

5th Meeting of the Regional Certification Commission (RCC) for the Polio Endgame

Final Report

The 5th meeting of the Regional Certification Commission (RCC) for the Polio Endgame (RCC) met at the Pan American Health Organization (PAHO) headquarters in Washington DC, from 26 to 28 July 2016. Participants at this meeting included RCC members, US Centers for Disease Control (CDC), the World Health Organization (WHO), and PAHO regional advisors.



At this meeting, the RCC welcomed two new members, Dr. Esther Mary De Gourville, a virologist specialist from Trinidad and Tobago and Dr. José Félix Sánchez Largaespada, a pediatric specialist, from Nicaragua. These two members replaced Dr. Henry Smith and Dr. Carlos Godoy Artega, who retired from the Commission. The RCC thanks Dr. Henry Smith for attending the previous RCC meetings and for his work and commitment to the immunization program in the Region for the last 40 years. The RCC

also thanks Dr. Godoy for his service, lamenting that he did not have the opportunity to continue with his participation in the RCC.

The objectives of the 5th meeting were to:

1. Review the final country reports on the supervision of the switch from the trivalent oral polio vaccine (tOPV) to the bivalent vaccine (bOPV); and
2. Review the advances of the country reports for the containment of wild poliovirus (WPV), vaccine-derived polio virus (VDPV) and Sabin type 2.

Summary of the revision of the country switch reports

36 countries in the Americas participated in the globally synchronized switch from tOPV to bOPV in April 2016. All countries did an independent monitoring of the switch in the two-week period following their national switch date and continued supervision of the switch in 100% of the warehouses and vaccination service points in the three months following the switch.

Reports were shared with the RCC members prior to the meeting. The analysis of the reports included the verification of the content and the clarity of the information requested in the report model template. Observations and recommendations to the reports were provided in the following order: first reviewer, second reviewer, other RCC members, and the PAHO secretariat.

For the revision of the final switch reports, the RCC considered the following essential information:

- Signature of the country
- Validation of the report by the NCC with signature
- 100% of warehouses supervised
- 100% of the vaccination services supervised
- Verification that all leftover tOPV was destroyed

The RCC concluded that 29 reports contained the essential information and requested additional information from five of these countries (Bahamas, Bolivia, Montserrat, Suriname, and Trinidad and Tobago). The rest of the country reports were not complete and will be revised again at the next RCC meeting.

Fulfilled all essential criteria (29):

Anguilla, Antigua, Bahamas*, Barbados, Belize, Bolivia*, British Virgin Islands, Colombia, Curacao, Cuba, Dominica, Grenada, Guyana, Jamaica, Mexico, Montserrat*, St Kitts, St Lucia, St Vincent, Suriname*, Turks and Caicos, Trinidad and Tobago*, Dominican Republic, El Salvador, Honduras, Nicaragua, Panama, Paraguay, and Venezuela.

** RCC requested additional information at the meeting from these countries, and they have subsequently sent the requested information.*

Reports to be reviewed again at next RCC meeting (7):

Argentina, Brazil, Ecuador, Guatemala, Peru, Chile y Haiti

Summary of the WPV/VDPV/Sabin2 Reports:

Of the 23 expected reports on the containment of WPV, VDPV and Sabin2, corresponding to 22 countries and one Sub-Regional report for the Caribbean, which includes 13 countries, 6 UK territories, and 3 associate member states, the RCC reviewed for the first time the reports from Bolivia, Costa Rica, Ecuador, El Salvador and Venezuela; and reviewed 11 updated reports: Argentina, Brazil, Chile, USA, Honduras, Nicaragua, Haiti, Dominican Republic, Paraguay, Peru, and the Caribbean Sub-Region.

Reports were shared with the RCC members prior to the meeting. The analysis of the reports included the verification of the content and the clarity of the information requested in the model report template. Observations and recommendations to the reports were provided in the following order: first reviewer, second reviewer, other RCC members, and the PAHO secretariat.

As of July 2016, the RCC had received 22 of 23 reports (21 country reports and the Sub-Regional Caribbean report). Uruguay is the only country that had not presented the RCC a report on the advances with the implementation of the poliovirus containment plan.

Six countries have declared to have WPV/VDPV infectious material; nine countries have reported infectious Sabin 2 material; seven countries have reported potentially infectious WPV/VDPV material and 13 countries reported potentially infectious Sabin 2 material.

Brazil, Canada, Cuba, Mexico and USA have notified interest in designating Poliovirus Essential Facilities (PEF).

PAHO will continue working with the countries in the Americas to finalize the inventory of facilities with infectious and potentially infectious WPV, VDPV and Sabin2 material, related to Phase I of GAPIII, as well as consolidating the Phase II containment of these materials and the certification of the poliovirus essential facilities, as defined by the GAPIII.

Conclusions:

The RCC recognizes the efforts and the advances of the countries in the Region for the implementation of the Polio Eradication and Endgame Strategic Plan, and the work of the health personnel that have participated in the planning and execution of the related activities, as well as the support of the National Certification Committees (NCCs) for the revision and validation of the information presented in the national reports.

The RCC developed country specific recommendation for countries to complete the survey and inventory of facilities with infectious or potentially infectious poliovirus material. These recommendations were shared with the countries through the PAHO country office and with the NCCs through a letter from the RCC Chair.

Recommendations:

Switch Recommendations

- Countries that did not meet all of the criteria for the final switch report should complete their reports and send them to PAHO, using the standard format, taking into consideration that the final report should include information about the supervision of 100% of warehouses and vaccination services, the date and method of the destruction of leftover tOPV, as well as information related with the monitoring and validation, including the methodology used to select sites to be visited and the profile of the monitors.
- Once the report is elaborated, it should be validated by the NCC and sent to PAHO, through the Ministry of Health.

Poliovirus Containment Recommendations

- The NCC should provide a written response to the letters sent by the RCC Chair in April and August 2016.
- Attach the letter of endorsement from the NCC to the containment report.
- Follow the proposed report template provided by PAHO for the containment of WPV, VDPV and Sabin 2.
- Include the cutoff date in the report for the information that was analyzed and the date that the report was submitted to PAHO.
- Countries that have not received a response from all facilities should follow up with the laboratories that did not respond to the survey; include in the report information on whether these laboratories have the capacity to store samples at -20°C or lower (-40°C, -70°C), and indicate if they are likely to keep infectious or potentially infectious poliovirus materials; and develop a strategy to guarantee the response of the laboratories that have this storage capacity.
- Maintain consistency in how the names and addresses of laboratories are mentioned.
- It is necessary that each laboratory that reports having infectious or potentially infectious material specify the final disposition according to type of poliovirus and include the number of the annex that contains the corresponding evidence:
 - a) Eliminate: attach documentation about the destruction of the material.
 - b) Transfer: attach letter confirming the material was sent and letter confirming the material was received in the facility.
 - c) Contain: applies only to poliovirus essential facilities.
- Describe how the facilities that continue to store infectious or potentially infectious poliovirus material will document and guarantee that the health workers in these facilities will have immunity to poliovirus.

In order to maintain the Region of the Americas free from polio, all countries should:

- Achieve and maintain high polio vaccination coverage, greater than or equal to 95% in every district and municipality.
- Fulfill the acute flaccid paralysis (AFP) quality surveillance indicators in order to be able to respond rapidly to any detection of poliovirus or outbreak of poliomyelitis.
- Close all AFP cases that are pending final classification in a maximum period of 90 days.
- Advance with the implementation of the regional poliovirus containment plan.