

Meeting of Experts

A meeting of experts was convened on Friday 7 May 1999 at the NPSP to review Government of India strategies and make recommendations on supplementary immunisation strategies for the polio eradication in India through the year 2000.

The participants present were:

1. Dr. R N Basu, Chairperson
2. Dr. Bruce Aylward
3. Dr. Harsh Vardhan
4. Dr. T. Jacob John
5. Dr. Jon Andrus
6. Dr. Kaushik Banerjee
7. Dr. Lalit Kant
8. Dr. Palitha Abeykoon
9. Dr. Stephen Cochi
10. Dr. Arun Thapa, Rapporteur

Following introductions, global, regional and India progress on polio eradication were reviewed.

Globally, reported cases have declined from a reported 35000 cases in 1988 to 5673 in 1998 (as of end April 1999). Wild poliovirus transmission is now limited to the South Asia sub-continent, sub-Saharan Africa, and parts of the Middle East. Within the south Asia Region of WHO, Sri Lanka, Bhutan, Maldives, Indonesia, Thailand and Myanmar appear to have reach "polio status, and wild virus circulation is now confined to India, Bangladesh and Nepal.

To meet the target of "polio on time, all remaining polio-endemic countries have developed and begun implementing enhanced polio eradication strategies consisting of massive extra supplementary immunisation activities, especially in the other global polio reservoir countries of DR Congo, Angola, Pakistan, Nigeria and Ethiopia.

India made dramatic progress in AFP surveillance by achieving a non-polio AFP rate of 1.4 per 100,000 children aged less than 15 years in 1998, a feat that greatly exceeds the performance of countries in South America at a comparable stage of the programme. Case and virological data clearly demonstrate the disappearance of entire genotypes of the wild poliovirus and strongly suggest that India can achieve "polio status on target.

The group agrees that four rounds of nationwide immunisation in the winter of 1999/2000 two sub-national rounds in the spring of 2000 and four nationwide rounds in the winter of 2000/2001 will interrupt transmission of the wild poliovirus in India.

Given the tremendous human and financial resources as well as the opportunity costs that are implicit in such a decision the group also feels a responsibility to review this recommendation with the latest available surveillance data before the end of August.

At that time, the only possible modification in this strategy that would be considered would be dropping one round of the four PPIs to a total of three.

It is understood that the highest priority would be given to

- Supervision
- Quality planning
- Social mobilization and advocacy
- Mopping up response involving two to three districts to any wild poliovirus isolate and
- Case response immunisation

Signed by:

Dr. R N Basu, Chairperson

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