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Senior Level Seminar on EPI, CDD and ARI Control Programmes

Moscow, 25-28 May 1987

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23 September 1987
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SUMMARY REPORT

Expanded Programme on Immunization (EPI)

Target 5 of the plan for Health for All by the Year 2000 in the European Region calls for elimination of indigenous poliomyelitis, measles, neonatal tetanus, congenital rubella and diphtheria. This target was adopted by the Regional Committee at its 1984 annual meeting. To develop specific objectives toward meeting this goal, the Second Conference on Immunization Policies in Europe was held in Karlovy Vary in December 1984. Among other things, this Conference recommended the formation of a European Advisory Group on Immunization (which met in September 1986) and the provision of training to national personnel in relevant immunization programme activities. In consequence of these recommendations, a Senior Level Seminar on EPI, CDD and ARI was held in Moscow, 25-28 May 1987 at the Central Research Institute of Epidemiology.

The purposes of this seminar were to acquaint participants with the latest achievements in the field, with WHO contributions to progress on infectious disease prevention through immunizations, and with WHO approaches to the control of diarrhoeal diseases and acute respiratory infections. Appendix 1 contains a list of the participants, Appendix 2 contains the provisional agenda (which was followed with minor modification), and Appendix 3 contains a list of materials provided to the participants. Dr I. Masar chaired the EPI portion of the seminar, Dr Y.P. Solodovnikov chaired the CDD portion, and Dr V.K. Tatochenko chaired the ARI portion. Dr A. Hinman served as rapporteur.

The EPI portion of the Seminar focused on six major areas: managerial issues (including cold chain), surveillance, poliomyelitis elimination, measles elimination, programme monitoring and programme evaluation. Since the working papers provide substantial material on these issues, this summary will focus on major points brought out in group discussion and work groups.

Managerial issues

The necessity of identifying a programme manager in each country was stressed. This individual should be held responsible for all aspects of immunization programme from surveillance to vaccine management to service delivery, even though much of the implementation of programme activities would be through individuals not directly under his/her control.

Although most countries in the Region have reliable electrical services and good transportation, the necessity was stressed for each country to assess, at least on a sample basis, the true adequacy of the cold chain; vaccine shipments should include cold chain monitors at least on a trial basis.

Surveillance

In the surveillance area also, a programme manager is essential to ensure the existence and proper functioning of a surveillance system adequate to document progress toward elimination and guide modification of programme strategies. It was stressed that standardized case definitions (both within a country and between countries) were essential in order to achieve the elimination targets. Although sample and sentinel surveillance systems can be very useful in monitoring trends in disease epidemiology, in an elimination programme it is essential that all suspected cases be identified and investigated. Universal detection of cases is not necessarily needed in the early phases of programme implementation, but after programme impact is being felt and incidence is being reduced, it is critical.

Adequate laboratory support is essential for good surveillance as is regular feedback to reporting sources. Training at all levels (from professional school through post-graduate in-service training) may be required to improve surveillance. Visible evidence that surveillance information is being used (e.g. through case investigation, control measures, feedback) is an important means of improving reporting as is the removal of any possible disincentives to reporting (such as criticism because of the occurrence of cases). Reporting should not be required for conditions unless there is a clearly stated and credible justification for the requirement.

It was agreed that neonatal tetanus should be reported separately, or, at a minimum, that tetanus should be reported by age groups so it would be possible to identify cases of neonatal tetanus.

Poliomyelitis elimination

Seminar participants felt that poliomyelitis had already been eliminated from many countries in the Region but agreed that criteria should be established to document elimination. Question was raised as to whether there was adequate political commitment in the countries of the Region to assure achievement and documentation of the elimination objective. It was agreed that all suspected cases of poliomyelitis should be investigated and classified as indigenous, imported, or vaccine-associated if they were cases.

Measles elimination

Countries in the Region vary greatly in respect of development of measles elimination programmes, from those which appear already to have eliminated measles (e.g Albania) to those which are just beginning systematic efforts (e.g. Italy, The Netherlands). It was generally felt that measles elimination was feasible but would be difficult and would require achieving very high levels of coverage as well as having improved surveillance systems capable of detecting every suspected case (once incidence had been brought to fairly low levels). Although there was discussion about the possible need for 2-dose regimens in order to achieve elimination, it was agreed that the first priority should be to attain extremely high levels of coverage (in excess of 95%) with one dose. It was also felt that consideration should be given to the possible use of combined measles, mumps and rubella vaccine (MMR).

Programme monitoring and evaluation

In addition to surveillance, key elements of programme monitoring and evaluation include monitoring immunization coverage; vaccine production, transport, and handling; and programme management. Specific items discussed as relevant in the European context were assessment of missed opportunities for immunization; use and misuse of contraindications (e.g. so-called persistent screening, etc.); practices with regard to interrupted immunization schedules; and professional and parental knowledge, attitudes, and practices. It was acknowledged that the occurrence of vaccine-associated reactions can influence vaccination coverage in a negative way. This is prone to occur when the severity of the clinical disease itself is forgotten after years of low incidence. Proper investigations on the spot of severe side effects of vaccination will reduce many of them substantially. Hence, the roots of false fear of vaccines will be eliminated. Managers should include the monitoring of adverse events in their programmes. In addition, interest was expressed in developing standardized means of assessing immunization coverage, bringing various national schedules more into alignment (while stressing the dynamic nature of schedules) and modifying vaccine package circulars to acknowledge the different circumstances in different countries.

It was emphasized that programme evaluations should be used as problem-solving devices which were beneficial both to those being evaluated and those carrying out the evaluation. Evaluations which were purely critical and disciplinary are destructive and probably worse than no evaluation at all.

Rubella

Although not formally a part of the agenda, there was considerable discussion of rubella. It was agreed that each country should assess the level of problem posed by congenital rubella syndrome within its borders and develop programme strategies accordingly. The demonstration that vaccine-induced immunity is long-lasting (probably life-long) removes one of the earlier impediments to childhood vaccination and the availability of MMR further enhances the utility of childhood vaccination. There was general agreement that, in addition to directly protecting those at greatest risk (women of child-bearing age), it would also be necessary to interrupt transmission of rubella in order to achieve elimination of congenital rubella syndrome.

Conclusion

Many of the issues mentioned above were felt to be at a point where issuance of recommendations from the European Advisory Group on Immunization would be extremely helpful. Consequently, Seminar participants suggest that the Advisory Group be convened later in 1987 and requested to develop recommendations with respect to the following issues, among others: need for national programme managers, necessity for assessment of cold chain, standardization of case definitions and classification, documentation of elimination of poliomyelitis, standardization of coverage assessment, contraindications to immunization, standardization of immunization schedules, vaccine package circulars, interrupted vaccination schedules, appropriate use of MMR, need for each country to assess the problem posed by congenital rubella syndrome, and appropriate strategies for elimination of congenital rubella.

Control of diarrhoeal diseases (CDD)

The CDD portion of the seminar focused on four major areas: importance of diarrhoea as a public health problem in the Region, proper case management, communication and health education, prospects for CDD programming.

Importance of diarrhoea

Countries of the Region vary greatly with regard to diarrhoea morbidity and mortality. A high incidence of diarrhoea exists in the general population in a number of countries. In others, this problem is limited to high-risk groups, such as immigrant families or tourists. In some territories diarrhoea remains one of the leading causes of childhood deaths.

The major diarrhoea pathogens, although they vary in frequency throughout the region, are: Shigella, Salmonella, Rotaviruses, Campylobacter jejuni, Yersinia entercolitica.

The following problems related to diarrhoea treatment have been noted: over-hospitalization, abuse of antibiotics and anti-diarrhoeal drugs and insufficient use of ORT despite high awareness of the ORT approach. In some countries, there appeared a tendency to diminish the use of intravenous therapy and antibiotics in hospital settings.

Proper case management

Oral rehydration therapy (ORT) combined with adequate feeding should be more aggressively promoted in European countries as a safe, inexpensive and simple approach for the treatment of the great majority (90%) of diarrhoea in childhood. In watery diarrhoea it should be considered as the treatment of choice and not as an adjunct to other therapy. Intravenous fluids should be used only for cases of severe dehydration. Antibiotics should be used only for those conditions where their efficacy is established, e.g. for generalized forms of salmonellosis. The use of anti-diarrhoeal drugs in children is unnecessary, unsafe, diverts attention from the most important issue (ORT) and increases the cost of treatment. In order to ensure a better clinical and nutritional outcome, children should be fed from an early stage of the illness, however the optimal time for food reintroduction needs further clarification. Knowledge and application of the ORT approach should be promoted through medical and paramedical schools, involving students from both developing and European countries. Training schedules should be developed which ensure hands-on ORT experience in all teaching hospitals.

The CDD component in medical school curricula should be improved and expanded wherever necessary; Formal training courses for health personnel from both the public and private sectors should be conducted.

Communication and health education

To increase public awareness of ORT and ensure its correct use, information should be disseminated to all medical schools and institutions and beyond the health system, e.g. to school teachers through socio-anthropological research and should incorporate standardized and practical health education messages. At the same time, the ready availability of ORS to the public and training of health workers, including pharmacists, should be ensured. ORS national production needs to be promoted. Use of single ORS solution is preferable.

The importance of both breast-feeding and of proper handwashing by hospital and day-care centre staff, and by family members, in the prevention of diarrhoea should be re-emphasized in health education programmes.

In the future, rotavirus immunization may be envisaged as an effective measure for the prevention of severe forms of diarrhoea in children under two. Such a vaccine may be available in the next 3-4 years.

CDD programming

In view of the great variety of epidemiology situations in the countries with regard to diarrhoea no regional targets for disease reduction could be made presently.

However, it was felt that a number of countries in the European Region may be interested in designing and implementing formal CDD plans which would include targets for a number of important specific activities, like organizing training courses in clinical managements and supervisory skills, conducting morbidity and treatment surveys, comprehensive programme reviews and problem-solving research activities.

Acute respiratory Infections

The simplified approach to case-management of acute respiratory infections has been developed by WHO for developing countries in which respiratory mortality is caused by bacterial agents. This approach, in which antibiotics are used only for children with moderate-severe disease, is applicable to those areas in Europe with higher infant mortality rates (IMR). In other areas, viral infections are more important and case-management will have to be modified to take this into account. A case-management approach for the more developed areas will ideally result in a decrease in the use of antibiotics, which should not be employed anywhere for mild disease.

Since much of the disease in Europe is viral, and acute respiratory infections are the most important cause of morbidity, vaccines for prevention would be ideal. When vaccines for Respiratory syncytial and parainfluenza viruses are available, they should be evaluated in the region. Influenza vaccines are now available and certain countries use them extensively for the control of morbidity, and of mortality in high risk groups and the elderly. More extensive use of these vaccines, following appropriate evaluation should be encouraged.

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ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

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Moscow, 25-28 May 1987

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CENTRAL RESEARCH INSTITUTE OF EPIDEMIOLOGY

OF THE MINISTRY OF HEALTH OF THE USSR

SENIOR LEVEL SEMINAR ON EPI, CDD, AND ARI

MOSCOW, 25-28 MAY 1987

PROVISIONAL AGENDA

Monday, 25 May 1987

09.00 - 09.30	Registration	
09.30 - 09.45	Opening	
09.45 - 10.05	Global EPI overview	Henderson
10.05 - 10.25	European EPI overview	Bytchenko
10.25 - 10.40	Coffee break	
10.40 - 11.00	Managerial issues in EPI	Bernard
11.00 - 11.15	Cold chain in EPI	Keja
11.15 - 11.30	Cold chain in Europe	Masar Bytchenko
11.30 - 13.30	Lunch	
13.30 - 13.50	Surveillance of vaccine-preventable diseases	Hinman
13.50 - 14.05	Use of standardized case definitions	Keja
14.05 - 14.20	Surveillance of poliomyelitis	de Quadros
14.20 - 14.35	Surveillance of pertussis	Lapajeva
14.35 - 14.50	Coffee break	
14.50 - 16.10	Work groups on surveillance	
16.10	Adjourn	

Tuesday, 26 May 1987

09.00 - 09.20	Reports from work groups	
09.20 - 09.40	Prospects for polio eradication	Hinman
09.40 - 09.55	Polio eradication in the Americas	de Quadros
09.55 - 10.10	Present status of polio in Europe	Bytchenko
10.10 - 10.25	Laboratory diagnosis of polio	
10.25 - 10.40	Coffee break	
10.40 - 12.10	Work groups on polio eradication	
12.10 - 14.10	Lunch	
14.10 - 14.30	Reports from work groups	
14.30 - 14.55	Prospects for measles control/elimination	Masar Hinman
14.55 - 15.25	Panel - strategies for measles control/elimination	United Kingdom Italy
15.25 - 15.40	Coffee break	
15.40 - 17.10	Work groups on measles control/elimination	
17.10	Adjourn	

Wednesday, 27 May 1987

09.00 - 09.20	Reports from work groups	
09.20 - 09.40	Monitoring immunization programmes	Henderson
09.40 - 10.25	Panel - role of serological surveys	Masar Galazka Hinman
10.25 - 10.40	Monitoring adverse events	Hannik
10.40 - 10.55	Coffee break	
10.55 - 12.25	Work groups on monitoring programmes	
12.25 - 14.25	Lunch	
14.25 - 14.45	Reports from work groups	
14.45 - 15.05	Evaluation of immunization programmes	Hinman
15.05 - 16.35	Work groups on evaluating programmes	
16.35	Adjourn	

Thursday, 28 May 1987

09.00 - 09.20	Reports from work groups	
09.20 - 09.40	Simplified approaches to control of diarrhoeal diseases	Lichnevsky
09.40 - 09.55	Present status of diarrhoeal diseases in Europe	Bytchenko
09.55 - 10.40	Panel - approaches to diarrhoeal diseases in Europe	Maleyev Dijenko Wafaculov
10.40 - 10.55	Coffee break	
10.55 - 12.25	Work groups on diarrhoeal diseases	
12.25 - 14.25	Lunch	
14.25 - 14.45	Reports from work groups	
14.45 - 15.05	Simplified approaches to control of acute respiratory diseases	Monto
15.05 - 15.20	Present status of ARI in Europe	Bytchenko
15.20 - 15.35	Coffee break	
15.35 - 16.05	Work groups on ARI	
16.05 - 16.25	Reports from work groups	
16.25 - 16.45	Conclusions from seminar	
16.45	Adjourn	