



15th meeting of the Regional Certification Commission for the Polio Endgame in the Region of the Americas

Meeting report

25-27 October 2022
Atlanta, Georgia,
United States of America



PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

**15th Meeting of the Regional Certification
Commission for the Polio Endgame
in the Region of the Americas: Meeting Report.
Atlanta, 25–27 October 2022**

Washington, D.C., 2024

PAHO



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Abbreviations and acronyms

cVDPV2	circulating vaccine-derived type 2 poliovirus
dPEF	designated polio essential facility
IM	infectious material
NCC	National Certification Committee
PAHO	Pan American Health Organization
PIM	potentially infectious material
RCC	Regional Certification Commission for the Polio Endgame in the Region of the Americas
VDPV	vaccine-derived poliovirus
VDVP2	vaccine-derived poliovirus type 2
VDVP3	vaccine-derived poliovirus type 3
WPV1	wild poliovirus type 1
WPV2	wild poliovirus type 2
WPV3	wild poliovirus type 3

Introduction

The 15th Meeting of the Regional Certification Commission for the Polio Endgame in the Region of the Americas (RCC) was convened in Atlanta, United States of America, from 25 to 27 October 2022. During the meeting, the RCC discussed and validated six containment reports and four annual reports from the countries that did not submit their 2021 annual reports in time for review during the 14th RCC meeting. The RCC also met with representatives of the United States' domestic polio program to discuss the circulating vaccine-derived type 2 poliovirus (cVDPV2) outbreak situation. The country validation results and the final meeting report were discussed and approved by all RCC members.

Meeting objectives

The five objectives of the meeting were:

1. To meet with the National Poliovirus Containment Coordinators of the countries to be validated for the survey/inventory process of poliovirus materials;
2. To review the countries' updated containment reports;
3. To meet with representatives of the United States' domestic polio program and the National Certification Committee (NCC) to discuss the current cVDPV2 outbreak situation in New York, United States of America;
4. To review the annual report from the countries that did not submit their 2021 annual reports in time for review during the 14th RCC meeting;
5. To update the annual report template and review the validation questions.

Review methodology

The review methodology for the annual reports is described in the 14th RCC Meeting Report.¹

The validation of the containment reports is a two-part process: the completion of the survey of facilities potentially possessing poliovirus materials and the validation by type of material. To approve the completion of the survey process, the RCC examines the NCC endorsement letter as well as the documents supporting the endorsement: a source of list of laboratories, a selection of facilities to participate, an analysis of non-responding laboratories, a data analysis of responding laboratories, and a clear consolidation of information. To approve the validation by type of material, the RCC validates the inventory (identification or absence of poliovirus materials) and proof of attestation of the final disposal (destroy, transfer, store) for infectious material (IM) and potentially infectious material (PIM). Untyped poliovirus materials should be considered high risk and handled as type 2 materials.

Following the discussions on the annual and containment reports, the RCC provided specific comments and recommendations for each country.

¹ The meeting report is available from: <https://iris.paho.org/handle/10665.2/59379>.

Global and regional polio update

A global and regional polio update was included in the 14th RCC meeting report, which is still pertinent.

On 21 July 2022, the Pan American Health Organization (PAHO) was notified of a case of paralytic polio detected in an unimmunized, immunocompetent young adult with no history of travel during the exposure period in New York, United States of America, with an onset of paralysis on 20 June 2022. The Centers for Disease Control and Prevention confirmed that the case was caused by vaccine-derived poliovirus type 2 (VDPV2).

Retrospective analysis of wastewater samples that had been collected as part of SARS-CoV-2 surveillance resulted in the identification of Sabin-like type 2 viruses since April 2022 in the affected area. After ongoing identification through environmental surveillance of VDPV2 that was genetically linked to the case, the virus was reclassified as cVDPV2 on 10 September 2022. Until 30 October 2022, no further polio cases had been reported.

The Global Polio Laboratory Network confirmed on 29 July 2022 that the virus that was isolated in the United States was genetically linked to VDPV2 that had been identified in wastewater samples in London, United Kingdom of Great Britain and Northern Ireland, starting on 22 June 2022 and which were reclassified as cVDPV2 on 14 September 2022 due to ongoing circulation. Both viruses were also genetically linked to Sabin-like type 2 viruses that were identified in environmental samples from Jerusalem, Israel, and which were then reclassified as cVDPV2 on 16 June 2022. As of 30 October 2022, no polio cases had been reported in either the United Kingdom or Israel.

The RCC discussed the cVDPV2 situation with the United States' domestic polio program and the NCC under a confidentiality agreement, but more information on the outbreak and the country response has been published by the United States.^{2,3}

Considering the ongoing risk of a polio outbreak in the region following an importation of wild poliovirus type 1 (WPV1)/vaccine-derived poliovirus (VDPV) or the emergence of VDPV due to the decreasing vaccination coverage, the underperformance of country surveillance systems, and the increasing number of susceptible populations to poliovirus – especially to poliovirus type 2 – due to low vaccination coverage and the late introduction of the second inactivated polio vaccine dose in many countries, in addition to the cVDPV2 outbreak in the United States, PAHO's Director declared a disaster situation on 14 September 2022 to facilitate readiness and response actions at PAHO.

² Link-Gelles R, Lutterloh E, Schnabel Ruppert P, et al. Public health response to a case of paralytic poliomyelitis in an unvaccinated person and detection of poliovirus in wastewater — New York, June–August 2022. *Morb Mortal Wkly Rep.* 2022;71:1065-1068. Available from: <http://dx.doi.org/10.15585/mmwr.mm7133e2>.

³ Ryerson AB, Lang D, Alazawi MA, et al. Wastewater testing and detection of poliovirus type 2 genetically linked to virus isolated from a paralytic polio case — New York, March 9–October 11, 2022. *Morb Mortal Wkly Rep.* 2022;71:1418–1424. Available from: <http://dx.doi.org/10.15585/mmwr.mm7144e2>.

During the 30th Pan American Sanitary Conference, which was held from 26 to 30 September 2022, countries adopted Resolution CSP30.R13 Keeping the Region of the Americas Free of Polio. In the resolution, Member States are urged to develop and implement a prioritized and targeted polio mitigation plan and engage all stakeholders to jointly advance the work to keep the Region free of polio. The PAHO Director has been requested to provide technical cooperation and promote collaboration among Member States on the development, implementation, and monitoring of their risk mitigation and preparedness plan.

In response to the disaster situation at PAHO and at the request of Member States, PAHO has developed a strategic response plan that incorporates recommendations made by the RCC, the Technical Advisory Group (TAG) on Vaccine-Preventable Diseases and the Global Polio Eradication Initiative.

Results of the review of the annual country reports

The RCC received the annual reports from the four countries (Chile, Colombia, Panama, and Suriname) that did not submit their 2021 annual reports in time for revision during the 14th RCC meeting.

Table 1 shows the RCC validation by component for these countries.

Table 1. RCC validation by country and component

Country	Polio immunization coverage	Epidemiologic surveillance	Poliovirus containment	Risk assessment	Risk mitigation	Event and outbreak preparedness	Polio-free status assessment
Chile	Low risk	Low risk	Yes	No	Yes	No	Yes
Colombia	High risk	Low risk	Yes	Yes	Yes	Yes	Yes
Panama	Very high risk	Very high risk	Yes	No	No	No	Yes
Suriname	High risk	Very high risk	No	No	No	No	Yes

Results of the review of the updated containment reports

The RCC received updated containment reports from Brazil, Canada, El Salvador, Ecuador, Mexico, and the United States, which were the only countries required to submit a report. In addition to the documentation that was provided by the countries, the RCC met with the National Poliovirus Containment Coordinators from Brazil, Canada, Mexico, and the United States – countries that had not received the RCC’s validation for the survey/inventory process of poliovirus materials.

The RCC approved the following:

- Canada’s survey process for PIMs and also the process for containment and destruction of:
 - o Wild poliovirus type 2 (WPV2)/VDPV2/oral polio vaccine (OPV) type 2 /Sabin-2 PIMs;
 - o Wild poliovirus type 3 (WPV3)/vaccine-derived poliovirus type 3 (VDPV3) PIMs;
 - o WPV1/vaccine-derived poliovirus type 1 IMs and PIMs;

- The United States' survey process for WPV2/VDPV2/OPV type 2/Sabin-2 and WPV3/VDPV3/OPV type 3/Sabin-3 IMs and also the process for containment and destruction of:
 - o WPV2/VDPV2/OPV type 2/Sabin-2 IMs;
 - o WPV3/VDPV3 IMs;
- Colombia received approval of the containment process for WPV1/vaccine-derived poliovirus type 1 IMs after the destruction of the remaining samples from the immunodeficiency-associated vaccine-derived poliovirus case that was reported in 2018.

Table 2 shows the current validation status for the Region.

The number of designated polio essential facilities (dPEFs) in the Region has not changed. The National Authorities for Containment have designated two dPEFs in Canada, one in Cuba, and 11 in the United States. All dPEFs have received the Certificate of Participation, and Canada has become the first country in the world to advance to the second stage of poliovirus containment certification, with one of its dPEFs receiving a Global Certification Commission (GCC)-endorsed Interim Certificate of Containment.

The RCC congratulates Canada and the United States for the efforts taken to advance the containment process and encourages all countries to continue working on the process until final completion.

Table 2. Validation process by country/subregion report and type of material, 15th RCC meeting

Country/Sub-Region Report	Survey process		WPV2/VDPV2		OPV2/Sabin2		WPV3/VDPV3		WPV1/VDPV1	
	IM	PIM	IM	PIM	IM	PIM	IM	PIM	IM	PIM
Argentina										
Bolivia										
Brazil										
Canada										
Caribbean Sub-Region										
Chile										
Colombia										
Costa Rica										
Cuba										
Dominican Republic										
Ecuador										
El Salvador										
Guatemala										
Haiti										
Honduras										
Mexico										
Nicaragua										
Panama										
Paraguay										
Peru										
United States	PV2 and PV3									
Uruguay										
Venezuela										

Completed
 In process
 No progress

Notes:

PV2: poliovirus type 2; PV3: poliovirus type 3.

Revision of the annual report template, validation questions, and validation standards

Countries have been required to submit an annual report containing information regarding the polio program since 2018. Since then, the discussion of the status of polio has revolved around seven questions that have been continually reviewed and revised to ensure adequate validation of the country situation. The report template has also been continually updated to gather the information necessary for the RCC to validate countries' polio status and provide country-specific recommendations. The RCC validation process is dynamic, but also, as we approach the final certification of eradication, the information that is required by the RCC and the Global Certification Commission will most likely change. In this regard, countries should be ready to provide additional information and NCCs should work closely with the RCC to ensure that the evidence provided is sufficient to declare the eradication of all polioviruses.

Although the RCC had discussed the report template and validation questions in all previous meetings, the assertion that “the evidence upon which to base the claim that there is no poliovirus circulation in the region is becoming increasingly scant in many countries” made by the RCC during its last meeting resulted in an in-depth review of the annual report template during the 15th RCC meeting.

The new validation questions are:

1. **Polio vaccination coverage:** Considering the national and subnational vaccination coverage, what is the assessment of the NCC of the risk for poliovirus circulation in the event of an importation of wild poliovirus or circulating vaccine-derived poliovirus (cVDPV) or the emergence of a VDPV?
2. **Epidemiological surveillance:** What is the risk of NOT detecting rapidly and reliably an imported wild poliovirus/VDPV or VDPV should it emerge?
3. **Poliovirus containment:** 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 polioviruses?
4. **Risk assessment and mitigation:** Has the country conducted a risk assessment down to the subnational level AND developed a risk mitigation plan?
5. **Event and outbreak preparedness:** Is the country adequately prepared to respond to an event or outbreak if one were to occur?
6. **Risk to country's polio-free status:** Based on the available evidence, what is the risk of undetected polio circulation in the country during the reporting period?
7. **Polio-free status assessment:** Does the evidence provided support the assessment that the country remains free of polio?

The standards for validation of each section have also been updated and will be included in the annual report template.

Conclusions and recommendations

The 15th RCC meeting was successfully conducted as planned.

General recommendations to PAHO, countries, and NCCs regarding the containment process and the revised validation questions are listed below. Countries that submitted an annual report should review the general recommendations that were included in the 14th RCC meeting as well as the specific recommendations from previous years and urgently implement those that are appropriate to the country's situation. Country-specific recommendations will be shared with all NCCs from countries that submitted a report for this meeting.

In closing, the RCC greatly appreciates the hard work of the NCCs and countries in preparing their reports to be reviewed by the RCC. The RCC would like to thank the Task Force for Global Health, which serves as the United States' NCC Secretariat, for its kind support in preparing for and convening the meeting and for lending its facilities to the RCC for this meeting. The RCC also recognizes and values the work of PAHO in its ongoing support to the RCC.

General recommendations

To PAHO

- That NCCs are provided with support when needed for the adequate implementation of the new validation questions.
- That countries are accompanied by PAHO country offices to ensure the adequate completion of the updated annual report template.
- That technical cooperation is provided as needed so that countries can better understand what is required to advance containment activities.

To countries

- That countries review the specific recommendations provided to each country to complete the containment process as soon as possible. Previous recommendations should also be reviewed.
- **Brazil, El Salvador, Ecuador, Mexico, and the United States are required to submit an updated containment report before 31 August 2023.** The report should be reviewed by the NCC and validated before its submission to the RCC.

To the NCCs and the Caribbean Subregional Certification Committee

- That they review the new validation questions and standards and approach PAHO or the RCC in the event that any clarification is needed.
- **The 2022 Annual Report should be submitted before 30 April 2023.** The report should be reviewed by the NCC/Subregional Certification Committee and validated before its submission to the RCC.