14TH MEETING OF THE REGIONAL CERTIFICATION COMMISSION FOR THE POLIO ENDGAME IN THE REGION OF THE AMERICAS

MEETING REPORT

6-8 JULY 2022
MEXICO CITY, MEXICO

PAHO
Pan American Health Organization
World Health Organization
Regional Office for the Americas

First row from left to right: Emilia Cain, Gloria Rey and Mirta Magariños, PAHO Secretariat

Second row from left to right: Mark Pallansch, Cristina Pedreira, Ma. Lourdes García, Arlene King (RCC Chair), Angela Gentile and José Félix Sánchez, RCC Members

Virtual participation: Olga Torres, Beryl Irons and Rosa Alba Salas, RCC Members

This report was prepared by the Pan American Health Organization/World Health Organization (PAHO/WHO) based on the discussions of the Regional Certification Commission for the Polio Endgame in the Americas during its 14th Meeting held in Mexico City, Mexico on 6-8 July 2022.

Contents

Glossary

AFP	acute flaccid paralysis
bOPV	bivalent oral polio vaccine
cVDPV	circulating vaccine-derived poliovirus
cVDPV1	circulating vaccine-derived type 1 poliovirus
cVDPV2	circulating vaccine-derived type 2 poliovirus
cVDPV3	circulating vaccine-derived type 3 poliovirus
GCC	Global Certification Commission
IM	infectious material
IPV	inactivated polio vaccine
IPV1	first dose of IPV
IPV2	second dose of IPV
ISIS	Integrated Surveillance Information System
JRF	Joint Report Format
NCC	National Certification Committee
PAHO	Pan American Health Organization
PIM	potentially infectious material
Polio3	third dose of vaccine against polio
RCC	Regional Certification Commission for the Polio Endgame in the Region of the Americas
SCC	Sub-regional Certification Committee
TAG	Technical Advisory Group
UNICEF	United Nations International Children's Emergency Fund
VDPV	vaccine-derived poliovirus
WHO	World Health Organization
WPV	wild poliovirus
WPV1	wild poliovirus type 1

Introduction

The 14th meeting of the Regional Certification Commission (RCC) for the Polio Endgame in the Region of the Americas was convened in Mexico City, Mexico from 6-8 July 2022. During the meeting, the RCC discussed and validated 25 Annual Reports that included information on the polio program performance and eradication status in 2021 from 31 countries and 9 territories. The country validation results, and the 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 2021 country annual reports on the status of polio eradication.

Secondary objectives included:

1. To provide specific recommendations to countries to maintain the Region's polio-free status.
2. To update the regional risk assessment.

Review methodology

The review methodology was very similar to the one used for the previous RCC meeting: all reports were reviewed and discussed by the two assigned RCC members and the Secretariat, and the outcome was then presented to the rest of the Commission and validated by all RCC members.

The discussion of the annual polio status report was conducted around seven questions which were previously defined by the RCC:

1. Considering the national and subnational vaccination coverage, what is the assessment of the RCC in the event of an importation of wild poliovirus (WPV) or circulating vaccine derived poliovirus (cVDPV) or the emergence of a VDPV?
2. What is the risk of NOT detecting rapidly and reliably an imported WPV/VDPV or VDPV should it emerge?
3. Has the country minimized the risks of a facility-associated reintroduction of poliovirus from facilities collecting, handling, or storing infectious materials or potentially infectious materials for polioviruses?
4. Has the country conducted a risk assessment down to the subnational level AND included a root-cause analysis for districts that have been consistently (3 years or more) classified as high risk and very-high risk?
5. Has the country developed a risk mitigation plan?
6. Is the country adequately prepared to respond to a polio event or outbreak if one were to occur?
7. Is the RCC firmly convinced that the country was free of polio during the reporting period?

Global and Regional polio update

Global and regional polio updates were presented at the beginning of the meeting, and the RCC highlighted the following "take-aways" from those presentations:

The global strategy has 2 goals: eradicating WPV1 and – most pertinent to this region – preventing polio outbreaks in nonendemic countries. WPV1 remains endemic in Afghanistan and Pakistan - with a recent importation event affecting Malawi and Mozambique – and cVDPV2 outbreaks which are occurring in the African, Eastern Mediterranean, and European regions. These are described as "high risk of spread," and are of particular global concern. Outbreaks of cVDPV1 and cVDPV3 also are occurring in Madagascar and Israel, respectively.

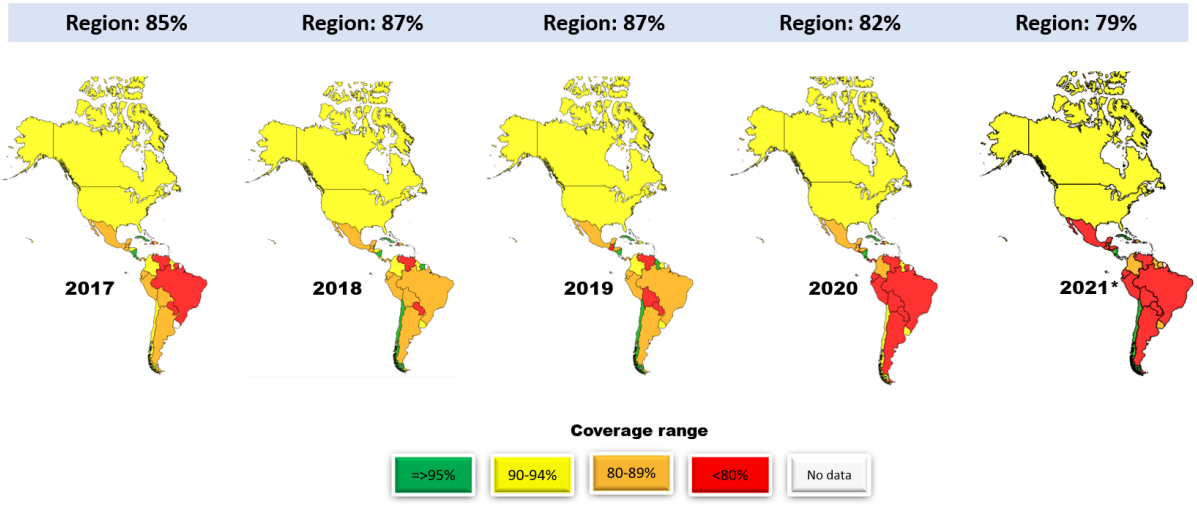
From the global experience in outbreak response, timely risk mitigation is imperative.

In the Region of the Americas, there is an increasing risk of the emergence of VDPV1 or VDPV3 because of decreasing immunization coverage. Also, there is an ongoing risk of importation of WPV1 and cVDPV, particularly VDPV2. The existing risk conditions for continued spread – low immunization coverage and underperforming surveillance systems – are present in many countries and have been aggravated by the COVID-19 pandemic.

Preliminary **regional immunization coverage** for the third dose of vaccine against polio (Polio3) in 2021 rests at 79% (Figure 1). The decline in coverage started before the COVID-19 pandemic in 20 out of the 39 countries/territories that were analyzed, when the coverage for 2018 and 2019 is compared. The pandemic caused further worsening of immunization coverage in 33/39 countries/territories when 2021 values are compared with 2018. According to the available data for 2021, at least 5.7 million children under age 1 - which is 46% of the regional birth cohort - reside in areas where immunization coverage is below 80%, and 1.3 million of these infants live in districts with coverage below 50%.

The situation of polio vaccination coverage in the region is critical

Figure 1. Polio3 Vaccination Coverage in Children <1 year. Region of the Americas, 2017-2021*

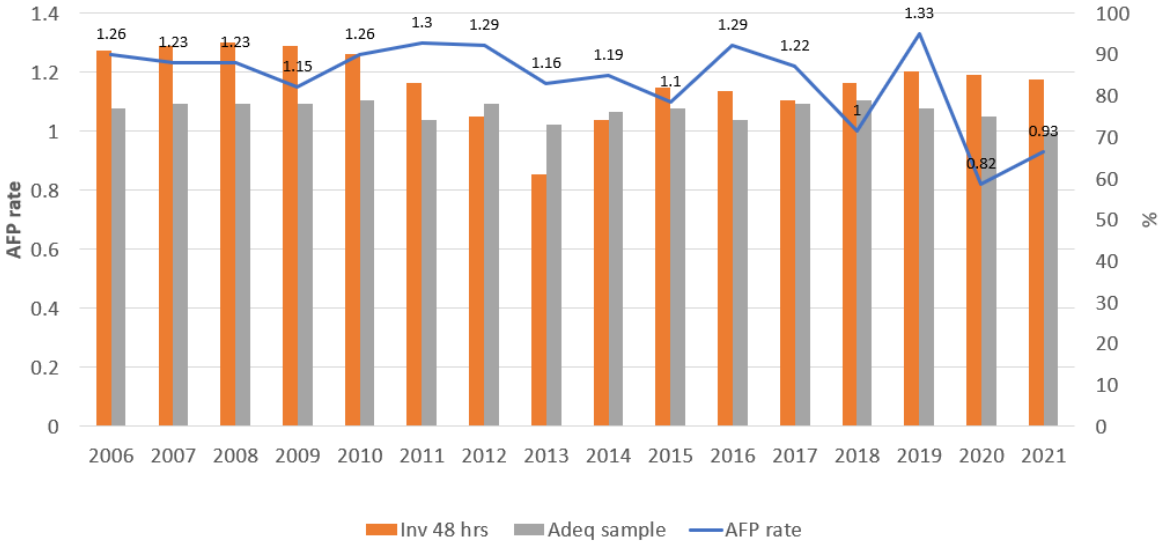


Source: Country reports through the PAHO-WHO/UNICEF Joint Reporting Form (JRF)
* 2021 Data preliminary as of 19 July 2022

Surveillance performance had previously been above the expected regional AFP target of greater than or equal to 1/100,000 children under 15 years, but since 2019 the AFP rate has declined to below that target. Stool adequacy performance has not been met for many years, but the current trend, probably attributed to COVID-19, further exacerbates the problem. The 48-hour

investigation indicator continues to be met (Figure 2). Surveillance performance has worsened since 2019 in 6 countries and 3 countries, as well as the Caribbean sub-region, have consistently performed below standards during this period (Figure 3).

Figure 2. AFP Surveillance Indicators. Region of the Americas, 2017-2021*



Source: Country reports to FPL-IM/PAHO.
* 2021 Preliminary data

Figure 3. Overall AFP Surveillance Indicators Performance, 2019-2021

Country	Performance		
	2019	2020	2021
BOL	🔴	🔴	🔴
BRA	🟢	🔴	🔴
CAR	🔴	🔴	🔴
DOM	🟢	🔴	🔴
ECU	🔴	🔴	🔴
HTI	🔴	🔴	🔴
NIC	✅	🟢	🔴
PER	🟡	🔴	🔴
URY	🟢	🔴	🔴
ARG	🟡	🟡	🟢
SLV	🟢	🟢	🟢
CRI	✅	✅	🟢
GTM	🟢	🔴	🟢
PAN	🔴	🟢	🟢
CHL	🟢	🟡	🟢
COL	🔴	🟡	🟢
HND	🟢	✅	🟢
VEN	🟢	🟢	🟢
CUB	🟢	✅	✅
MEX	✅	✅	✅
PRY	✅	🟢	✅

Performance	
🔴	AFP rate <0.75
🟡	AFP rate ≥0.75 BUT does not meet target for 48 hour investigation and adequate sample
🟢	AFP rate ≥0.75 AND meets at least one other target for the other indicators (48 hours investigation or adequate sample)
✅	Meets targets for AFP rate, 48 hour investigation, and adequate sample

Source: 2021 Annual Report and Country reports to FPL-IM/PAHO if the country did not submit a report.

The significant decline in both coverage and surveillance in many countries of the region has increased substantially the risk of polio outbreaks in the event of an importation of WPV1 or cVDPV or a VDPV emergence.

Results of the review of the Annual Country Reports

The RCC received 25 annual reports from the 29 that were expected: 24 country reports (including 5 from the biggest countries of the Caribbean) as well as the Caribbean Sub-Regional report (that consolidates the information from 7 countries and 9 territories). Country reports were not received from Chile, Colombia, Panama, and Suriname.

After reviewing the reports that were submitted, the RCC concluded the following:

- Considering the national and subnational vaccination coverage, the RCC concluded that 13 countries are at very high risk, 3 countries and the Caribbean Subregion are at high risk, 2 countries are at medium risk, 4 are at low risk, and 2 are at very low risk in the event of an importation of WPV1 or cVDPV or the emergence of a VDPV.
- With regards to the risk of NOT detecting rapidly and reliably an imported WPV1/VDPV or VDPV should it emerge; 6 countries were classified as very high risk, 1 country and the Caribbean Subregion as high to very high risk, 7 as high risk, 3 as medium risk, 4 as low risk, and 3 as very low risk.
- 14 countries were validated as having minimized the risks of a facility-associated reintroduction of poliovirus from facilities collecting, handling, or storing infectious materials or potentially infectious materials for polioviruses.
- 18 countries were validated for having conducted a risk assessment down to the subnational level as well as including a root-cause analysis for districts that have been consistently (3 years or more) classified as high risk and very-high risk.
- 16 countries were validated as having developed a risk mitigation plan.
- 12 countries were validated as being adequately prepared to respond to an event or outbreak if one were to occur.
- There is no evidence that any polioviruses circulated in the Region of the Americas in 2021.

Table 1 shows the RCC validation by country and component.

Table 1. RCC validation by component and country/Caribbean Subregion[1]

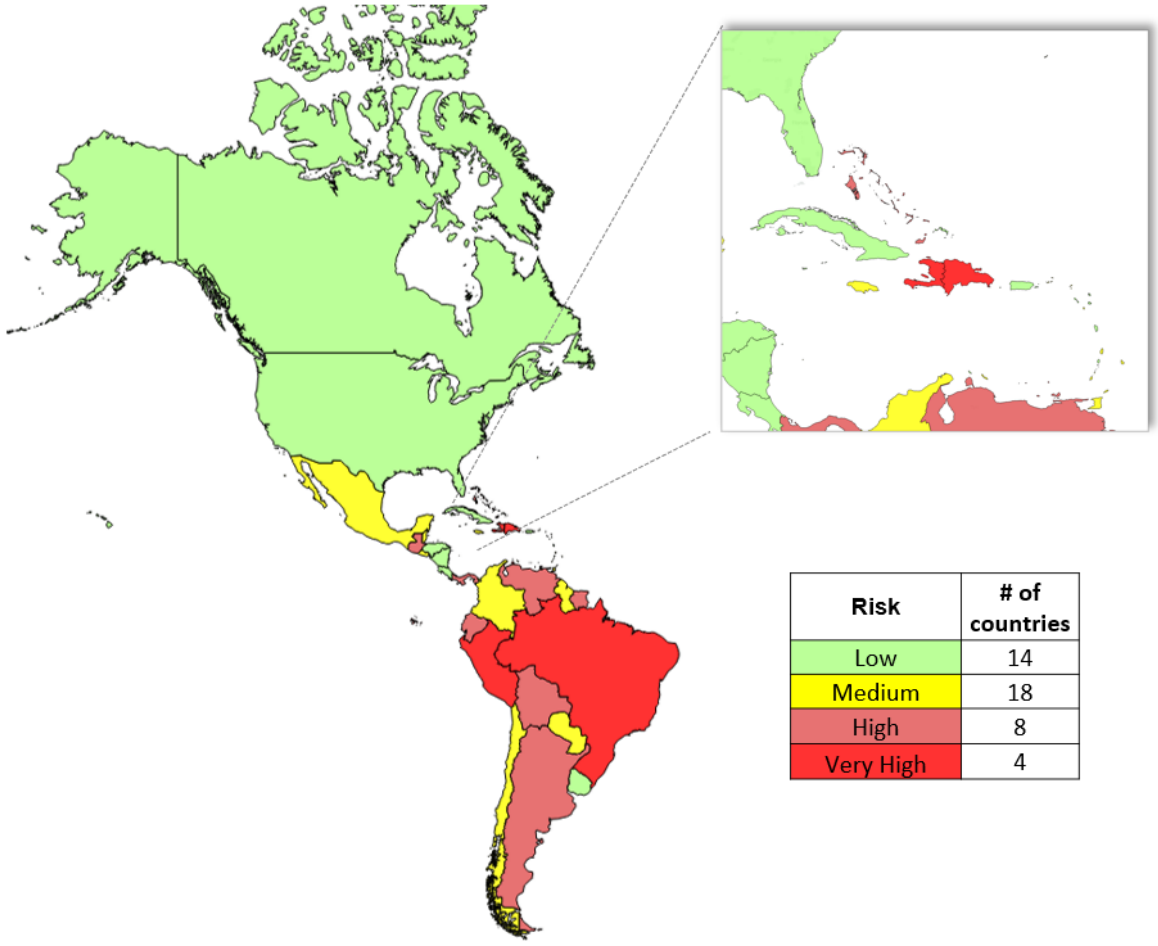
Country/Sub-Region Report	Polio immunization coverage	Epidemiologic surveillance	Poliovirus containment	Risk assessment	Risk mitigation	Event and outbreak preparedness	Polio-free status assessment
Argentina	Very high risk	Medium risk	Yes	Yes	No	No	Yes
Bahamas	Very high risk	Very high risk	No	No	No	No	Yes
Belize	High risk	High to very high risk	Yes	No	Yes	Yes	Yes
Bolivia	Very high risk	High risk	Yes	Yes	Yes	Yes	Yes
Brazil	Very high risk	High risk	No	Yes	Yes	No	Yes
Canada	Low risk	Very high risk	Yes	Yes	Yes	Yes	Yes
Caribbean Sub-Region	High risk	High to very high risk	No	No	Yes	No	Yes
Chile							
Colombia							
Costa Rica	Very low risk	Very high risk	Yes	Yes	Yes	Yes	Yes
Cuba	Very low risk	Very low risk	Yes	Yes	Yes	Yes	Yes
Dominican Republic	High risk	High risk	No	Yes	Yes	Yes	Yes
Ecuador	Very high risk	High risk	Yes	Yes	No	No	Yes
El Salvador	Very high risk	Low risk	No	Yes	No	No	Yes
Guatemala	Very high risk	High risk	No	Yes	Yes	Yes	Yes
Guyana	Low risk	Very low risk	No	Yes	Yes	Yes	Yes
Haiti	Very high risk	High risk	Yes	No	No	No	Yes
Honduras	Very high risk	Medium risk	Yes	Yes	Yes	Yes	Yes
Jamaica	Medium risk	Very high risk	Yes	Yes	No	No	Yes
Mexico	Very high risk	Very low risk	No	Yes	Yes	Yes	Yes
Nicaragua	Low risk	Medium risk	Yes	Yes	Yes	No	Yes
Panama							
Paraguay	Very high risk	Low risk	Yes	Yes	Yes	Yes	Yes
Peru	Very high risk	High risk	No	No	No	No	Yes
Suriname							
Trinidad and Tobago	Medium risk	Very high risk	Yes	No	No	No	Yes
United States	Low risk	Low risk	Yes	Yes	Yes	Yes	Yes
Uruguay	High risk	Very high risk	No	No	No	No	Yes
Venezuela	Very high risk	Low risk	No	Yes	Yes	No	Yes

[1] The Caribbean Sub-Region includes 7 member states (Antigua & Barbuda, Barbados, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, and St. Vincent and the Grenadines) and 9 territories (Anguilla, Aruba, Bermuda, British Virgin Islands, Cayman Islands, Curacao, Montserrat, St. Maarten, and Turks and Caicos). Bahamas, Belize, Guyana, Suriname, and Trinidad and Tobago are also part of the Subregion but were validated separately.

Risk assessment

A risk assessment was conducted for the Region of the Americas considering immunization coverage, surveillance, containment status, health determinants, and outbreak preparedness and response variables. For countries that did not submit a report (Chile, Colombia, Panama, and Suriname) available information from other sources (WHO-PAHO/UNICEF Joint Reporting Form and PAHO Integrated Surveillance Information System) was used to complete the risk assessment. Figure 4 shows the countries' overall classification.

Figure 4. Polio Risk Assessment, 2022



Risk	# of countries
Low	14
Medium	18
High	8
Very High	4

Conclusions and recommendations

The RCC supports the claim that – based on the available evidence – it does not believe that any polioviruses were circulating in any country of the Americas in 2021. However, the evidence upon which to base this claim is becoming increasingly scant in many countries. Therefore, the certainty with which NCCs and the RCC can make this claim is diminishing. This is of grave concern when we are approaching the certification of polio eradication – hopefully by 2026. We want to be able to say, with increasing certainty over the next 3-4 years, that we have a high degree of confidence that there are no polioviruses circulating in this region.

Aggressive work is needed to increase population immunity against polioviruses, every day, every month, every year, starting immediately. Aggressive work is needed to improve AFP surveillance. Immediate action is needed to complete the risk assessments for all countries down to municipal levels, implement prioritized risk mitigation plans and monitor and report on the progress of implementing those plans. Urgent action is needed to finish the job of containment of polioviruses.

General recommendations to PAHO, countries, and NCCs are listed below. The RCC strongly encourages countries to review these recommendations as well as the recommendations from previous years and to urgently implement those that are appropriate to the country's situation. Country-specific recommendations will be shared with all NCCs and the Caribbean SCC.

Separate containment reports for 6 countries – Brazil, Canada, Ecuador, El Salvador, Mexico, and United States of America will be submitted by the end of August 2022 and will be reviewed in October 2022. The RCC is also committed to reviewing the 2021 annual country reports not received prior to the 14th RCC meeting – from Panama, Colombia, Chile, and Suriname – in October 2022.

In closing, we greatly appreciate the hard work of the NCCs and countries in preparing their annual reports to be reviewed by RCC. We also recognize and value the work of PAHO for its ongoing support to the RCC, for conducting a detailed review of country reports, the presentation of other information, as needed, and for their excellent support in preparing for and executing the meeting in Mexico.

General recommendations

To PAHO

As we approach global certification of WPV1 eradication and the requirement to validate the absence of VDPVs, that NCCs be trained on the existing and future report requirements, with the support of the RCC.

That PAHO facilitates, particularly in very high-risk and high-risk countries, an evaluation of their poliovirus surveillance systems, to strengthen timeliness and sensitivity.

To countries

That national programs review the Technical Advisory Group (TAG) polio immunization recommendations, with special attention to improving immunity against poliovirus type 2.

That IPV1 and IPV2 coverage be improved as quickly as possible, and that IPV2 be introduced as quickly as possible in the 6 remaining countries in the region.

That countries guarantee timely access to polio vaccines by implementing locally relevant and viable strategies to improve coverage.

Where zero AFP cases are consistently reported from subnational to national program levels, particularly where AFP cases are expected over a given period of time, that consideration be given to strengthening active surveillance, or reviewing negative reporting, to ensure that no cases are being missed – that zero cases truly means "zero".

National programs assess the duration of the interval between the date of onset of an AFP case and the receipt of final lab results, to determine whether immediate improvements can be made to improve the timeliness and sensitivity of the poliovirus surveillance system.

That countries conduct a risk assessment to the subnational level and include a root cause analysis for districts that have been consistently classified as high-risk and very high-risk.

That countries have risk mitigation plans that explain the specific activities and tasks that will be carried out to mitigate the risk, those responsible for carrying them out, the timelines, and the budget that will be assigned to each activity, and that the proposed activities clearly address the problems identified in the root cause analysis.

That countries prioritize the activities in their risk mitigation plans for implementation. Special focus should be on vulnerable populations, including migrants and refugees.

That countries review what is expected from them in accordance with the advances on containment as follows: (a) if the country has completed Phase I and doesn't have any type 2 materials; (b) if the country has completed Phase I and has facilities that are retaining PIM Sabin 2; and (c) if the country has not completed Phase I.

That countries have a polio outbreak preparedness and response plan and they have conducted a polio outbreak simulation exercise (POSE) at least once since 2018 with the participation of the subnational level.

To the NCCs and the Caribbean SCC

To regularly assess progress on the implementation of the RCC general and country-specific recommendations, the implementation of the country's risk mitigation plan, and the country's polio program status, and conduct advocacy, as required.

To report the results of these assessments to the RCC annually as part of the Annual Report. **The 2022 Annual Report should be submitted before 30 April 2023.** The report should be reviewed by the NCC and validated before its submission to the RCC.