AFP ALERT

NATIONAL POLIO SURVEILLANCE PROJECT

World Health Organization
COUNTRY OFFICE FOR India

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FROM THE DESK OF WHO REPRESENTATIVE TO INDIA

Dear colleagues,

It was an extremely proud moment when Martha Dodray, a health worker from Darbhanga, Bihar was conferred the Global Leadership Award by the UN Foundation and the United Nations Association of the United States of America.

Ms Dodray represented the worldwide frontline polio workers to receive the award. These awards recognize individuals and organizations for their outstanding leadership in furthering the purposes of the United Nations Charter and advancing UN causes—from global health and economic development, to human rights and environmental sustainability. It is people like Martha who have gone beyond their call of duty and taken this crusade to fight polio. The award celebrates her, it also celebrates you as it is a recognition and acknowledgement of the work that each one of you in the field does in the fight against polio. I salute this indomitable spirit. It has brought us to the brink of an historic moment.

However, we simply cannot let our guard against polio down as the risk of wild poliovirus importation looms large in view of new outbreaks in the erstwhile polio-free regions. We have to ensure that surveillance in India remains sensitive, population immunity against polio is maintained at high levels and the country is in a state of preparedness to respond to any wild poliovirus importation.

The South-East Asia Region of WHO is gearing up for polio-free certification in March 2014. The South-East Asia Regional Commission for Certification of Poliomyelitis Eradication, in its recent meeting at Kathmandu, appreciated the progress made in laboratory containment by the national task force in India.

Though measles vaccination was universalised throughout the country in 1985, it still remains a leading cause of childhood deaths in India, contributing about one-third of estimated global measles deaths. In a major development, in September 2013, the South-East Asia Region of WHO, including India, resolved to eliminate measles by 2020. With this development, every region in the world now has an elimination goal for measles.

Our progress in the past is commendable and I thank each one of you for contributing to our successes. I also strongly believe that the motivation to maintain the pace of progress in the future will not diminish.

In the new year, let us resolve to keep the fire within burning strong to continue our successful journey. Best wishes for the new year to you and to your family.

Dr Nata Menabde

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SPECIAL POINTS OF INTEREST

- India - From Measles Control to Elimination by 2020
- Indian ANM receives UN Foundation Award

MAINTAINING CERTIFICATION STANDARD AFP SURVEILLANCE

As India progresses towards polio-free certification in 2014, one of the risks that the country faces is an importation of wild poliovirus from countries where it is actively circulating. It is critical that the surveillance system in India is sensitive to rapidly detect any wild poliovirus to ensure an urgent immunization response to any such unfortunate incident.

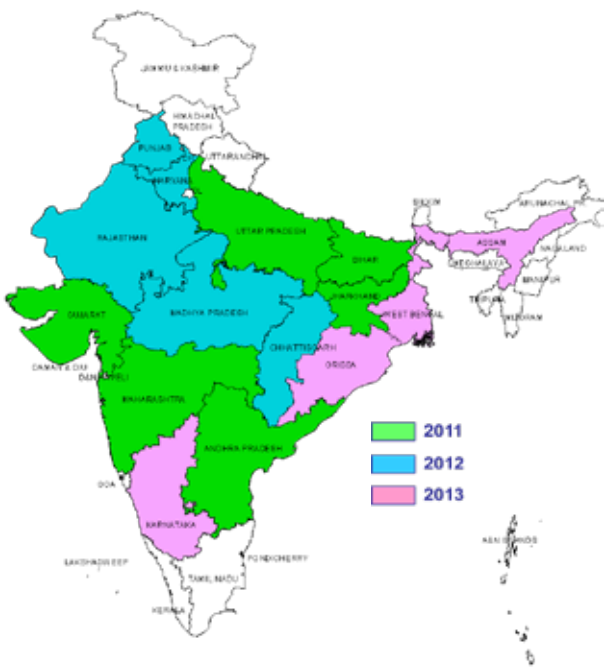
As a part of quality assurance system, detailed reviews of AFP surveillance have been conducted in various states by the National Polio Surveillance Project of WHO India. These reviews provide recommendations to the state governments for improving the sensitivity of surveillance.

The review process has been intensified during the past three years, with most states being reviewed since the last case of polio due to wild poliovirus was detected in the country. The reviewed states have been found to have a well established surveillance system that is capable of detecting poliovirus transmission. Areas that require further strengthening have been shared with the state governments for follow-up actions.

India also conducts environmental surveillance that provides valuable supplementary information on the presence of poliovirus. It involves collection of sewage samples from selected high risk sites for testing in WHO accredited laboratories.

Testing of sewage samples for poliovirus was initiated in Mumbai, Maharashtra in 2001, and was later expanded to Delhi, West Bengal (Kolkata) and Bihar (Patna). Sewage sampling has been initiated in Punjab (Mohali, Patiala, Sangrur and Amritsar) during March 2013. Gujarat has been identified as an additional site for conducting environmental surveillance.

AFP surveillance reviews: 2011-2013



Environmental surveillance sites

Quality of AFP Surveillance in India surpasses global standards and no wild poliovirus has been detected in India from any source since January 2011

MAINTAINING HIGH POPULATION IMMUNITY AGAINST POLIOVIRUSES

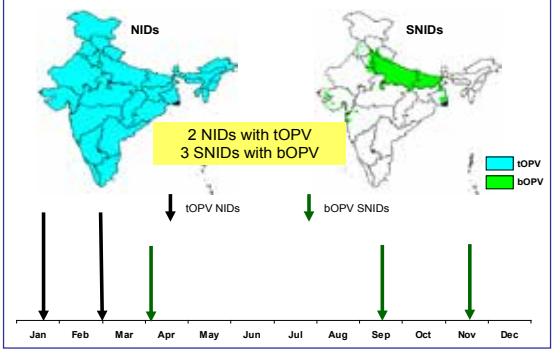
Supplementary Immunization Activities

The twenty-fifth meeting of the India Expert Advisory Group (IEAG) held in May 2013 concluded that supplementary immunization activities (SIAs) will have to be continued to maintain high population immunity against polioviruses until global eradication is achieved. This is critical to mitigate the risk of wild poliovirus importation and to minimize the risk of emergence of circulating vaccine-derived polioviruses (VDPVs).

India conducted two National Immunization Days (NIDs) with trivalent oral polio vaccine (tOPV) and four Sub National Immunization Days (SNIDs) in high risk states/areas with bivalent oral polio vaccine (bOPV) during 2013.

The IEAG has recommended two NIDs with tOPV and three SNIDs with bOPV in both 2014 and 2015.

Recommended SIA schedule: 2014 and 2015



Routine immunization strengthening in polio high risk areas

Four rounds of special immunization weeks (SIWs), targeting 400 000 highest risk settlements identified through polio eradication programme, were conducted in 2013. Nearly 125 000 immunization sessions were planned during each round and more than two million children aged less than two years were vaccinated. Of these, nearly 18% received the routine immunization dose for the first time in their life. The SIWs will be conducted in 2014 as well.

Vaccination during special immunization week

Polio vaccination at international borders

Continuous polio vaccination along international borders with Pakistan, Nepal, Bangladesh, Myanmar and Bhutan has been strengthened during the past two years.

A total of 102 vaccination posts are operational along these borders, where nearly 2.9 million children have been vaccinated so far since January 2012.

Child being vaccinated at an international border crossing point

IMMUNIZATION FIELD VOLUNTEERS

The Government of Haryana has deployed 52 Immunization Field Volunteers (IFVs) to support microplanning and monitoring of supplementary immunization activities (SIAs) and routine immunization (RI). These volunteers were trained by WHO India's NPSP in July 2012. Following a review of the microplans by these IFVs, nearly 4000 immunization sessions have been added to the existing 9500 sessions conducted per month in the state. Nearly 700 sessions are monitored by the IFVs every month. This is helping to generate valuable information for programme action to improve routine immunization in the districts where these IFVs are deployed.

EMERGENCY PREPAREDNESS AND RESPONSE

Afghanistan, Pakistan and Nigeria remain endemic for poliomyelitis and pose a risk to the polio-free status of India. Recent importations into polio-free countries namely Somalia, Kenya, Ethiopia, Israel, Syria and Cameroon have further aggravated the risk of importation of the virus into India.

In view of this risk, all states have revised their emergency preparedness and response plans and have identified rapid response team (RRT) members. These members have been trained on activities to be performed in the event of an emergency response.

A revised risk analysis has been conducted in each state, based on epidemiological and demographic information, to identify the districts and blocks at a higher risk of wild poliovirus importation so that targeted actions to improve routine immunization and supplementary immunization activities (SIAs) are carried out in these areas.

Simulation exercises have been conducted to test the preparedness of nine states to respond to any wild poliovirus. These exercises were evaluated by independent public health experts.

Emergency response simulation for rapid response teams

SHAPING THE POLIO RESEARCH AGENDA

After the successful interruption of wild poliovirus transmission, India is planning to implement the polio endgame strategy. This strategy involves a carefully planned, phased withdrawal of OPV from the programme beginning with withdrawal of type 2 sabin virus by switching from tOPV to bOPV. The strategy also involves the potential introduction of inactivated polio vaccine (IPV) prior to the withdrawal of OPV.

The OPV withdrawal and introduction of IPV will have to be guided by research.

While some research studies are currently ongoing, others are being planned to guide the polio end game strategy.

The EPI polio vaccine trial is in progress in four different medical institutes across India to generate data on the boost in immunity acquired with bOPV following administration of one dose of IPV along with DPT3 in the routine immunization schedule.

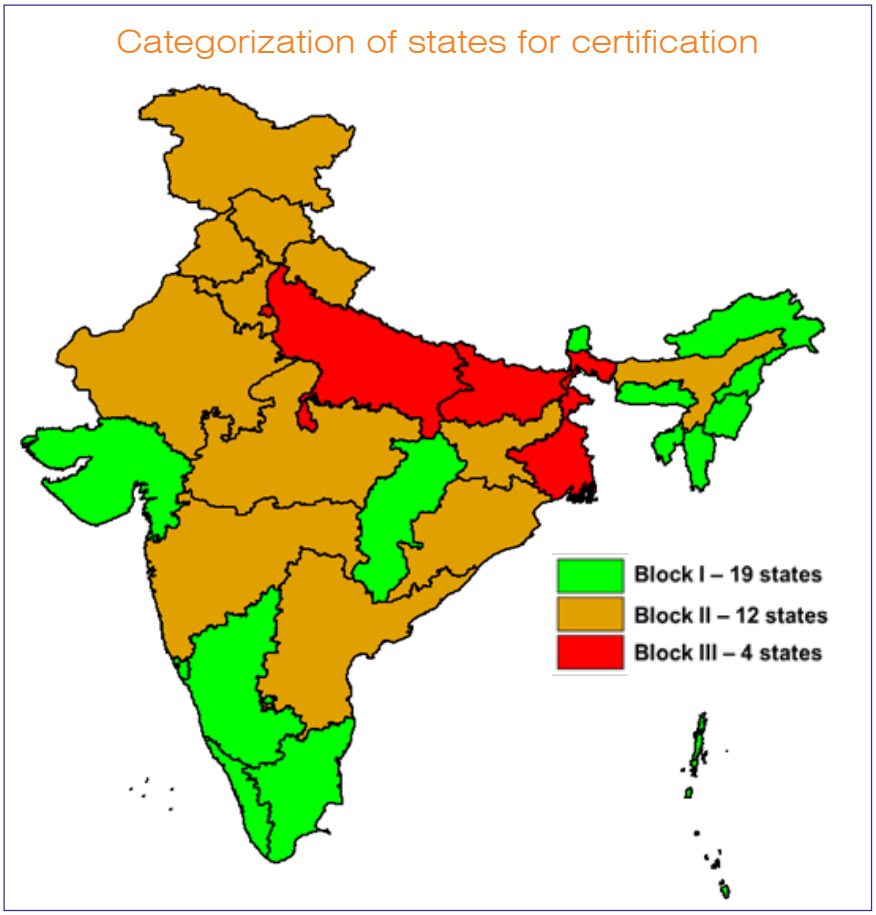
The bOPV assessment trial planned for 2014 will compare the efficacy and safety of tOPV with bOPV from various national and global manufactures. This study will help in the licensure and WHO pre-qualification of bOPV products from different manufacturers. It will also address the issue of enhanced requirement of bOPV in India and globally after the tOPV-bOPV switch. It is further proposed to conduct a few operational studies to bridge the gap in the understanding to implement the polio endgame strategy.

Research studies on polio in India have provided the necessary evidence to guide the polio eradication programme in the past. These ongoing and proposed research studies will pave the way for a technically sound and operationally feasible approach for implementing the polio endgame strategy.

POLIO-FREE CERTIFICATION

The last case of poliomyelitis caused by wild poliovirus in the South-East Asia Region of WHO was detected on 13 January 2011 in India. The South-East Asia Region, comprising of 11 countries, is eligible for certification in March 2014. The South-East Asia Regional Commission for Certification of Poliomyelitis Eradication (SEA-RCCPE) is in the process of reviewing the documents presented by the National Certification Committees of each of these 11 countries.

Considering the size and diversity of the country, data from India has been presented in three blocks. The data of 19 block I states/UTs was presented in December 2012 and that from the 12 block II states in March 2013. The data from block III states comprising of Uttar Pradesh, Bihar, West Bengal and Delhi was presented to the RCCPE during its recent meeting in November 2013. An update on the laboratory containment activities was also provided during this meeting. The SEA-RCCPE has concluded that AFP surveillance system in the country is capable of detecting poliovirus and there is no circulating poliovirus in the country.



Meeting of the Regional Certification Commission for South-East Asia : 25–27 November 2013, Kathmandu

The South-East Asia Region of WHO is firmly on track to be certified polio-free in March 2014

INDIA: FROM MEASLES CONTROL TO ELIMINATION BY 2020

Measles is a leading cause of childhood deaths in India, contributing about one-third of estimated global measles deaths. India, in recent years, has successfully introduced measles second dose vaccination in all states and union territories and expanded laboratory-based measles surveillance to 16 states, covering more than 90% of the population. This is a part of its accelerated endeavour to control measles and reduce childhood mortality in the country.

Measles catch-up campaign Phase-III, Rajasthan

In September 2013, the South-East Asia Region of WHO, including India, resolved to eliminate measles by 2020. With this development, every region in the world now has a measles elimination goal. The National Technical Advisory Group on Immunization (NTAGI), which consists of senior government officials, national programme managers and national as well as international experts on immunization, has endorsed the formation of an expert group on measles elimination and rubella control. This body of experts will provide guidance to the Government of India on strategies and implementation to achieve measles elimination in the country by 2020.

INDIAN ANM RECEIVES UN FOUNDATION AWARD

Ms Martha Dodray, a health worker from Darbhanga, Bihar has been honoured with the prestigious Global Leadership Award by the UN Foundation and the United Nations Association of the United States of America on 6 November 2013 in New York for her commendable work in protecting children from the threat of crippling disease of polio.

Ms Martha Dodray (extreme left) at the award ceremony in New York

Ms Martha being felicitated by Mr K Desiraju, Secretary (Health) and Dr Nata Menabde, WHO Representative to India

On her return to India, Ms Martha was felicitated by Mr K Desiraju, Health Secretary, Government of India and Dr Nata Menabde, WHO Representative to India. Acknowledging the efforts of worldwide frontline workers and commending Ms Dodray, Mr K Desiraju said, “India’s success in polio eradication has inspired the world. We recognize and acknowledge the efforts of the frontline workers for their dedication and commitment to the cause.”