

**Abridged  
Annual Update  
National Documentation for Certification  
of Poliomyelitis Eradication**

**Name of Country:**            **Libya**

**Year:**                            **2007**

**Submitted to WHO/EMRO on:**    **01/03/2008**

*Note: This document is for submission of **Abridged Annual Updates** by the National Certification Committees of countries which have submitted the **Final National Documents** that have been reviewed and accepted as adequate by the Regional Certification Commission*

**Eastern Mediterranean Region  
World Health Organization  
Cairo, Egypt**

**COMPOSITION OF THE NATIONAL CERTIFICATION COMMITTEE:**

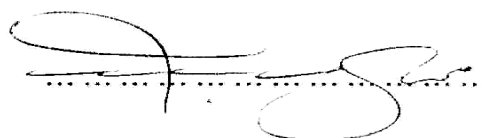
**Have there been any changes in the composition of the National Certification Committee?** No.  Yes.

If yes, please provide name and title or position of each new member as well as of each person who is no longer a member of the committee: No addition

**Outgoing member/s**

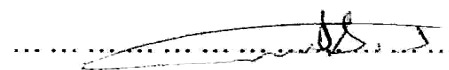
**Name:** *Dr. Majdi Kara --> Chairperson*

**Position:** *Consultant Pediatric Neurologist*



**Name:** *Dr. Ali Misherghi --> Member*

**Position:** *Consultant Epidemiologist*



**Name:** *Dr. Rabia Gweder --> Member*

**Position:** *Consultant Pediatrician*



**Name:** *Dr. Khadiga Elhoni --> Member*

**Position:** *Consultant Pediatrician*



**Name:** *Dr. Abdurrahman Furrarah--> Member*

**Position:** *Consultant Virologist*



**Provide dates of the NCC meetings during the period under review:**

06.01.2007	20.01.2007	03.02.2007	17.02.2007	03.03.2007	31.07.2007	21.08.2007
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**Note: Minutes of the NCC meetings should be available upon request of the Regional Commission.**

**Date of submission of update: 01.03.2008**

## **Part 1. EXECUTIVE SUMMARY**

The executive summary should include a summary of the method of work of the NCC during the period of review and its main findings conclusions and recommendations to the Regional Commission. It should also include the key findings, which have convinced the NCC of the continued polio free status of the country and any remaining concerns about the National Programme or significant gaps in information needed. The NCC should consider highlighting additional relevant information for the RCC. For example, the following information would be helpful to the RCC:

- NCC should state their assessment of the risks resulting in possible poliovirus importation into the country
- emphasize concerns regarding gaps in administrative and managerial support to the national program
- highlight concerns about reduction in human and/or material resources needed to maintain polio-free status

# **The National Certification Committee**

## **Executive Summary**

### **Method:-**

1. All the members of the NCC are briefed by the EPI manager and his team 3 monthly and when needed about the national and international polio eradication program progress, also briefed by the NEG and the containment committee about the AFP cases and the containment update.
2. The NCC members participated in the plans of the NIDs campaign including the one done 2007.
3. The NCC members participated in the follow up review of AFP surveillance conducted in Libya by independent team from EMRO (W.H.O), on 18-22 August 2007, to assess the implementation of recommendations made by the 2004 AFP surveillance review and preparedness for possible importation of wild poliovirus.
4. Visits to some of the immunization centers and AFP reporting sites and attending the annual meeting of the national AFP surveillance team.
5. Make discussions and recommendations with the EPI manager regarding the polio eradication program when appropriate.
6. The NCC members are involved in the advocacy and orientation meeting to the staff of their attached hospitals and help in other major hospitals.
7. Indorse and submit the national documentation for polio eradication annually To the RCC.

The NCC reviewed this year the first abridged annual update and the previous annual update for certification of poliomyelitis eradication; the following are the NCC findings, conclusions and recommendations.

## **Finding:-**

**AFP surveillance** maintained high AFP rate 3.23 and specimen's adequacy of %98.5, taking into consideration the recommendations given by the follow up review of the AFP independent team from EMRO during August 2007 to improve the surveillance system structure and function.

**Supplementary immunization activities** were carried out in spite of the country being polio free since 1992, with high OPV coverage rate , but as an extra measure to improve the population immunity against any imported case of polio from the neighboring endemic countries (e.g. Chad and Niger).

SIAs conducted during 2007 were:

- NIDs of two rounds.
- mop up in the southern area.
- SNIDs in the southern area in response to two AFP cluster cases (polio negative).
- Also planning for conducting SNIDs in the southern area in 2008.

**OPV coverage** has maintained high rate in the range of 95% all over the country.

### **Update on containment of polio viruses and potential infectious material:**

phase I of laboratory survey and inventory of laboratory containment had been completed, and quality assessment of phase I accepted by EMRO.

No polio virus or potentially infectious material was found or stored.

**National plan of action** for detection and response to wild polioviruses importation has been endorsed without changes.

The response to the two cases of AFP cluster was satisfactory and showed the ability of the system to implement the plan of action on the ground, including conducting SNIDS in the area.

**Remaining concerns and recommendations:**

In view of the current situation in the African countries with continuation of circulation of wild polio in Nigeria, Chad and Niger with the free population movement across the southern border and the presence of refugees clusters, the risk of importation is maintained.

The NCC would like to see more resources put from the ministry of health to support the quality of the surveillance in the southern area and encourage immunization among the refugees.

**Conclusion :**

- In view of the back ground history that the last polio case reported was in 1991.
- virological studies from AFP cases were all negative since 1997.
- AFP surveillance is sensitive enough to detect any imported case of polio by maintaining high AFP rate (3.23), with good specimen's adequacy 98.5%, high OPV coverage in the range of 95%.
- Maintaining supplementary immunization activities by doing NIDs, SNIDs and mop up as a measure to any importation from the southern border and improving herd immunity.
- Phase I containment showed that the country is free from any infectious or potentially infectious material that might contain wild polio virus.

*The NCC members conclude that Libya is a polio free country and remains to be so.*

## **NATIONAL DOCUMENTATION FOR CERTIFICATION**

### **Part 2.**

2. Follow up and response to specific comments and recommendations by the RCC on the previous Final report or Abridged annual update.

Please attach a copy of the comments of the Regional Certification Commission on the previous Final report/ Abridged annual update sent by the Chairman of the Regional Commission.

Please indicate action taken and, if needed, attach additional sheets and appropriate maps and/or tables.

**No Comments**

### PART 3. PERFORMANCE OF AFP SURVEILLANCE

3. Completeness of routine reporting from health facilities:

Year	Number of Reporting sites	Completeness of Routine Reporting			Comment (i.e. areas with poor reporting)
		# reports expected*	# reports received	% reports received	
<b>2007</b>	<b>65</b>	<b>3380</b>	<b>3103</b>	<b>91.8%</b>	

\* number of routine reporting sites x number of reporting periods in 1 year (i.e. if monthly reporting, periods = 12; if weekly reporting, periods = 52).

4. Additional comments on completeness and timeliness of routine reporting:

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5. Summary of the completeness of active surveillance visits for AFP:

Year	No of active Surveillance sites	Completeness of Active Surveillance Visits			Comment (i.e. areas with poor active surveillance)
		No of visits expected*	No of visits conducted	% of visits conducted	
<b>2007</b>	<b>54</b>	<b>2808</b>	<b>2520</b>	<b>89.7%</b>	

\* number of active surveillance sites x number of visits in 1 year (i.e. if weekly, periods =52).

6. Comments on AFP active surveillance (active case finding in health care and sentinel sites facilities on a regular basis) and their timeliness:

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7. Performance of AFP Surveillance, YEAR **2007**:

1 <sup>st</sup> Administrative Level (state, Province, or Governorate)	Population aged <15 yrs	Total 'non-polio' AFP cases reported <15 yrs	Non-polio AFP rate*	Total AFP cases with 2 adequate stool samples	% AFP cases with adequate stool samples
<b>Al Gabal El Gharbi</b>	<b>156,076</b>	<b>5</b>	<b>2.5</b>	<b>5</b>	<b>%100</b>
<b>AL JABAL AL AKHDAR</b>	<b>194,031</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>%100</b>
<b>AL ZAWIYAH</b>	<b>168,913</b>	<b>10</b>	<b>5</b>	<b>10</b>	<b>%100</b>
<b>BENGHAZI</b>	<b>406,612</b>	<b>8</b>	<b>2</b>	<b>8</b>	<b>%100</b>
<b>SABHA</b>	<b>179,825</b>	<b>6</b>	<b>3</b>	<b>5</b>	<b>%83</b>
<b>GOLF OF SERT</b>	<b>402,817</b>	<b>7</b>	<b>1.75</b>	<b>7</b>	<b>%100</b>
<b>TARABULUS</b>	<b>539,538</b>	<b>28</b>	<b>5.6</b>	<b>28</b>	<b>%100</b>
<b>TOTAL</b>	<b>2,047,812</b>	<b>66</b>	<b>3.23</b>	<b>65</b>	<b>%98.50</b>

\* per 100,000 population aged less than 15 years.

7a. If an independent review/assessment of AFP surveillance was conducted during the review period, kindly attach the executive summary with the main findings and recommendations of the review.

*Follow up on Review of Acute Flaccid Paralysis (AFP) Surveillance in  
Libyan Arab Jamahiriya  
2007*

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***Main recommendations:***

- 1. To implement those recommendations that are still pending or partially implemented from previous review*
- 2. Guidelines to be reviewed/revised and distributed*
- 3. New concepts (hot cases, collection of contact samples in case of inadequate specimens for AFP cases) to be stressed and included in new guidelines and training.*
- 4. Supervision need to be scheduled and documented*
- 5. Confusion of zero reporting and active surveillance to be resolved and both lists to be updated*
- 6. Other health sectors should be sensitized and included in the system (private and others)*
- 7. Special plans need to be developed for the south not only for immunization but for surveillance as well.*

## Part 4. CLASSIFICATION / FINAL DIAGNOSIS OF AFP CASES

### 8. Summary of AFP Case Classification:

Year	Total number of AFP cases	No. AFP cases discarded as non-polio AFP	No. AFP cases classified as polio compatible	No. AFP cases not classified*
2007	66	66	0	0

\* For each case not yet classified, provide the reason for the delay.

### 9. Summary of the final diagnosis of AFP cases discarded as non-polio:

Year	GBS (No. and %)	Transverse Myelitis	Traumatic neuritis	Other diagnoses (please specify and attach list)	Unknown	Total AFP cases discarded as non-polio
2007	61 (92.5%)	0	0	5 (7.5%) C72 1 (1.5) D43 1 (1.5) L08.9 1 (1.5) M60 1 (1.5) R26 1 (1.5)	0	66

### 10. Summary of AFP Case Classification by the National Expert Committee:

Year	AFP cases reviewed by the National Expert Committee			No. of AFP cases with inadequate specimens NOT reviewed by the Expert Committee*
	Total	Polio Compatible	Discarded	
2007	66	0	66	0

\* Please provide the reasons for each case.

**11. AFP Cases Reviewed by the National Expert Committee:**  
For the year under review, please attach a line listing of the AFP cases reviewed and classified by the national expert committee (Use Table 11 on the next page ).

**Note: Minutes of the Expert Committee meetings should be available if requested by the Regional Commission**

**Table 11. Line list of cases\* reviewed and classified by the National Expert Committee**  
**YEAR:2007**

<b>AFP Case Findings</b>	ID Number	<i>LIY 2007-040</i>
	Age	<i>15/01/1999</i>
	Onset Date	<i>10/06/2007</i>
	OPV doses	<i>5</i>
	Reason Reviewed	<i>inadequate stools and residual paralysis</i>
	Fever at Onset	<i>No</i>
	Asym Paral.	<i>Yes</i>
	Rapid Progression of Paralysis <4 days	<i>No</i>
	Other Investigations.	<i>Non</i>
	# Stool Specimens	<i>2</i>
	# .ad.	<i>0</i>
	NPEV (y/n) & typing	<i>-</i>
	<b>Probable</b>	Clinical Diagnosis
<b>Exp Comm</b>	(compatible or discard)	<i>Discard</i>
<b>Cluster of Compatibles</b>	Onset	<i>-</i>
	Location	<i>-</i>
	Cluster (y/n) & result of epidemiologic investigation	<i>-</i>

12. Summary of the supplementary investigations and any immunization activities conducted in response to each polio compatible case detected in the year under review.

Date of Onset	Location	Summary of Additional Investigations, immunization activities and conclusion (please attach details, if needed)

## Part 5. WILD POLIOVIRUS IMPORTATION

13. Has there been any importation of wild poliovirus into the country during the period under review **No**

If yes, for each introduction please use a separate sheet, supplemented by maps and tables, and provide details on:

- How was it discovered?

- a) Probable dates of importation/s
- b) Populations and areas affected
- c) Duration and extent of virus circulation
  - Duration of viral circulation (date of first and last isolation)
  - Number of polio cases related to this importation
  - Number of wild virus isolations related to this importation
  - Geographic extent of virus circulation
- d) Known or probable source
- e) Transmission link of virus sequence data
- f) Response activities
  - In situ surveillance activities
  - Supplementary surveillance activities (use table below).

Summary of intervention responses to poliovirus importation/s. (You can add more columns if more rounds were conducted)

Date/s of identification	Location of outbreak/importation	Geographic area included in response	Target age group	Date 1 <sup>st</sup> round	Date 2 <sup>nd</sup> round	Number immunized 1 <sup>st</sup> round	Number immunized 2 <sup>nd</sup> round

g) Provide evidence showing that poliovirus circulation has been terminated

13a. If the Plan of Action for Preparedness for Wild Poliovirus Importation has been updated during the year under review, please attach a copy of the Updated Plan.

*Comments: the plan not updated. It is planned to review it in 2008. The plan was operated on response to cluster of AFP cases ( two cases are brothers in south of Libya). The national centre of diseases prevention and control committee held special meeting immediately. All measures were taken including informing all poliomyelitis eradication committees and Poliomyelitis eradication unit in EMRO.*

*Surveillance was enhanced, stool samples were collected from cases and contacts, central team for investigation visited the area and SNIDs was conducted.. The first AFP case was reported on 30.11.2007 and the second was reported on 05.12.2007. SNIDs conducted on 09.12.2007. All samples were negative for wild polio viruses.*

## Part 6. LABORATORY ACTIVITIES FOR POLIO ERADICATION

14. Summary of Accreditation Results of laboratory processing samples. **NA**

Date last accredited	Score of onsite review	Proficiency test score (%)	NPEV isolation rate (%)	Annual No. of specimens processed	Correct polio typing result (%)	Results reported on time (%)	Fully accredited (yes / no)
2007	-----	-----	-----	-----	-----	-----	-----

15. Stool and other specimens **received** or **sent** and processed for polioviruses. **NA**

Year	Total stools from AFP cases	Total stools from AFP contacts	Other* stools received	Completeness of stool Specimen analysis		Total other** specimens received	Completeness of other specimen analysis	
				Processed	Not Proc'd		Processed	Not Proc'd
2007	-----	-----	-----	-----	-----	-----	-----	-----

\* other stool specimens such as stool from surveys or from cases other than AFP cases and their contacts (e.g. Aseptic meningitis)

\*\*other specimens: samples and clinical specimens other than stools. (e.g. sewage samples)

16. Summary of polioviruses isolated and processed for intratypic differentiation  
(Please include data for the country only)

Year	Total polioviruses isolated	Source of Poliovirus isolates		No. of isolates sent for Intratypic Differentiation	Intratypic differentiation (I.D.) results			
		AFP cases	Other (specify*)		Sabin like	Wild	Mixed W+SL	VDPV
2007	1	1	0	1	1	0	0	0

\* Specify 'Other' sources of poliovirus isolates: Non

## **Part 7: UPDATE ON CONATINMENT OF POLIOVIRUSES AND POTENTIAL INFECTIOUS MATERIAL**

17. Has Phase 1 of laboratory Survery and Inventory of laboratory containment of wild polioviruses and potential infectious material completed.

Yes:  No:

If yes,

Number of laboratory surveyed: **643**

- i. Number of laboratories with only wild poliovirus materials : **0**
- ii. Number of laboratories with only wild poliovirus potential infectious materials: **0**
- iii. Number of laboratories with both types of materials : **0**

18. Specify the plans for the wild poliovirus materials in these laboratories:

a. Number of laboratories choosing to retain the materials : **0**

Specify the Biosafety level of operation in each laboratory retaining materials:

b. Number of laboratories choosing to destroy the materials: **0**

Provide documentation supporting that the materials were destroyed

c. Number of laboratories choosing to transfer materials: **0**

Provide information on where the materials were transferred

19. Has a quality assessment of the Phase I activities been conducted along with the creation of a comprehensive written report of the activities?

Yes:  No:

(If yes, please attach copy)

**The report was sent 2007 to EMRO ( 17<sup>th</sup> RCC meeting). The report was accepted.**

## Part 8. ROUTINE POLIO IMMUNIZATION COVERAGE

20. Routine immunization Coverage of infants with OPV3 by 1<sup>st</sup> Administrative Level: i.e. state, province, or governorate, for the year under review.

Year: 2007

Immunization (OPV3) Coverage (%)		
1 <sup>st</sup> Admin. Level	% Coverage	Remarks
<i>Albutanan</i>	<i>95.9%</i>	
<i>Darna</i>	<i>95.1%</i>	
<i>Aljabal Alakdar</i>	<i>97.4%</i>	
<i>Almarg</i>	<i>96.7%</i>	
<i>Benghazi</i>	<i>97.2%</i>	
<i>Alwahat</i>	<i>96.6%</i>	
<i>Alkofra</i>	<i>94.4%</i>	
<i>Sert</i>	<i>98.3%</i>	
<i>Algufra</i>	<i>97.8%</i>	
<i>Misruta</i>	<i>95.0%</i>	
<i>Almergub</i>	<i>96.5%</i>	
<i>Tripoli</i>	<i>98.2%</i>	
<i>Aljfaraa</i>	<i>97.8%</i>	
<i>Alzawiya</i>	<i>95.1%</i>	
<i>AlnekatAlkams</i>	<i>96.9%</i>	
<i>Aljabal Alkarbi</i>	<i>97.4%</i>	
<i>Nalut</i>	<i>91.7%</i>	
<i>WadiAlhiat</i>	<i>97.5%</i>	
<i>Ghat</i>	<i>94.6%</i>	
<i>Sabha</i>	<i>93.0%</i>	
<i>Wadi Alshati</i>	<i>93.1%</i>	
<i>Morzuq</i>	<i>95.9%</i>	

## Part 9. SUPPLEMENTARY IMMUNIZATION ACTIVITIES FOR POLIO ERADICATION

21. Specify supplementary immunization activities conducted for polio eradication during the year under review:

- a) National OPV Immunization Days (NIDs): **Yes**
- b) Sub-national OPV Immunization Days (SNIDs): **Yes**
- c) 'Mopping-up' activities with OPV: **Yes**
- d) Other (specify): .....

22. Summary of National and Sub-national supplementary OPV immunization activities (SIAs such as NIDs, SNIDs and mopping up) during the year under review:

Type of SIA Round & date	Target age group	No. of Children Targeted	coverage (%)
<i>NIDs (06/01/2007 – 11/01/2007)</i>	<i>0 – 59 M</i>	<i>815000</i>	<i>104%</i>
<i>NIDs (01/02/2007 – 15/02//2007)</i>	<i>0 – 59 M</i>	<i>806039</i>	<i>103%</i>
<i>Mop-up (19/05/2007 – 24/052007)</i>	<i>0 – 59 M</i>	<i>---</i>	<i>-----</i>
<i>SNIDs (09/12/2007 – 13/12/2007)</i>	<i>0 – 59 M</i>	<i>52825</i>	<i>106%</i>

23. If 'Mopping up' was conducted during the year under review, please state the criteria used for deciding the areas to be included in 'Mopping-up' activities:

*The areas where vaccination status of the targeted population is uncertain, these areas are recently entered the country.*

24. Summary of 'Mopping-up' activities during the year under review:

Reason for 'Mopping-up'	Date	Geographic Area Included	Age Group	Target Pop. Size*	number immunized
<p><i>1-the areas are in the southern part of the country where wild polioviruses still circulating in the countries south to Libya ( e.g. Chad)</i></p> <p><i>2-The targeted population living in these areas are recently entered to the country</i></p>	<p><i>(19/05/2007 - 24/052007)</i></p>	<i>Ghat</i>	<i>0 - 59 M</i>	<i>-</i>	<i>1449</i>
		<i>WadiAlhiat</i>	<i>0 - 59 M</i>	<i>-</i>	<i>7089</i>
		<i>Morzuq</i>	<i>0 - 59 M</i>	<i>-</i>	<i>5683</i>
		<i>Alkatron</i>	<i>0 - 59 M</i>	<i>-</i>	<i>4325</i>
		<i>Sabha</i>	<i>0 - 59 M</i>	<i>-</i>	<i>10908</i>
		<i>Wadi Alshati</i>	<i>0 - 59 M</i>	<i>-</i>	<i>2287</i>
		<i>Alkofra</i>	<i>0 - 59 M</i>	<i>-</i>	<i>2542</i>
		<i>Total</i>			<i>34283</i>

*\*The target population size in the areas was not known because they are recently entered to the country.*