16th Meeting of the Regional Certification Commission for the Polio Endgame in the Region of the Americas

24–27 July 2023

Panama City, Panama

Washington, D.C., 2024
16th meeting of the Regional Certification Commission for the Polio Endgame in the Region of the Americas: Meeting report. 24-27 July 2023, Panama City, Panama

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Contents
Abbreviations and acronyms ........................................................................................................ iv
Introduction .................................................................................................................................. 5
Meeting objectives ..................................................................................................................... 5
Review methodology .................................................................................................................. 5
Global and regional polio updates ............................................................................................... 6
Results of the review of the annual country reports ................................................................. 7
  Risk assessment ..................................................................................................................... 9
Conclusions and recommendations .......................................................................................... 12
  General recommendations .................................................................................................... 12
    For PAHO .......................................................................................................................... 12
    For countries ...................................................................................................................... 12
    For the national certification committees and the Caribbean Subregional Certification Committee ................................................................................................................. 13
Abbreviations and acronyms

**AFP** acute flaccid paralysis
**cVDPV** circulating vaccine-derived poliovirus
**cVDPV2** circulating vaccine-derived poliovirus type 2
**IHR** International Health Regulations
**IPV** inactivated polio virus vaccine
**NCC** national certification committee
**PAHO** Pan American Health Organization
**RCC** Regional Certification Commission for the Polio Endgame in the Region of the Americas
**SCC** Caribbean Subregional Certification Committee
**VDPV** vaccine-derived poliovirus
**VDPV1** vaccine-derived poliovirus type 1
**WHO** World Health Organization
**WPV** wild poliovirus
**WPV1** wild poliovirus type 1
Introduction
The 16th Meeting of the Regional Certification Commission for the Polio Endgame in the Region of the Americas (RCC) was convened in Panama City, Panama, from 24 to 27 July 2023. During the meeting, the RCC discussed and validated the annual reports from 22 countries and the report from the Caribbean Subregion, which includes information from 13 countries and nine territories. The reports submitted comprise information on the polio program’s performance and the status of polio eradication in 2022. The general recommendations, country validation results, and final meeting report were discussed and approved by all RCC members.

Meeting objectives
The objective of the meeting was to review, discuss, and validate the 2022 annual reports on the status of polio eradication.

Secondary objectives were:
- To provide specific recommendations to countries to maintain the region’s polio-free status;
- To update the regional polio outbreak risk assessment.

Review methodology
Given the high risk of polio outbreaks within the region, the review methodology was adjusted to encourage the active participation of all members of the RCC, facilitating the provision of more specific recommendations for individual countries. The review methodology comprised four steps:

1. Each country report and the subregional report were reviewed and validated by two assigned RCC members.
2. The Secretariat of the Pan American Health Organization (PAHO) presented a summary of the information to all RCC members.
3. The validation results were discussed among the RCC reviewers (two RCC members from each country were assigned as reviewers) when there were differences in the validation results.
4. All RCC members provided comments and recommendations for each country.

The discussion of the annual polio status reports was based on seven questions that were previously defined by the RCC. These questions, which were revised during the 15th RCC meeting and previously presented to the countries, were as follows:

1. Considering the national and subnational vaccination coverage, what is the RCC’s assessment of the risk for poliovirus circulation in the event of the importation of wild poliovirus (WPV) or circulating vaccine-derived poliovirus (cVDPV), or the emergence of a vaccine-derived poliovirus (VDPV)?
2. What is the risk of not detecting rapidly and reliably an imported WPV/VDPV or a VDPV should it emerge?
3. Has the country minimized the risks of a facility-associated reintroduction of poliovirus for facilities collecting, handling, or storing materials infectious or potentially infectious for poliovirus?
4. Has the country conducted a risk assessment down to the subnational level and developed a risk mitigation plan?
5. Is the country adequately prepared to respond to an event or outbreak if one were to occur?
6. Based on the available evidence, what is the risk of undetected poliovirus circulation in the country during the reporting period?
7. Does the evidence provided support the assessment finding that the country remains free of polio?

Global and regional polio updates
A comprehensive global update on polio was presented by the World Health Organization (WHO) at the beginning of the meeting, followed by a presentation from PAHO on the regional polio situation and on the International Health Regulations (IHR) Emergency Committee for Polio. The main ideas presented can be summarized as follows:

- While WPV type 1 (WPV1) remains endemic in Afghanistan and Pakistan, there is only one region in Afghanistan and one region in Pakistan where there are persistent positive detections; all other positive detections are isolated and/or sporadic.
- No WPV1 cases have been detected in Africa since August 2022.
- Even though the burden of cVDPV type 2 (cVDPV2) is reducing globally, multi-country outbreaks of cVDPV2 continue, mainly in Africa. The novel oral poliovirus vaccine type 2 (nOPV2), characterized by greater genetic stability than the monovalent oral poliovirus vaccine type 2, is being used to respond to these outbreaks.
- Genetically linked cVDPV2 isolates from environmental samples were reported from Canada, Israel, the United Kingdom of Great Britain and Northern Ireland, and the United States of America, all of which use only the inactivated poliovirus vaccine (IPV) in their vaccination schedule. Transmission has been within closely connected communities with low vaccination coverage. Between the first detection of this cVDPV2 and 24 July 2023, two cVDPV2 cases (one in Israel and one in the United States of America) were reported. Additional information on this outbreak was published by PAHO in its Epidemiological Updates1 and is included in the 15th RCC meeting report.2
- The international spread of poliovirus remains a Public Health Emergency of International Concern and recommendations have been provided for:
  o States infected with WPV1, cVDPV type 1, or cVDPV type 3 and that pose a potential risk of international spread;

o States infected with cVDPV2, with or without evidence of local transmission;

o States no longer infected with WPV1 or cVDPV, but that remain vulnerable to reinfection by WPV or cVDPV.

o Within the Americas, Canada and the United States of America fall into category 2 (i.e., they are infected with cVDPV2), as designated by the IHR Emergency Committee for Polio, and have been advised to conduct prompt and thorough investigations of cases, enhance IPV immunization efforts, and facilitate cross-border collaboration. In addition, these countries should prioritize promoting IPV vaccination for travelers, maintaining vaccination records, and reinforcing regional cooperation for the surveillance and vaccination of mobile populations.

The document outlining the conclusions of the 35th Meeting of the IHR Emergency Committee for Polio can be accessed on the WHO official website.3

- Preliminary data for the Region of the Americas suggest that poliovirus vaccination coverage improved in 2022 when compared with 2021. Coverage of first IPV dose increased from 78% in 2021 to 83% in 2022 and Polio3 coverage (i.e., coverage with a third dose of vaccine) increased from 80% to 82%. Furthermore, all countries, with the exception of one, had introduced the second IPV dose as recommended by the Technical Advisory Group.4

- Acute flaccid paralysis (AFP) surveillance also improved.5 In 2021, the regional AFP rate was 0.93 per 100,000 children under 15 years, compared with 1.33 per 100,000 in 2022. However, the AFP rate for the last 52 weeks as at 15 July 2023 was 1.25; and the annualized 2023 AFP rate is 1.08.

- A case of polio due to VDPV type 1 (VDPV1) was identified in Peru, namely in a 14-month-old child who belongs to an indigenous community in the district of Manseriche in the Datem del Marañón province of the Loreto department. The child had no history of vaccination or travel before the onset of symptoms. The onset of paralysis was on 29 December 2022, and the case was confirmed and reported to PAHO on 21 March 2023. The VDPV1 has 31 nucleotide changes from the prototype Sabin 1 and is not genetically related to any other VDPV1 known to the program. The number of nucleotide differences suggests that the virus could have been circulating for three years. No further isolates or cases have been reported, but further investigations are still needed. Additional information was published by PAHO in its Epidemiological Updates.6

Results of the review of the annual country reports

The RCC received and reviewed all the reports expected from the countries of the Region of the Americas and the report from the Caribbean Subregion. Insufficient data in one

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4 Source: Country reports through the Joint Reporting Form on Immunization.

5 Source: Country reports through the Integrated Surveillance Information System.

country report meant that it was not possible to evaluate that country’s situation. The RCC concluded the following:

- Considering the national and subnational vaccination coverage, only 1 country was assessed as very low risk, 3 countries as low risk, 3 countries and the Caribbean Subregion as medium risk, 2 countries as high risk, and 12 countries as very high risk of poliovirus circulation in the event of importation of WPV or cVDPV, or the emergence of a VDPV.
- The risk of not detecting rapidly and reliably an imported WPV/VDPV or VDPV should it emerge was assessed as very low in six countries, low in seven countries, medium in three countries, high in three countries, and very high in two countries and in the Caribbean Subregion.
- Sixteen countries have minimized the risks of a facility-associated reintroduction of poliovirus for facilities collecting, handling, or storing materials infectious or potentially infectious for poliovirus.
- Five countries have conducted a risk assessment at the subnational level and developed a risk mitigation plan, 13 countries partially meet the criteria, and 3 countries and the Caribbean Subregion have not conducted a risk assessment and/or developed a risk mitigation plan.7
- Eight countries are adequately prepared, 11 countries and the Caribbean Subregion are partially prepared, and 2 are not prepared to respond to an event or outbreak if one were to occur.8
- Based on the available evidence, the risk of undetected polio circulation in the country during the reporting period was assessed as low in nine countries, medium in six countries and the Caribbean Subregion, and high in six countries.
- The evidence provided supports the assessment that the country remains free of polio in eight countries and the Caribbean Subregion, partially supports the assessment in nine countries, and does not support the assessment in four countries.

7To meet the criteria, a country must have conducted a risk assessment down to the subnational level, conducted a root-cause analysis, and developed a risk mitigation plan that includes at least 80% of the population in high- and very-high-risk districts and has specific and prioritized activities that were derived from the risk assessment. If a country has conducted a risk assessment down to the subnational level, conducted a root-cause analysis and developed a risk mitigation plan but has not included at least 80% of the population in high- and very-high-risk districts or has not included specific and prioritized activities or these were not derived from the risk assessment, the country partially meets the criteria. If a country has not conducted a risk assessment down to the subnational level, not conducted a root-cause analysis, or not developed a risk mitigation plan, the country does not meet the criteria.8 To be considered prepared, a country must have an outbreak response plan that was updated within the past three years and have conducted an outbreak simulation exercise within the past three years. In countries that have decentralized health systems, the subnational level must have participated in the outbreak simulation exercise. To be considered partially prepared, a country has an outbreak response plan, but not one that has been updated in the past three years, or has conducted a simulation exercise, but not within the last three years or, in countries with a decentralized health system, not involving the participation of the subnational level.
Table 1 shows the RCC’s validation by country and component.

Table 1. RCC validation by country and component

<table>
<thead>
<tr>
<th>Country/subregion</th>
<th>Polio vaccination coverage</th>
<th>Epidemiological surveillance</th>
<th>Poliovirus containment</th>
<th>Risk assessment and risk mitigation</th>
<th>Outbreak preparedness</th>
<th>Risk to country’s polio-free status</th>
<th>Evidence of polio-free status assessment</th>
<th>Free of polio</th>
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</table>

VHR: very high risk, HR: high risk, MR: medium risk, LR: low risk, VLR: very low risk

Source: Results of the RCC review, according to reports presented by the countries for the meeting.

Regrettably, in 2022, the Region was not free of polio – a polio case due to cVDPV2 was detected with further circulation in New York State, United States of America. In Canada, a genetically related cVDPV2 was also detected in wastewater. The United States case represents the first time in 21 years that a person has been paralyzed by cVDPV in the region. This is a stark reminder that, if there is polio anywhere, children and unvaccinated adults everywhere are at risk.

In addition, a case of polio due to VDPV1 was confirmed in Peru in March 2023. The onset of paralysis occurred in December 2022. This provides additional evidence from the region that low rates of population immunity can give rise to the emergence or resurgence of new VDPVs, with the potential to circulate in the population.

Risk assessment

The risk of countries having poliovirus circulation in the event of the importation or emergence of poliovirus was assessed by the RCC, considering immunization coverage, surveillance, containment status, health determinants, and outbreak preparedness and response variables, as well as RCC experts’ opinions. In instances where the information provided in a report was incomplete, supplementary data from alternate sources (the Joint Reporting Form on Immunization of PAHO/WHO and the United Nations Children’s Fund and PAHO’s Integrated Surveillance Information System) were used to complete the risk
assessment. The countries’ classifications are shown in Figure 1, and Figure 2 compares the ranking of very-high-risk and high-risk countries in 2022 and 2023.

Figure 1. RCC risk assessment classification map

Source: Results of the RCC risk assessment.
Figure 2. Changes in risk assessment rankings from 2022 to 2023 for high- and very-high-risk countries

Source: 2022 and 2023 RCC polio risk assessment.
Although the number of countries that were classified as high and very high risk for polio has decreased, countries should continue to implement risk mitigation measures. Countries that have been classified as having a low or medium risk for polio should analyze subnational data and ensure that mitigation measures encompass specific at-risk and vulnerable populations.

Conclusions and recommendations
The 16th RCC meeting was successfully conducted as planned.

General recommendations for PAHO, countries, and national certification committees (NCCs) are listed below. Country-specific recommendations will be shared with the relevant NCC.

General recommendations
For PAHO
- Based on the information provided, PAHO must focus on increasing political advocacy efforts and providing more technical support – to improve polio program performance – in a number of countries.

For countries
General recommendations
- Identification of vulnerable, hard-to-reach, and vaccine-hesitant populations, and their interconnections with other similar communities both within the country and elsewhere, is critical. For instance, this is demonstrated by the example of the spread of cVDPV2 between similar affected communities in Canada, Israel, the United Kingdom of Great Britain and Northern Ireland, and the United States of America.
- It is important that all countries achieve high vaccination coverage – as recommended by the Technical Advisory Group – in all districts and strengthen AFP surveillance.
- Given the detection of a VDPV1 case in Peru, it is particularly important that countries and adjacent districts in the Amazonian region achieve high vaccination coverage and strengthen surveillance.
- The RCC asks that countries review the Technical Advisory Group recommendations regarding vaccination against polio and AFP surveillance, as well as previous RCC recommendations, and continue implementation.

Immunization
- Countries should continue working toward achieving 95% coverage with three doses of poliovirus vaccine at the national level and at least 80% at the subnational and district levels.
- Countries should offer catch-up first and second IPV doses to children that did not receive an IPV dose due to low coverage or late IPV second dose introduction.
- Countries should identify and locate children that have not received any doses of poliovirus vaccine and develop specific strategies that are relevant at the district level to vaccinate those identified as “zero dose” for poliovirus vaccine.

**Surveillance**
- Countries should collect stool samples from three to five close contacts of an AFP case if a stool sample was not collected from the AFP case within 14 days of the onset of paralysis or if the sample from the AFP case does not arrive in a suitable condition at the laboratory.
- Countries should consistently implement 60-day follow-up visits, to assess the presence of residual paralysis.
- It is expected that, for cases without an adequate sample and that have not been followed up after 60 days, that have residual paralysis, or that were lost to follow-up, final classification will be carried out by an expert committee.
- Countries at very high risk of outbreaks or at risk due to ongoing population movement to and from a high-risk country should consider collecting a second stool sample within 14 days of onset of paralysis in AFP cases.
- Comprehensive active search strategies should be implemented in hard-to-reach populations, in remote areas, in other high-risk situations, or when AFP rates are below the expected standard.
- Timely submission of stool specimens respecting cold chain requirements is critical, as explained in the PAHO polio eradication field guide.9

**Risk assessment and mitigation**
- Countries of the region should continue using the risk assessment tool that is provided by PAHO to assess the risk down to district level and should develop targeted plans to mitigate the risk of polio.

**Outbreak response**
- Countries should update their event and outbreak response plan in alignment with the latest guidance from the WHO and the Global Polio Eradication Initiative.10
- Countries should conduct a polio outbreak simulation exercise every three years and after updating their response plan.

For the national certification committees and the Caribbean Subregional Certification Committee
- The RCC greatly appreciates and relies on the work of the NCCs and the Caribbean Subregional Certification Committee (SCC) – the validation of the country annual reports is a shared responsibility. The RCC asks that the NCCs and SCC please provide the necessary critiques of the program annual reports and more detailed justifications of validation decisions.

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9 The PAHO polio eradication field guide is available here: https://iris.paho.org/bitstream/handle/10665.2/735/9275116075.pdf?sequence=2&isAllowed=y.

10 This guidance is available here: https://iris.who.int/bitstream/handle/10665/363627/9789240049154-eng.pdf.
The RCC also wishes to remind the NCCs and SCC that the standards for validation that are provided are a guidance and that your expert opinion should also be considered.

In closing, the RCC commended the staff of the polio program for their ongoing support to the Commission, as well as their ongoing support to countries for strengthening polio program performance. Given the identification of VDPV in three countries in the region (Canada, Peru, and the United States of America) during 2022, it has been a particularly challenging year.

The 2023 annual reports should be submitted before 30 April 2024. The reports should be reviewed by the relevant NCC and the SCC, and validated before submission to the RCC.