**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 Regional Commission for Certification of Poliomyelitis Eradication (SEA-RCCPE) is in the process of reviewing the documents presented by the National Certification Committee 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 from 19 blocks of states/UTs was presented in December 2012 and that from the 12 block II states in March 2013. The data from block II 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 poliomyelitis and there is no circulating poliovirus in the country.

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

**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. Ms Dodray represented the worldwide frontline 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 as it is a recognition and acknowledgement of the work that each one of you in the field does in the fight against polio. It salutes the indomitable spirit. It has brought us to the brink of an historic moment. However, we simply cannot let our guard down against polio even as the risk of wild poliovirus importation looms large in view of new outbreaks in the eastern polio-free region.

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 recent years, the World Health Organization (WHO) and the Indian Council of Medical Research (ICMR) have been working to eliminate measles from India by 2020. With this development, every region in the world now has an elimination goal for measles. In September 2013, the South-East Asia Region of WHO, excluding India, resolved to eliminate measles by 2020. By this development, every region in the world now has an elimination goal for measles. The South-East Asia Region of WHO, excluding India, resolved to eliminate measles by 2020. With this development, every region in the world now has an elimination goal for measles. In September 2013, the South-East Asia Region of WHO, excluding India, resolved to eliminate measles by 2020. With this development, every region in the world now has an elimination goal for measles. The South-East Asia Region of WHO, excluding India, resolved to eliminate measles by 2020.

**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 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 as it is a recognition and acknowledgement of the work that each one of you in the field does in the fight against polio. It salutes the indomitable spirit. It has brought us to the brink of an historic moment.

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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 your family.

Dr Nita Menabde
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 response to such unfortunate incident.

As part of a 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 quality of AFP Surveillance in India surpassing global standards and to rapidly detect any wild poliovirus from countries where it is actively circulating.

The review process has been intensively focused on 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 circulation. 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 surveillance sites in 14 other states.

The review has been completed for all of these sites and was part of the preparations for India to receive the wild poliovirus importation free certificate. The reviews have also provided valuable information for programme action to enhance the quality of surveillance.

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 EPI has recommended two NIDs with tOPV and three SNIDs with tOPV in both 2014 and 2015 to rapidly detect any wild poliovirus so that targeted actions to improve routine immunization and supplementary immunization activities (SIAs) are carried out in these areas.

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Routine immunization strengthening in polio high risk areas

Four rounds of special immunization weeks (SIWs), targeting 400,000 high risk households and settlements identified through polo eradication programme, were conducted in 2013. Nearly 125,000 immunisation programmes were planned during each round and more than two million children aged less than five years were vaccinated. Of these, nearly 18% received the routine immunization dose for the first time in their life.

The SIWs were planned for conducting environmental surveillance.

After the successful interruption of wild poliovirus transmission, India is planning to implement the polo endgame strategy. This strategy involves a carefully planned, phased withdrawal of OPV from the programme following administration of one dose of IPV along with DTP3 in the routine immunization schedule. The IPV withdrawal and introduction of IPV will help to generate information on the boost immunity acquired with bOPV to provide data on the boost immunity acquired with bOPV to generate data on the boost immunity acquired with bOPV to plan the switch strategy. It is further proposed to conduct a few epidemiological studies to bridge the gap in the understanding to implement the polo endgame strategy.

The EPI polo vaccine trial is in progress in four different medical institutes across India to generate data on the boost immunity acquired with IPV following administration of one dose of IPV along with DTP3 in the routine immunization schedule.

Research studies on polo in India have provided the necessary evidence to guide the polo 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 polo endgame strategy.

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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 prevent new outbreaks. Surveillance is critical for detecting any signs of polio resurgence, ensuring the existing eradication efforts are effective, and maintaining the polio-free status. Since January 2011, no wild poliovirus has been detected in India from any source.

Quality of AFP Surveillance in India surpasses global standards

India has conducted reviews since the last case of polio due to wild poliovirus was detected in the country. These reviews have been conducted in various states by the National Polio Surveillance Project of WHO India. These reviews provide detailed reviews of surveillance actions. 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 review process has been expanded to include surveillance systems that are capable of detecting poliovirus transmission. Areas that require further strengthening have been shared with the state governments for follow-up actions.

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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.

The twenty-fifth meeting of the India Expert Group (IEAG) held in May 2013 concluded that supplementary immunization activities (SIAs) will have to be maintained 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 (cVDVPVs). The IEAG has recommended two SIAs with IPV and three SIAs with cOPV in both 2014 and 2015.

Routine immunization strengthening in high-risk areas

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The Government of India has deployed 52 Immunization Field Volunteers (IFVs) to support monitoring and coordination of supplementary immunization activities (SIAs) and routine immunization (RI). These volunteers were trained by WHO India’s NIPS in July 2012. Followings a review of the microplan by these IFVs, nearly 4000 immunization sessions have been added to the existing 9500 sessions conducted per month in the states. Nearly 700 sessions are monitored by the IFVs every month. This is helping to generate valid data for programme action to improve routine immunization in the districts where the IFVs are deployed.

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 bivalent vaccine soon followed by DTP3, which will occur late in 2013. The strategy also involves the potential introduction of inactivated polio vaccine (IPV) prior to the withdrawal of OPV.

The IPV 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 endgame strategy. The IPV polio vaccine trial is in progress in four different medical institutes across India to generate data on the boost in immunity acquired with IPV versus OPV prior to the withdrawal of OPV. The IPV withdrawal and introduction of IPV will have to be informed by research.
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**AFP ALERT**

**NATIONAL POLIO SURVEILLANCE PROJECT**

January 2014

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- Monitoring high polio-susceptible attack rates
- Shaping the polio research agenda
- Polio-free certification

**SPECIAL POINTS OF INTEREST**

- India: From Measles Control to Elimination by 2020
- India IAF receives UN Foundation Award

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However, we simply cannot let our guard against polio down as the risk of wild poliovirus importation forms a large view of new outbreaks in the world’s 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.

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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 Immunisation (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 tuberculosis 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.

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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.

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 Immunisation (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 tuberculosis 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.
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 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 from 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 II 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.

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