FIRST MEETING OF SUBREGIONAL COMMITTEE FOR CERTIFICATION OF POLIOMYELITIS ERADICATION IN PACIFIC ISLAND COUNTRIES AND AREAS
SUVA, FIJI, 17 DECEMBER 1996

1. INTRODUCTION

An informal first meeting of the Subregional Committee For Certification Of Poliomyelitis Eradication In Pacific Island Countries and Areas (PICs) took place in Suva, Fiji, on 17 December 1996.

The Subregional Committee has been established in accordance with the Regional Plan of Action for Certification of Poliomyelitis which recommended that the PICs listed below should be considered as a single epidemiological block for the purpose of certifying the eradication of wild poliovirus. To facilitate the certification of this epidemiological block, the Subregional Certification Committee will be responsible for coordinating the activities which would normally be conducted by National Committees.

The Sub-Regional Certification Committee will be responsible for the following countries:

<table>
<thead>
<tr>
<th>Pacific Island Countries and Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Samoa</td>
</tr>
<tr>
<td>Kiribati</td>
</tr>
<tr>
<td>New Caledonia</td>
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<tr>
<td>Tokelau</td>
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<tr>
<td>Cook Islands</td>
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<td>Northern Mariana Is.</td>
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<td>Niue</td>
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<td>Tonga</td>
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<td>Fiji</td>
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<tr>
<td>Marshall Islands</td>
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<tr>
<td>Palau</td>
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<tr>
<td>Tuvalu</td>
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<tr>
<td>French Polynesia</td>
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<tr>
<td>Fed. States of Micronesia</td>
</tr>
<tr>
<td>Samoa</td>
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<tr>
<td>Vanuatu</td>
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<tr>
<td>Guam</td>
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<tr>
<td>Nauru</td>
</tr>
<tr>
<td>Solomon Islands</td>
</tr>
<tr>
<td>Wallis and Futuna</td>
</tr>
</tbody>
</table>

The Regional Commission recommended that the Sub-Regional Certification Committee should have five members, the Chairman of which will be responsible for liaisons with the Regional Commission. Committee members should have the same qualifications as stated for National Committees.

1.1 Objectives of the first meeting of the Subregional Certification Committee

1) To approve a plan of action for certification of eradication of poliomyelitis in PICs.

2) To decide on a timetable for further activities of the Subregional Committee.

1.2 Terms of Reference

The terms of reference for the Subregional Committee were established by the Regional Certification Commission and are as follows:

1) to establish a liaison with the personnel responsible for AFP/polio surveillance and immunization in each of the 20 PICs, for the purpose of documenting the eradication of wild poliovirus.

2) to distribute the certification documentation materials to each of the member states of the PICs.

3) to collate all of the documentation required for the certification of polio eradication from each of the countries of the PICs and ensure its completeness.
4) to update the Regional Commission on an annual basis of the progress towards the
certification of polio eradication in the PICS.

5) to inform the WPRO secretariat for certification on a regular basis (i.e. every 6 months)
of obstacles to certification or additional resources which may be needed for the
certification process in the PICS.

6) to recommend to the Regional Commission that the PICS be considered for certification
of poliomyelitis eradication when there has been no evidence of wild poliovirus
circulation for a minimum of 3 years, the documentation has been completed and
surveillance is adequate to both detect and respond to potential importations.

1.3 Organization

The meeting was attended by the five members of the Subregional Committee and a WHO
secretariat (see Annex 1).

1.4 Opening Session

Dr L.Tikoduadua was appointed to serve as chairman and Dr D.Morens was appointed to serve as
rapporteur. Representatives from UNICEF and Japan International Cooperation Agency (JICA)
were present at the opening session.

2. PROCEEDINGS

2.1 Background To Poliomyelitis Eradication Initiative And Certification

The committee was firstly provided with a briefing on the poliomyelitis eradication initiative (see
Annex 2 for Agenda of meeting).

a) Global polio situation

Significant progress is being made towards the global eradication of polio by the year 2000. The
strategies recommended by WHO for polio eradication are: maintaining high routine immunization
coverage, conducting large scale supplementary immunization activities, surveillance for acute
flaccid paralysis (AFP) and polioviruses, and localized immunization campaigns (mopping up) in
selected areas, to finally interrupt wild poliovirus transmission. During 1996, 92 countries have
conducted National Immunization Days (NIDs) for polio eradication. This has resulted in a steep
decline in reported poliomyelitis to the extent where the global reported cases in 1995 were only
10% of the total for 1988.

b) Global Certification Commission

In February 1995, the First Meeting of the Global Commission for the Certification of the
Eradication of Poliomyelitis was held. The Global Commission established the basis, principles and
essential criteria for global certification of eradication, defining Global certification as the eradication
of all wild polioviruses, and Regional certification as the eradication of all indigenous wild
polioviruses. The process of certification will take place through National Committees, Regional
Commissions and a Global Commission.
c) Plan of Action and Report of First Meeting of Regional Certification Commission

The Regional Commission for Certification of Poliomyelitis Eradication in the Western Pacific held its first meeting from 15 to 16 April 1996 in Canberra, Australia. During the meeting, it was resolved that, in keeping with the recommendation of the Global Commission, the Western Pacific Region of the WHO will only be certified as polio-free after all countries of the region have met the following criteria:

1) no evidence of indigenous wild poliovirus transmission has been detected for a period of at least 3 years during which surveillance has been maintained at the level of performance needed for certification.

2) a National Certification Committee in each country has validated and submitted the certification documentation required by the Regional Commission.

3) appropriate measures are in place to detect and respond to importations of wild poliovirus.

In the Western Pacific, national AFP surveillance systems should meet the specified performance levels for certification. The indicators and performance levels that are required are as follows:

i) At least 80% of expected routine AFP surveillance reports should be received on time and the distribution of reporting sites should be representative of the geography and demography of the country.

ii) The AFP surveillance system should detect a non-polio AFP rate of >1 case per 100,000 population aged less than 15 years.

iii) 100% of reported AFP cases should be investigated.

iv) At least 80% of AFP cases should have 2 adequate stool specimens examined in an accredited laboratory and a follow-up exam for residual paralysis at 60-days after the onset of the paralysis.

v) All virus isolation tests, including negative results, must be performed by accredited laboratories.

d) Regional Polio Eradication Overview

An overview of progress to date in the polio-endemic countries of the Western Pacific Region was provided to the Committee.

In 1995, six countries continued to report poliomyelitis cases (Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam). More than 5600 cases of acute flaccid paralysis (AFP) were reported in 1995. Of these, 474 cases met clinical criteria for poliomyelitis, and 31 of those 474 cases were associated with wild poliovirus. Most of the cases meeting clinical criteria are actually not true poliomyelitis, but are due to diseases that clinically resemble poliomyelitis (such as Guillain Barré syndrome with residual paralysis). This is especially the case in China. For 1996, as at 1 December, only 136 cases have been reported which meet the clinical criteria for poliomyelitis, of which only seven have been confirmed as being associated with wild poliovirus (four indigenous cases and three imported).
Circulation of wild poliovirus is now confined to the Mekong Delta of Cambodia and Viet Nam. In 1995, 30 out of the 31 virologically confirmed cases (i.e. wild poliovirus was isolated in stool samples) originated from that area. The other wild poliovirus case in 1995 and three cases in 1996 were imported into China from Myanmar, which highlights the risk of transmission across borders with other areas where the disease is still endemic.

The polio-endemic countries will continue to conduct National and Subnational Immunization Days until the transmission of wild poliovirus has been interrupted. At the same time, the countries are strengthening AFP surveillance to reach the standards required for certification.

3. Progress Towards Polio Certification in PICs

3.1 Passive Surveillance 1993 - 1996

As at 15 December 1996, a total of 11 AFP cases have been reported and investigated in PICs from 1993 to 1996. Using a background rate of 1 AFP case per 100,000 children aged 0-14 years in the 20 PICs, during that 3-year period, a minimum of 30 AFP cases can be expected (See Annex 3).

<table>
<thead>
<tr>
<th>Year of onset</th>
<th>Number of AFP cases reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>2</td>
</tr>
<tr>
<td>1994</td>
<td>1</td>
</tr>
<tr>
<td>1995</td>
<td>3</td>
</tr>
<tr>
<td>1996</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
</tr>
</tbody>
</table>

3.2 Active Search

In 1996, twenty countries were requested to conduct searches using patient registers or computer databases. A protocol was provided requesting countries to search 1994 and 1995 records for 10 neurological conditions including acute poliomyelitis. To date, searches have been done in nine countries. American Samoa, Marshall Islands, Nauru, Cook Islands, and Tuvalu reported that no AFP was identified. Fiji identified 60 neurological cases as possible AFP, but none of them has yet been confirmed as polio or polio-compatible. Searches were also conducted by Western Samoa, Federated States of Micronesia, and Kiribati. Solomon Islands and Vanuatu have started the process by conducting partial searches. French Polynesia has provided a reconfirmation of the negative results of its passive surveillance system, and pointed out the logistic problems it would face in conducting an active search.

It appears that at least some of the data obtained in the above mentioned active searches may not be reliable. Many of the possible AFP cases identified may have been based on questionable diagnoses. The process of follow-up in the form of review of individual patient records has not yet been completed, however initial analysis suggest that it is not expected that any unreported poliomyelitis cases will be detected. This type of active search may be very sensitive, but not sufficiently specific, therefore a two stage retrospective active search will be carried from 1997 onwards.
3.3 Requirements for Certification in French-administered Areas

The Committee considered the unique situation of the French-administered areas regarding both the medical system and the surveillance system. It was proposed that a sixth French-speaking member be appointed to the Subregional Committee, to liaise with French-administered areas.

4. Documentation required for Certification

The purpose of documentation of certification is to document the last wild polioviruses or clinical poliomyelitis cases in the absence of data on viruses, to detail the performance of surveillance, and to ensure the detection and control of importations.

All countries will be required to provide:

- completed standard documentation forms,
- supporting documents (maps, tables, graphs etc.).
- results of additional surveillance activities.

The standard documentation forms will include the following sections:

1) Polio cases, wild viruses and polio compatible cases.
2) Country background information.
3) Polio immunization activities
4) AFP and polio surveillance
5) Laboratory services for polioviruses

Those countries that do not have routine surveillance for AFP should undertake and document additional surveillance activities that will provide evidence of the countries’ ability to detect and respond to importations of wild poliovirus.

A Manual of Operations for the documentation of certification of poliomyelitis eradication in the Western Pacific Region has been prepared for the review of the Regional Commission at its second meeting. When approval has been received, this document will be sent out to each country.

5. Role of Expert Review Committee

As part of the process to collate all of the documentation required for the certification of polio eradication from each of the PICs, the Committee will scrutinize the documentation of all AFP cases, including previously unreported AFP cases which are detected through record reviews, and classify these in accordance with the WHO case classification system.

This will entail the detailed review of AFP case investigation forms during subsequent meetings of the Subregional Committee. While this process is normally carried out by national Expert Review Committees, in the situation of PICs, the Subregional Committee will fulfill this function.

**AFP is defined as all cases of acute flaccid paralysis among children aged less than 15 years, including Guillain-Barré Syndrome and transverse myelitis, and suspected poliomyelitis in an individual of any age.**
All AFP cases should have a full clinical, epidemiological and virological investigation, including the collection and analysis of 2 adequate stool samples and a clinical follow-up examination at 60 days after the onset of paralysis. The final classification of AFP cases should be on the basis of the following scheme:

Virologic classification of AFP cases

- Wild poliovirus
  - Expert review
  - Compatible
  - Discard
- No wild poliovirus
  - No residual paralysis
    - Discard
  - Residual paralysis, died or lost to follow-up
    - Expert review
    - Compatible
    - Discard
- Inadequate specimens
  - Discard
- Two adequate specimens
  - Confirm

6. Plan of Action for Certification in PICs

6.1 Additional AFP Surveillance Activities for PICs

The standard surveillance and laboratory indicators that are used to assess the performance of national polio eradication initiatives are not adequate for the PICs due to the limited size of their populations. Similarly, indigenous circulation of wild poliovirus probably could not persist on any of the islands if high OPV3 immunization coverage is maintained.

Additional surveillance activities are needed to demonstrate the absence of wild poliovirus circulation from the PICs. Due to the limited population size of these islands, one of the most important indicators of AFP surveillance performance, the non-polio AFP rate, is not a useful gauge of the standard of surveillance on an individual island (although it will be used to evaluate the overall sensitivity of AFP reporting in the PICs). Therefore, the following data and activities will contribute substantially to the evidence that there is no wild poliovirus circulation:

a) Retrospective active search

Periodic retrospective record reviews for childhood paralysis should be conducted as follows:

- A 5-year national review (1992-1996) for poliomyelitis, Guillain-Barre Syndrome and transverse myelitis, which should include major hospitals.

- An annual comprehensive search from 1997 onward for cases that meet the criteria for AFP.

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1 Adequate stool specimens: 2 stool specimens collected at least 24 hours apart, within 14 days of the onset of paralysis, and arriving in the laboratory with proper documentation, ice or cold ice packs present, and sufficient quantity for laboratory analysis.
A line listing of the paralyzed children detected through record reviews should be maintained, with full details of any cases which meet the criteria for AFP. Any previously unreported AFP cases which are detected should be fully investigated through a follow-up exam for residual paralysis and, if within 2 months of the onset of paralysis, collection of 2 stool specimens. The collection of contact specimens may be warranted if the case is detected more than 2 months after the onset of paralysis. The case investigation and follow-up forms from these cases should be available for review by the Sub-Regional Committee.

b) Active Surveillance

- Hospital-based active surveillance

This involves hospital coordinators and key health practitioners in approximately 27 tertiary and 37 secondary hospitals in 20 PICs. The hospital coordinator is required to make monthly visits to carry out the following activities:

1. review relevant registers
2. record results
3. circulate a form to key clinicians (for example see Annex 4)
4. send a completed form to the national coordinator

- Key clinician active surveillance

In countries where there is an active private medical sector, it is necessary to involve key physicians and perhaps others who may be working outside the national hospital system. A modified version of the form mentioned above (Annex 4) could be used for clinicians to record whether or not they have seen a case of AFP during the reporting period. The national coordinator is required to ensure the following activities are carried out:

1. a form is mailed monthly to key non-hospital clinicians
2. clinicians sign the form and return it to the national coordinator
3. national coordinator follows up on defaulters and files all returns

6.2 Activities under the Plan of Action for 1997

The Subregional Committee is required to update the Regional Commission on an annual basis of the progress towards the certification of polio eradication in the PICs. To ensure that progress occurs in 1997, the Subregional Committee advises all PICs to follow a plan of action, to provide the following documentation to the Subregional Committee in time for the second meeting of the Committee in December 1997.

1) Nominate the national coordinator in each country who will be responsible for collecting data for documentation of polio eradication.

2) Provide documentation of when and where the last poliomyelitis case was reported (as far as existing records permit).

3) Document the progress made in developing active surveillance for AFP, using a standard protocol for data collection, in collaboration with WHO staff and consultants.
7. Timetable of Activities

The Committee provided a Timetable of Activities (see Annex 5).

8. Conclusions of Subregional Committee.

1) All PICs should begin the process of certification of poliomyelitis eradication by 1997. The secretariat, following endorsement of the Regional Commission, will finalize the Manual of Operations and distribute it to every country.

2) A representative of the French-administered Areas should be appointed as a sixth member of the subregional certification committee.

3) All PICs should provide a first country status report to the Subregional Committee for review at the second committee meeting in December 1997. The first report should detail the progress made in developing active surveillance for AFP, using a standard protocol for data collection, in collaboration with WHO staff and consultants.

4) The Subregional Committee reviewed the current status of AFP surveillance in PICs, noting that no country has yet attained the standards of surveillance required for certification. The Subregional Committee noted that all PICs had been informed of the processes required for certification, and urged the secretariat to ensure that the required surveillance information and guidelines, including stool sampling kits are available in every country and area.

In order to achieve certification standards of surveillance, the following additional surveillance activities will be required by the Subregional Committee.

a) Monthly active surveillance for AFP at all major hospitals.

b) A key practitioner based AFP active surveillance system requiring a signed monthly report from all designated health practitioners.

c) Retrospective active search for AFP cases in two stages:

- Initial 5 year retrospective search for a limited number of conditions that present as AFP (poliomyelitis, Guillain-Barre Syndrome, transverse myelitis, acute neuritis etc.).

- Annual comprehensive search in every country, starting in 1997, for all conditions that can present with AFP.

d) Monthly statements from designated private practitioners or others where appropriate using a pre-addressed card sent through the mail.

e) Other appropriate surveillance activities as recommended by the Regional Commission.
Members of the Subregional Committee for the Certification of Poliomyelitis Eradication in Pacific Island Countries and Areas of the Western Pacific Region

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Vaiola Hospital
Nuku’alofa
Tonga

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and Children Health
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Apia
Western Samoa

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INFORMAL MEETING OF THE SUBREGIONAL COMMITTEE FOR THE CERTIFICATION OF POLIOMYELITIS ERADICATION IN PACIFIC ISLAND COUNTRIES AND AREAS

SUVA, FIJI  17 DECEMBER 1996

AGENDA

0830  Opening Proceedings - Welcome from Dr Ahn, WHO Representative, South Pacific.
Self Introduction
Appointment of Chairman and Rapporteur

Objectives of meeting
Terms of Reference of Committee

0930  Coffee Break

0945  Background to Poliomyelitis Eradication Initiative and Certification

a) Global polio situation
b) Global certification commission
c) Plan of Action for Regional Certification Commission
d) Regional polio eradication overview
e) Report of first meeting of Regional Commission

1100  Progress towards polio eradication in Pacific Island Countries

1115  Documentation required for certification

1130  Role of an expert review committee

1200  Lunch Break

1300  Plan of Action for certification in Pacific Island Countries

1400  Timetable of activities

1500  Coffee Break

1515  Conclusions of Subregional Committee

1600  Closing of meeting
### Pacific Island Populations and AFP investigations

<table>
<thead>
<tr>
<th>Country</th>
<th>Mid-1994 Population (estimated)</th>
<th>% aged 0-14 yrs</th>
<th>Population aged 0-14 yrs</th>
<th># of AFP investigations expected in 3 years</th>
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</thead>
<tbody>
<tr>
<td>Fiji</td>
<td>777,700</td>
<td>38.2</td>
<td>297,100</td>
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<tr>
<td>Solomon Islands</td>
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<td>47.3</td>
<td>173,800</td>
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<tr>
<td>French Polynesia</td>
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<td>36.0</td>
<td>78,500</td>
<td>2 - 3</td>
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<tr>
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<td>44.1</td>
<td>72,400</td>
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<td>163,500</td>
<td>40.6</td>
<td>66,400</td>
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<td>0 - 1</td>
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<td>Wallis and Futuna</td>
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<td>41.9</td>
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<td>42.6</td>
<td>600</td>
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<td><strong>TOTAL</strong></td>
<td><strong>2,540,500</strong></td>
<td><strong>996,900</strong></td>
<td></td>
<td><strong>30</strong></td>
</tr>
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</table>

**Source:** South Pacific Commission,  
(report to the International Conference on Population and Development, Cairo, Sep 1994)  
* updated at 1994 census
YAP STATE HOSPITAL

Month / Year: __________ / __________  Since the last time you signed this form, have you seen any of the following? *

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Signature</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Dr Victor Nadan</td>
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<td>Dr David Rutstein</td>
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<td>Dr Petra Tun</td>
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<td>Dr Richter Yow</td>
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</table>

**NOTE:**  

AFP = acute flaccid paralysis

If a child with AFP is seen, this should be reported immediately to the state coordinator for investigation, without waiting to report on this form.

* Give details of all “Yes” responses (e.g. name, hospital number, age, sex, residence, clinical details):

State Coordinator: Provide a summary (on the back) of chart reviews or investigations of suspect cases, and of reviews of log books or registers (those reviewed, suspect cases found, etc.)
Proposed Timetable for the Sub-Regional Committee for the Certification of Polio Eradication in PICs

Dec. 1996  First meeting of the Sub-Regional Committee  
- decision on timetable.  
- review of Regional Plan of Action for Certification and requirements for PICs  
- approve a plan of action for PICs.


- recommendation of special surveillance activities required for certification in the PICs.

Dec. 1997  2nd meeting of Subregional Committee  
Review of progress under plan of action  
Finalization of documentation materials for Certification of the PICs.

Aug. 1998  Submission of documentation for certification of the PICs to the 3rd Regional Commission meeting.

Dec. 1998  3rd meeting of Subregional Committee  
Update of certification documentation for the PICs.

- review of actions taken to detect and respond to importations.

Dec. 1999  4th meeting of Subregional Committee  
Update of certification documentation for the PICs.

Aug. 2000  Submit Final Documentation on Sub-Regional certification to the 5th Regional Commission meeting.

2000 onwards  Updates to the Regional Commission, as required, on the status of polio eradication and certification activities until such time as Global certification occurs.