high standard. The Region has a good chance of meeting the requirements established by the Regional Certification Commission, and of being declared free of indigenous wild poliovirus before the end of 2000. However, the achievement of regional poliomyelitis-free status is not the end of poliomyelitis eradication activities. Rather, it should be considered a milestone on the road to global eradication. Until this is achieved, the highest quality surveillance must be maintained to ensure any importation of wild poliovirus from endemic countries and areas outside the Region is rapidly detected. Additionally, the highest possible routine immunization coverage of infants should be maintained to ensure high population immunity.

This annual report is presented for the information of the Regional Committee and for discussion at its fifty-first session.

1. CURRENT SITUATION

No indigenous transmission of wild poliovirus has been detected in the Region since March 1997, under conditions of good quality surveillance. However, there has been an importation of wild poliovirus into China which was detected in October 1999, and which resulted in a case of paralysis. The response to the importation by the Government of China has been extensive and appropriate and the fact that the case was rapidly detected indicates the strength of the surveillance system. The Tenth Meeting of the Technical Advisory Group on the Expanded Programme on Immunization and Poliomyelitis Eradication, held in Manila in April 2000, reviewed the situation with respect to poliomyelitis eradication in the Region, including the recent importation in China, and made a number of technical recommendations with respect to surveillance quality, the risk of importation of wild poliovirus, and the maintenance of poliomyelitis-free status. The Fifth Meeting of the Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific Region was held in August 2000 to review submissions by Member States, and the Commission will meet again in October 2000 to decide on whether or not the Region can be declared free of indigenous wild poliovirus.

The quality of data available from countries is in general very good. Overall, high quality surveillance for acute flaccid paralysis (AFP) has been maintained, and laboratory performance has been of a very high standard. All recently endemic countries[1] have attained or are very close to attaining certification-standard levels of AFP detection, and six of the eight countries have attained or are close to attaining certification standards for stool specimen collection.[2] A wide range of special surveillance activities has been carried out to supplement data from the AFP surveillance system in all recently endemic countries.

Non-endemic countries have also made major efforts to develop appropriate surveillance systems and to supplement these systems with additional data. Available data has in general been appropriately analysed and documented. The Region has a good chance of meeting the requirements established by the Regional Certification Commission, and of being declared free of indigenous wild poliovirus before the end of 2000.

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[1] Cambodia, China, the Lao People’s Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines and Viet Nam.

[2] Cambodia, China, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam.

Poliomyelitis eradication in the Western Pacific Region is described in more depth in *The Work of WHO in the Western Pacific Region: 1 July 1999–30 June 2000* (pp. 3–6).

2. ISSUES

1. Despite the high overall quality, surveillance quality is not uniform within countries and there are still areas of low performance. Uneven surveillance quality carries risks for the maintenance of poliomyelitis-free status and all countries must be made aware of this.

2. Documentation of special surveillance activities is improving but remains in general less than adequate. The Regional Commission has indicated that any country not meeting certification level standards for surveillance must provide appropriate supplementary surveillance information. Good documentation of supplementary surveillance activities will be needed to strengthen the data of low performing areas in all countries, but particularly those recently endemic countries that are not yet reaching certification standards for surveillance.

3. The maintenance of poliomyelitis-free status requires very high quality surveillance, high quality laboratory performance, and high immunization coverage of children. The achievement of poliomyelitis-free status in the Region is not the end of poliomyelitis eradication activities. Rather, it should be considered a milestone on the road to global poliomyelitis eradication. Until global eradication is achieved, the highest quality surveillance must be maintained to rapidly detect any importation of wild poliovirus from endemic countries and areas outside the Region.

4. In many countries there are pockets of low immunization coverage. Routine immunization coverage rates of children must be maintained at uniformly high levels to ensure good population immunity without pockets of low coverage, and to lower the risk of importation or transmission following importation. Routine immunization of infants is now of the highest importance in maintaining population immunity against poliomyelitis, and the primary focus of all countries should be on achieving and maintaining the highest possible routine immunization coverage of each birth cohort.

5. There is a continuing risk of importation of wild poliovirus from endemic areas outside the Region into countries that are poliomyelitis-free. The recent episode of importation of wild

poliovirus into central China demonstrates that the danger of importation cannot be overemphasized. All countries in the Region, whether recently endemic or poliomyelitis-free for many years, are at risk of importation and maximum vigilance must be maintained.

3. ACTIONS PROPOSED

Following on from the recommendations of the Technical Advisory Group and the Regional Certification Commission, the following actions are proposed for consideration by Member States.

1. All countries must strive to meet or maintain certification-standard surveillance quality, and to strengthen the quality of their data through supplementary surveillance activities where necessary, to ensure that the criteria for certification of the Region as free of indigenous wild poliovirus are met and continue to be met.

2. Maintenance of timely, high-quality surveillance at both national and subnational levels is essential to maintain poliomyelitis-free status. In particular, surveillance must be capable of rapidly detecting any importation of wild poliovirus, enabling a speedy response. All countries should continue to place significant emphasis on poliomyelitis eradication activities, in particular surveillance, until certification of global eradication is achieved.

3. The achievement and maintenance of the highest possible levels of routine immunization coverage of infants is the best barrier to transmission if there is any importation and all countries should strive for the highest possible routine coverage, particularly among under-immunized groups.

4. Following the example of China, countries should ensure that information on importations should be rapidly disseminated through WHO to ensure appropriate national and international response, and to ensure that partner agencies can be mobilized early enough to provide effective support.