

e 62083

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

EUR/ICP/CMDS 03 01 01(98)
ORIGINAL ENGLISH
UNEDITED
E62083

**THE ERADICATION OF POLIOMYELITIS:
1998 MOPPING-UP, AFP SURVEILLANCE**

Report on a mission to Azerbaijan

2-7 November 1998

by

E. Laurent
EPI/Polio Eradication Consultant
WHO Regional Office for Europe
Copenhagen

EUROPEAN HEALTH21 TARGET 7

REDUCING COMMUNICABLE DISEASES

By the year 2020, the adverse health effects of communicable diseases should be substantially diminished through systematically applied programmes to eradicate, eliminate or control infectious diseases of public health importance

(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)

ABSTRACT

A consultant visited Azerbaijan in November 1998 to assess the mopping-up carried out in October 1998 and to follow up the recommendations of an evaluation mission in June 1998. Mopping-up results were good: over 99% in the rayons visited. In the first 10 months, 12 cases were noticed (24 expected), but none diagnosed with the Guillain-Barré syndrome. Further emphasis should be given to detection, training and surveillance in connection with AFP cases. The allocation of funds needs to be worked out before workshops can be held or documents translated.

Keywords

POLIOMYELITIS – prevention and control
IMMUNIZATION PROGRAMS
EPIDEMIOLOGIC SURVEILLANCE – methods
MUSCLE HYPOTONIA – epidemiology – classification
AZERBAIJAN

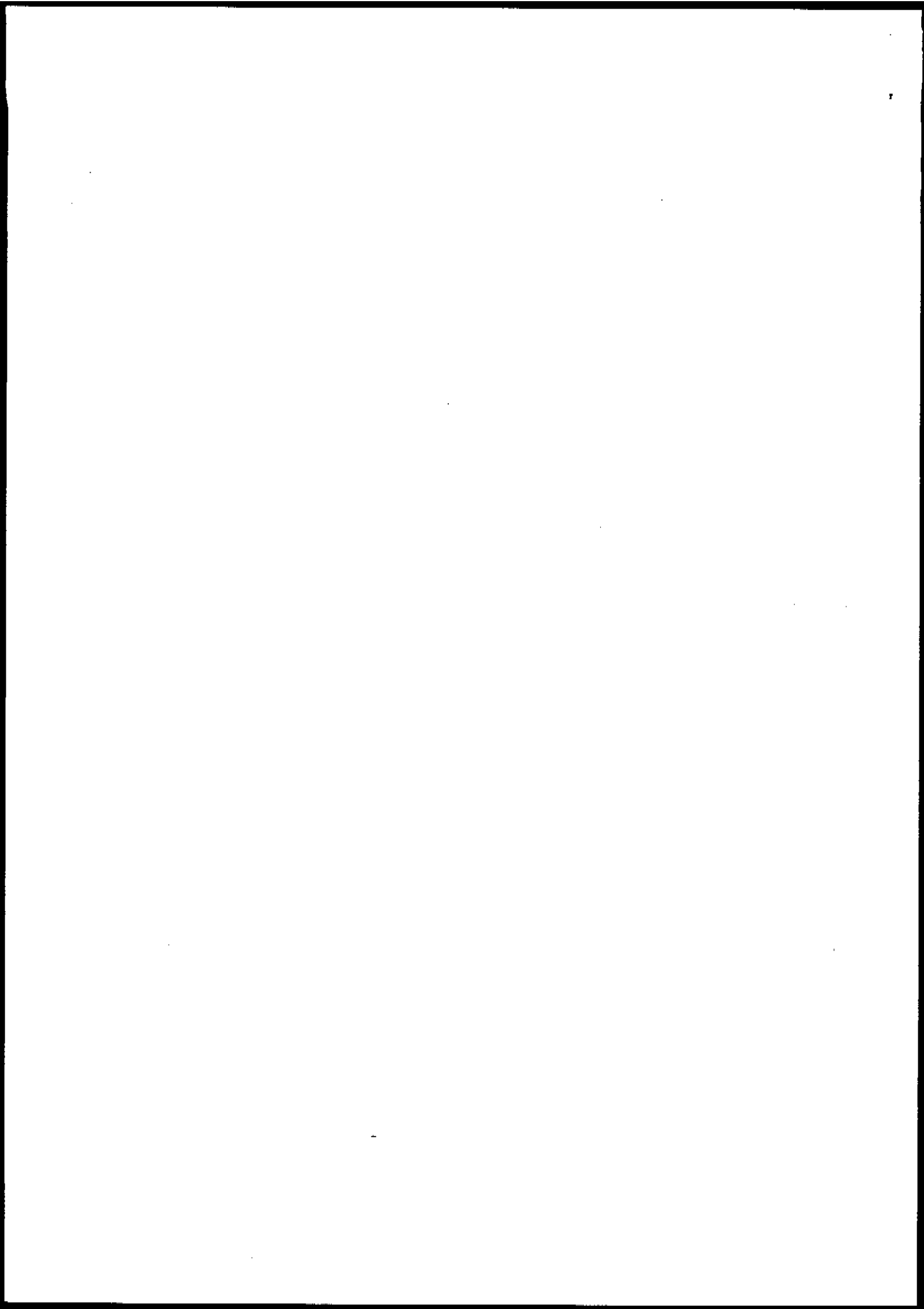
© World Health Organization

All rights in this document are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated into any other language (but not for sale or for use in conjunction with commercial purposes) provided that full acknowledgement is given to the source. For the use of the WHO emblem, permission must be sought from the WHO Regional Office. Any translation should include the words: *The translator of this document is responsible for the accuracy of the translation.* The Regional Office would appreciate receiving three copies of any translation. Any views expressed by named authors are solely the responsibility of those authors.



CONTENTS

	<i>Page</i>
Purpose of mission	1
Overview	1
Findings and analysis	1
Mopping-up.....	1
Surveillance, reporting and classification of AFP.....	1
Follow-up to recommendations of the June 1998 evaluation mission	2
National Polio Laboratory	2
Conclusions and recommendations	2
Mopping-up.....	2
Surveillance, reporting and classification of AFP.....	3
National Polio Laboratory.....	3
Annex 1 Recommendations of the June 1998 evaluation mission.....	4



Purpose of mission

The objective of the mission was to collaborate with the Ministry of Health/Republican Hygiene and Epidemiology Centre (HEC) in:

- assessing the quality of the October 1998 mopping-up (first round)
- following up the recommendations of the June 1998 evaluation mission.

Overview

The situation regarding polio eradication in Azerbaijan has improved significantly in recent years. No cases of polio have been reported since 1995. Acute flaccid paralysis (AFP) surveillance has improved. However, there is no confirmation that wild virus is no longer circulating, and national immunization days (NIDs) were therefore conducted in April–May 1998 as part of the MECACAR project, and mopping-up was carried out in October–November 1998.

Findings and analysis

The consultant visited three rayons (Dzilalabad, Xashmaz, Kuba), Baku City Epidemiology Centre (EC), the Republican EC, the National Laboratory and the Polio Department.

Mopping-up

Ten rayons were selected for the mopping-up exercise. The relevant selection criteria were areas with borders or in proximity with Iran and the Russian Federation (Dagestan), as a lot of people travel.

The results of the first round of mopping-up were good. The three rayons visited reported coverage of more than 99%, and this figure seems to be the same for the other rayons where mopping-up has taken place. It should be remembered that there were similar results from the last NIDs, with an overall coverage of around 98%.

The first round had been properly planned, with a correct workload and enough teams and logistic support. Satisfactory supervision activities were carried out at rayon level and by four teams from Baku. Preparations for the second round look to be as efficient as those for the first.

It should be pointed out, however, that the activities were not so much a question of mopping-up with house-to-house vaccination, but a strategy for NIDs with fixed posts in all health facilities.

Surveillance, reporting and classification of AFP

As regards surveillance for AFP, 19 cases of AFP were reported in 1997. The expected number would have been 24 (1/100 000 children under 15 years). Only 12 cases were noticed in the first 10 months of 1998: 8 in Baku and 4 outside the city. That ratio is low, and further emphasis should be put on the detection of cases (information, training, supervision). Moreover no diagnosed cases of Guillain-Barré syndrome were found among AFP cases up to the date of this report (November 1998), whereas this syndrome is the most frequent AFP diagnosis in other countries.

Monthly reports are sent regularly and zero cases notified. But it appears that weekly notification is not done everywhere, especially from the rayon level.

As regards case classification, the WHO algorithm is currently in use and AFP cases are reported to WHO/EURO on the standard EPID form.

The consultant was not able to assess the question of diagnoses, but the Guillain-Barré syndrome diagnosis is still under discussion in the Republican EC.

Follow-up to recommendations of the June 1998 evaluation mission

The Ministry of Health has drafted an Order concerning a plan of action to implement some of the recommendations of the June 1998 evaluation mission (Annex 1). However, a detailed document should be drafted listing the needs for training targeted doctors, for information and dissemination activities, for active surveillance from the central level, etc., with a budget including the costs of training and translation, transportation (children to Baku, stools to Moscow) and analyses in Baku. The consultant listed all the area which should be included in that plan of action during his final debriefing at the Republican EC.

Efforts have been made concerning training and workshops, but more needs to be done. Delayed funding is postponing the planning of workshops and also the translation into Azeri of the document about diagnosis. Issuing the plan of action with a clear budget will help the Ministry of Health, UNICEF and WHO to identify the required supplementary funds.

National Polio Laboratory

The situation in the National Polio Laboratory remains as it was at the time of the June 1998 evaluation visit. Upgrading the laboratory requires:

- the training and assigning of a polio specialist
- the supply of polio laboratory equipment
- clarification of the running costs of polio analysis in Baku.

The Republican EC will send a person for training to Moscow soon. WHO/EURO will follow up the supply of the equipment with Rotary. The costs of analyses will be included in the budget for the plan of action.

For the time being, stools samples are sent to Moscow, and this would need to continue until the local laboratory received WHO accreditation. Each shipment is said to cost up to US \$1000 as one person travels with the stools. WHO/EURO insists that original stools should be sent, not treated stools (suspension), because of the extremely low rate of polio and enterovirus isolation from AFP samples. It should be remembered that to date there has not been sufficient virological surveillance in evidence of the interruption of wild polio transmission.

Conclusions and recommendations

Mopping-up

- The high quality of supplementary immunization should be maintained during further supplemental immunization activities (mopping-up, NIDs).

Surveillance, reporting and classification of AFP

- Extra attention should be paid to the detection of AFP cases by holding workshops, providing information, and supervising paediatricians, neurologists and regional doctors.
- The plan of action with a budget for supplementary AFP activities should be drafted as soon as possible. The Ministry of Health/Republican EC, UNICEF and WHO in Baku should then work in partnership to fund the extra requirements.
- More attention should be given to diagnosis, especially at the rayon level and especially as regards the Guillain-Barré syndrome.
- AFP cases and zero cases should be reported weekly to WHO/EURO.
- Training workshops and the translation into Azeri of the diagnosis document should be carried out as soon as possible.

National Polio Laboratory

- The Republican EC should send a laboratory specialist to Moscow for training in polio analysis as soon as possible.
- WHO/EURO should follow up the supply of laboratory equipment with Rotary.
- Original stool samples (and not suspensions) should be sent to the Moscow polio laboratory.
- Stool samples should be kept at -20°C .

Acknowledgements

I would like to thank the following people for their assistance:

Baku:

Dr Zemphira Badiyeva, Deputy Minister of Health
Dr Abbas Velibekov, Director, Republican Hygiene & Epidemiology Centre (HEC)
Dr Svetlana Zmitrovich, Deputy Director, Republican HEC
Dr Emin Babayev, Head, Epidemiology Department, Republican HEC
Dr Sadihova Farhanda, National Laboratory
Dr Abdullayeva Adelya, Head, Polio Department
Dr Nuseyn Kadimov, Baku City Hygiene & Epidemiology Centre

Dzilalabad Rayon:

Dr Aliev Sadathan, Hospital Head Doctor

Xashmaz Rayon:

Dr Shahverdiev Bahram, Director, Hygiene & Epidemiology Centre
Dr Ragimov Pirali, Hospital Head Doctor

Kuba Rayon:

Dr Nuriev Tair, Director, Hygiene & Epidemiology Centre
Dr Ahasanov Abbas, Hospital Head Doctor

Annex 1

RECOMMENDATIONS OF THE JUNE 1998 EVALUATION MISSION

Central level

- To continue, on a regular basis, holding workshops for key persons at district level (rayon) with participation of experts on AFP surveillance from central level.
- To be aware of the difficulties, for example with transportation, that districts might face in the process of referring AFP patients to Baku.
- To clarify the WHO AFP diagnosis codes in order to make them work properly in Azerbaijan. Special attention should be paid to the Guillain-Barré syndrome which in many other countries has been shown to be the most frequent AFP diagnosis.
- To prepare a simple form which can be used to document reviews of hospital records, including the identification of the reviewer, the number of records reviewed, the review period dates, remarks on diagnoses where it could be questioned whether they actually are AFP-related, thus allowing the AFP committee to identify and clarify problems regarding AFP diagnoses.
- The WHO form for final classification of AFP cases used by the expert committee should be completed in accordance with WHO requirements, and for the final diagnosis only WHO codes should be used.
- The WHO flow chart should be translated into Azeri and used for the final classification process.
- Weekly zero reporting was done in Baku but not in the districts. It may be useful for the time being to focus on the validity of data given in the monthly reports instead of stressing weekly reporting.
- There should be systematic feedback from the Republican EC to district ECs. This could be in form of a twice yearly newsletter on the progress of polio eradication in Azerbaijan as well as in other countries in the region.

Rayon level

- In order to improve detection of AFP cases the most important task is to achieve and sustain a high level of awareness of AFP surveillance, in particular among paediatricians, neurologists and regional doctors. This can only be done by continuous training, for example through monthly reminders and discussions in workshops which are already being held. The importance is underlined because many districts are so small that cases cannot be expected to be identified each year.
- AFP surveillance has only recently been introduced and minor corrections and adjustments will be needed. The team has noted the following important points: designation of AFP focal persons at district and sub-district level (as was observed by the team in most districts), safeguard of fast referral of AFP patients to Baku, provision of documentation of reviews of medical records in the district, continuation of the high awareness of health care needs and surveillance among refugees.