

Immunization Unit Family and Community Health Area



Second Meeting of the

American Regional Commission for Certification of Poliovirus Laboratory Containment and Verification of Poliofree Status (AMR RCC)

FINAL REPORT

Brasilia, Brazil - 28-29 February 2008

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Second Meeting of the American Regional Commission for Certification of Poliovirus Laboratory Containment and Verification of Polio-free Status (AMR RCC)

1. Introduction

The second meeting of the American Regional Commission for Certification of Poliovirus Laboratory Containment and Verification of Polio-free Status (AMR RCC) was convened by Dr. Carlyle Guerra de Macedo, Chairman, at the office of the Pan American Health Organization (PAHO) in Brasilia, Brazil on 28-29 February 2008. Commission members in attendance were Drs. Claudette Harry, Guyana; Alexandre Existe, Haiti; Elsa Margarita Moreno, Argentina, and Walter Dowdle (Rapporteur). Unable to attend was Dr. Jesús Kumate Rodríguez. The agenda and list of participants from Brazil, Mexico, Uruguay, Venezuela, WHO/Geneva, and PAHO are attached.

The AMR RCC was established by PAHO's Director in February 2004 to independently document that the requirements for laboratory containment of wild poliovirus have been fulfilled and to verify that the polio-free status of the Region remains unchanged. The purpose of the first meeting in March 2004 was to establish terms of reference and regional standards in accord with Phase I of the WHO Global Action Plan for laboratory containment of wild polioviruses (2003),¹ to assist national governments in achieving high quality comprehensive laboratory surveys, and to document findings to the Commission through reports of equal quality from its National Certification Committees (NCCs). The purpose of this second meeting is to review regional progress since 2004 and to accelerate regional completion of Phase I by the end of 2008 as recommended by the Global Certification Commission (GCC) for the certification of polio eradication and the Advisory Committee on Polio Eradication at their meeting in November 2007.

2. Assessment of Phase I Progress

Many countries in the American Region initiated Phase I activities as early as 2001-2003. Unanticipated delays in global eradication, lapses in completion of Phase I, and the passage of time present a challenge to the Region to currently meet the established global survey and reporting standards. Many responsible personnel have retired or moved to other important health positions, and National Certification Committees (NCC) have been inactive or their membership altered. Some initial national surveys proved to be inadequate. Nearly every country in the Region faces some level of challenge to complete Phase I in 2008. Nevertheless, the Commission is confident that countries can build on previous experience and that, through concerted national and regional efforts, the 2008 goal can be met.

¹ WHO Global Plan for laboratory containment of wild poliovirus (2nd Edition), WHO/V&B/03.11, available at www.who.int/vaccines-documents/DocsPDF03/www729.pdf.

3. Reports from Countries Present at the Meeting

Mexico and the **United States** reported completion of Phase I, but will need to update findings and prepare reports in the model format for submission through their NCCs to the Commission.

Brazil initiated the survey in 2003, with 289 laboratories, representing 1.6% of the nationally registered laboratories. Brazil has re-established a 15-member NCC with influential representatives of the public and science sectors, including deans of universities and representatives of pharmaceutical institutions. The NCC is scheduled to meet in March 2008, at the time the new online survey is launched. Subcommittees in each state have been established and consist of 3 professionals who will supervise local activities and facilitate survey completion. The national plan will be distributed electronically and by print during March, at which time validation tests of the electronic survey instrument should be complete. The survey is estimated to reach 20,000 laboratories and the goal is to complete it before the end of 2008.

Venezuela reported contacting 1,050 laboratories, with replies from 422 classified as high- to middle-risk. A meeting is scheduled for March with state representatives, as well as directors of professional societies and academic institutions to review progress and expand the low- and middle-risk laboratory database to ensure comprehensive national coverage. Venezuela will re-examine the definition of potential infectious materials in light of high number of such laboratories currently listed. Venezuela's goal for completion of the national survey is August 2008.

Uruguay reported appointing NCCs in the past, but has no record of a laboratory survey being initiated. Uruguay will re-establish its NCC and initiate a national laboratory survey with assistance from PAHO. Because of the small size of the country (~3 million), Uruguay is confident that the survey can be completed in 2008.

The RCC commends the participants representing Brazil, Mexico, United States, Uruguay, and Venezuela for their candor and self-assessments of progress. In particular, the RCC commends Brazil, Uruguay, and Venezuela for their recognition of the major challenges that lie ahead and their determination to meet the 2008 goal.

4. Reports from Countries not Present at the Meeting

The RCC reviewed the latest available reports submitted to PAHO by each of the remaining countries. Country-specific comments and recommendations of the RCC are being transmitted individually to each country through letters from the Chairman.

The summary of country reports varied widely in completeness, and most lacked sufficient detail to allow judgment of performance quality. However, the RCC concluded that countries could be divided into two general groups (A and B) based on assessment of available information and perceived compliance with Phase I requirements:

- Group A includes countries that appear to have completed or nearly completed the survey: Bolivia, Canada, the Caribbean, Chile, Costa Rica, the Dominican Republic, El Salvador, Haiti, Honduras, Mexico, Nicaragua, and the USA.
- Group B includes countries that appear to have much more work remaining: Argentina, Brazil, Colombia, Cuba, Ecuador, Guatemala, Panama, Paraguay, Peru, Uruguay, and Venezuela.

All countries need to start completing the model reporting format now, regardless of current status of Phase I progress.

Submission of the final report, in the model format, by Group A countries ensures uniform responses from all countries in the region and allows the RCC to make a more informed determination of quality.

Submission of a progress report, in the model format, by Group B countries allows for each country to anticipate the required quality of information and details of documentation, and allows the RCC to assess the remaining work in greater detail. The RCC will inform each country individually of its conclusions. However, the RCC finds that one or more of the following observations apply to countries in Group B:

- 1. The laboratory database appears low for country size and economic development. Of frequent concern is the small number and sampling size of the laboratories classified as low risk.
- 2. Follow-up with the non-responding laboratories appears incomplete, or at least unreported.
- 3. NCCs are inactive, improperly constituted (insufficiently independent or non-MOH members), or underutilized. NCCs are key to successful completion of Phase I. The NCC is accountable to the RCC for certifying completeness and quality of the national survey.
- 4. Reports of laboratories holding potential infectious materials appear to be inconsistent with the definition of such materials.

5. RCC Decisions

1. Countries:

- Group A countries should prepare a final report in the model format for submission to PAHO no later than 31 July 2008.
- Group B countries should prepare a progress report in the model format for submission to PAHO no later than 31 July 2008. The report should address country-specific RCC conclusions, provide an update on work that has been

completed, and describe plans for finalizing the survey and inventory by 31 December 2008.

2. Secretariat:

- The Secretariat should prepare a plan of action, including resource allocations, to complete Phase I in the Region by the end of 2008, with the RCC review of the final reports scheduled for March 2009.
- The Secretariat should clarify with EURO the reporting channels for Caribbean islands with health ties to European countries.
- The Secretariat should investigate the recruitment of an additional person or persons to support the Regional containment process.
- The Secretariat should hold a Phase I workshop in May 2008 for relevant Group B countries.
- The Secretariat should schedule the 3rd RCC meeting for the second week of October 2008.



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American Regional Commission for Certification of Poliovirus Laboratory Containment and Verification of the Polio-free Status (AMR RCC)

Second Meeting

Brasilia, Brazil, 28-29 February 2008

Thursday, 28 February 2008

8:45 a.m.	Registration	
9:00 a.m.	Welcome	PWR Representative, Brazil
9:15 a.m.	Opening remarks Secretar	Gerson Penna y, Public Health Surveillance
9:30 a.m.	Introduction and objectives	Mauricio Landaverde PAHO Immunization Unit
9:45 a.m.	Opening remarks and approval of agenda	Carlyle Guerra de Macedo
10:00 a.m.	Global overview	Chris Wolff
10:30 a.m.	Coffee Break	
10:50 a.m.	Rationale for containment	Walter Dowdle
11:20 a.m.	Regional overview: Report of the 1 st Meeting of Presidents (Antigua, Guatemala) and follow up recommendations of 1 st RCC	
11:50 a.m.	Status of containment: Argentina	
12:10 p.m.	Status of containment: USA	

12:30 p.m.	Discussion			
1:00 pm	Lunch			
2:00 p.m.	Status of containment: Mexico			
2:20 p.m.	Status of containment: Venezuela			
2:40 p.m.	Status of containment: Brazil			
3:00 p.m.	Discussion			
3:30 p.m.	Coffee break			
4:00 p.m.	Status of containment: Uruguay			
4:20 p.m.	Discussion			

Friday, 29 February 2008

9:00 a.m.	Manual of Operations of the RCC/NCC			PAHO	
9:30 a.m.	9:30 a.m. Regional Plan of Action				
10:00 a.m.	a.m. Country-by-country analysis: Country NCC reports to RCC Bolivia Cuba Honduras Canada Dom. Republic Nicaragua CAREC Ecuador Panama Chile El Salvador Paraguay Colombia Guatemala Peru Costa Rica Haiti		is Ia	РАНО	
10:30 a.m.	Coffee Break				
10:45 a.m.	Country-by-country analysis (continued)				
12:00 p.m.	RCC Recommendations to every country: PAHO will prepare a letter to be addressed to NCCs and signed by the RCC with recommendations on a country-by-country basis.				
1:00 p.m.	Lunch				
2:00 p.m.	RCC Internal Meeting				
5:00 p.m.	RCC conclusions and recommendations Carlyle Guer		Carlyle Guerra de	Macedo	



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Second Meeting

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