**Special Interim Meeting of the India Expert Advisory Group for Polio Eradication**
**Delhi, India, 28 July 2006**

## Conclusions and Recommendations

A special interim meeting of the India Expert Advisory Group (IEAG) was convened on 28 July 2006 in Delhi. The meeting was called in response to the recent increase in polio cases in western Uttar Pradesh (UP). The objectives of the meeting were to review the current polio situation and strategies and recommend actions to control the outbreak

Participating IEAG members were Dr. T Jacob John, Dr. R.N. Srivastava, Dr. Naveen Thacker, Dr. Nitin Shah, Dr. Lalit Kant and Mr. Chris Maher. Dr. P Biswal represented the Government of India. Dr. Arun Thapa served as the Moderator. IEAG members that were unable to attend were Dr. Steve Cochi, Dr. Jagadish Deshpande, Dr. Olen Kew, Dr. Maritel Costales, Dr. R. N. Basu, Mr Deepak Kapur, Dr. Bruce Aylward, Dr. Subhash Salunke, and Prof. N.K.Ganguly.

### Current status of Polio Eradication in India

Since the last meeting of the IEAG, there has been a marked increase in polio cases. As of 28 July, a total of 121 confirmed polio cases with onset in 2006 have been reported in India, 106 from Uttar Pradesh (UP), 13 from Bihar, and 1 each from Madhya Pradesh and Jharkhand.

Cases in UP are concentrated around Moradabad district. Moradabad, JP Nagar, Bareilly, Badaun, and Rampur account for 80% of the cases to date in UP and 70% of cases in India as a whole. Moradabad and JP Nagar alone have reported 56 cases, greater than 50% of the UP total. While cases have been concentrated in a fairly restricted area of western UP, more recently geographical spread has occurred and it is likely that there will be numbers of cases reported across UP in the coming months.

The situation in Bihar stands in marked contrast to UP. 12 of the 13 cases from Bihar had onset in the first 4 months of the year. Since April 19 only one case has been reported, in Patna. Transmission in Bihar is clearly very restricted.

The reasons for the rapid increase in cases in western UP were noted during the previous meeting of the IEAG in May 2006. The reasons include factors that favour virus circulation, lower vaccine efficacy (although that is also the case in Bihar), and most significantly, deterioration of SIA quality in 2005 and early 2006 in several districts, (most notably Moradabad), which allowed a build up of non-immune children.

There are some indications of recent improvement in SIA quality in several districts. The IEAG noted the steps taken to rapidly improve SIA quality in the high-risk districts in line with previous recommendations, including increased deployment of NPSP staff, increased presence of SM Net staff, enhancing the IPC skills of vaccination teams, and increasing the focus given to better conversion of X-houses. However, the improvements

are recent and the IEAG stresses that they must be continued and sustained for multiple rounds before their effect will be felt.

The IEAG noted the results of the analysis of pre-release titers for tOPV and mOPV used in India since Jan 2004. Data indicate that all vaccine used during this period was potent. The IEAG emphasizes that the factors resulting in the lower vaccine efficacy in western UP and Bihar are not related to the quality of the OPV being used in the programme.

**IEAG Recommendations**

These recommendations are consistent with those of the May 2006 meeting of the IEAG and centre around two issues, firstly ensuring that all eligible children are reached and immunized, and secondly achieving the best possible immune response from vaccination.

**Ensuring all children are reached during SIAs**

The IEAG reaffirms that achieving very high coverage in each SIA round is critical to stopping wild poliovirus transmission in India. Despite the recent improvements in SIA quality in western UP, significant steps still need to be taken to ensure that improvements are widened and sustained in the coming months. In view of the high birth rate resulting in a continuous addition of a large number of infants in the population, it is essential to sustain high quality rounds in order to close the immunity gaps. **A full twelve months of high quality activity will be necessary to ensure that immunity gaps are closed and transmission of wild poliovirus is stopped.**

- The IEAG notes with alarm that despite multiple previous recommendations, vacancies of government medical officers in the highest risk districts remain at a very high level (currently averaging 30% for western UP). The IEAG urges the Government of UP to fill posts as rapidly as possible to ensure appropriate government oversight of activities in all blocks of the highest risk districts.
- The redeployment of experienced staff (Government, WHO NPSP, and UNICEF SM Net) to the highest risk districts is positively impacting SIA quality in these areas and should be continued.
- The strategies being followed to convert X houses are achieving results and should continue to be pursued. At the same time, careful monitoring should be conducted to ensure that there is not a concomitant increase in false P houses.
- The progress in Bihar is encouraging but SIA quality must continue to be improved and sustained to ensure that wild poliovirus transmission is completely stopped. Close monitoring of SIA quality must be maintained and any deterioration immediately addressed.

**Strategies to improve immune response in high-risk areas**

- mOPV1 should continue to be used in SIAs in high risk areas for the remainder of 2006.
- The IEAG noted that the recommended strategy for introduction of a birth-dose of OPV has been started in selected high risk areas. As the strategy has been on-going for only two weeks, the IEAG will look forward to reviewing the outcomes of the strategy at the next meeting.
- As a supplement to the ongoing strategy of SIAs with mOPV, and in follow-up to the recommendation of the previous meeting on the potential use of IPV in the highest risk areas, plans should be developed for the delivery of 2 rounds of IPV immunization in Moradabad and JP Nagar districts, at least 8 weeks apart. The first round should be conducted in December 2006. The target age group should be children between 2 months and 2 years of age. The IEAG recognizes that there are a number of critical issues that must be fully addressed to ensure successful implementation of an IPV round. In particular, a communications strategy must be carefully crafted to ensure community acceptance of the vaccine and full participation in the campaign. The IEAG will review the status of implementation of this recommendation during the next meeting. Based on the outcome of the IPV pilot activities, discussions should be held regarding potential further use.

**Supplementary Immunization Activities (SIAs)**

Taking into account the recommendations of the May 2006 meeting of the IEAG, the following SIA schedule is proposed for the remainder of 2006:

- SNIDs covering UP, Bihar, and appropriate areas of neighbouring states depending on epidemiology, should be conducted in September and November. mOPV1 should be used in both rounds.
- Depending on the epidemiology of WPV3, consideration should be given to conducting a limited mOPV3 round in appropriate areas of western UP, coincident with the December IPV round in Moradabad and JP Nagar.

**Addressing concerns regarding the eradication initiative and vaccine quality**

The IEAG is concerned by the recent negative press regarding the eradication initiative, including the quality of the vaccine used for the polio eradication program.

- Recognizing that the IAP is widely known as an authoritative Indian professional body, and that the IAP has been strongly supportive of the eradication initiative, the IEAG requests the IAP to make a strong statement in support of the polio eradication program to counter negative press and to reassure the public and health workers about the quality of the vaccine and their belief in the eradication strategies. This process should be supported by the partners.