The third meeting for ***ECHO Latin America ELA Project: Monthly teleconferences about cervical cancer prevention and control programs*** took place on **Friday, July 31, 2020.**

During the meeting, ECHO ELA Project collaborators Melissa Lopez Varon, MD Anderson Cancer Center (MDACC), Sandra L. San Miguel, National Cancer Institute (NCI), and faculty members, Dr. Silvina Arrossi (Argentina), Dr. Maria Tereza da Costa (PAHO/WDC/Brazil), Dr. Mauricio Maza (El Salvador), and Dr. Mila Salcedo (MDACC/Brazil) welcomed108 participants, including leaders for national cervical cancer and immunization programs from the Ministries of Health in Latin America, NGO representatives and other professionals working on related projects; Focal Points from each of the PAHO offices in Latin America, PAHO representatives from Washington, D.C., WHO in Geneva, MD Anderson Cancer Center University of Texas, the U.S. National Cancer Institute, and collaborators working on this topic.

**Summary from the previous meeting:**

Dr. Mila Salcedo provided a summary from the previous meeting. Ms. Silvana Luciani presented the didactic topic, ‘*Developing National Cervical Cancer Elimination Plans’* and Dr. Suyapa Bejarano presented the case, ‘*Cervical Cancer: Perceptions from an NGO.*’ Dr. Bejarano explained the structural capacity and the opportunities to adapt to the new restrictions as a result to COVID-19. The case from Honduras highlighted the importance of community work and the outreach and education models. Honduras is implementing the HPV screening and is also trying to identify how to introduce the screening while dealing with multiple related factors such as education, human resources and information systems. The group discussed the importance of national cervical cancer prevention and control plans as well as the gap areas in primary care to identify where women are lost to care. The group also addressed the importance of providing opportune screening. The only vaccine available for the region, which is very cost effective, is the quadrivalent type. Clinically speaking, Dr. Dr. Salcedo highlighted that the Young girls who are vaccinated should eventually also participate in the screening process regularly.

**Didactic Topic:** The didactic topic, ***‘Advances in HPV Vaccination in the Americas’*** was presented by **Dr. Lucia de Oliveira, PAHO/WDC*.*** There were two cases presented by representatives from El Salvador and Argentina. Participants were reminded that the ECHO® Project is based on the multilateral exchange of knowledge using cases at the epicenter of the discussion.

* **Case #1:** Dr. Mario Morales, gynecologist with a master’s degree in Social Medicine from the Non-Communicable Diseases from the Ministry of Health in El Salvador presented a case titled *‘HPV Vaccination in El Salvador.’* Dr. Morales highlighted that during the challenging times presented by COVID-19, we must consider the consensual development of vaccine and screening plans considering security measures to prevent the spread of COVID-19 as well as the development of strategic prevention and cervical cancer control programs.
* **Case #2:** Dr. Nathalia Katz, infectious disease physician and HPV vaccine specialist from the Inmunopreventable Disease Control department from the Ministry of Health in Argentina presented a case title ‘HPV Vaccination in Argentina.’

**Meeting Recording:** the recorded session (fully conducted in Spanish with some Portuguese) may be found by clicking on the following link, please feel free to distribute among your colleagues: <https://mediaplayer.mdanderson.org/video-full/22973114-EA13-4BD3-90E4-2FB9EF2F55CA>.

**The next teleconference** will take place on **Friday, August 28 at 11:00-12:30PM CST, Houston, TX/12:00-1:30PM EST, Washington, D.C. Agenda:** The didactic topic ‘**ESAVI and the HPV Vaccine**’ will be presented by **Dr. Maria Tereza da Costa, PAHO/WDC**. The case will be presented by Dr. Ana Goretti from the Ministry of Health in Brazil.

**Didactic Topic – Dr. De Oliveira - Questions and Comments**

**Dr. Suyapa Bejarano:** In reference to the herd immunity, in our countries we introduce the vaccine without knowing the actual HPV prevalence among our population, what could be expected from our region as a result from the actual vaccine?

**Dr. De Oliveira:** There are various studies that have demonstrated the herd immunity and even though there are no data about HPV prevalence at the population level in Latin America, we can base ourselves on the current data from the literature regarding herd immunity.

**Dr. Rafael Aguirre**: When vaccine coverage is mentioned, how many doses are you referring to?

Dr. De Oliveira: Two doses

**Dr. Ileana Quirós:** In Costa Rica we have the ESCUDO study to determine the effectiveness of only one dose.

**Dr. Renato Kfouri**: I have various comments, in relation to the number of doses, I believe we have to encourage for studies to validate the efficacy of only one dose to reach vaccine coverage and we also have to consider increasing the Interval between the first and the second doses in Latin America. My third comment pertains to the vaccination of both genders, there are some countries that also include vaccination of boys and this incentivizes the vaccination among girls as there’s no gender bias.

**Dr. De Oliveira**: Administering only one dose would be ideal, we would not need so much vaccines and it would be more economical, and we would increase coverage. Although we are close to establishing a one dose only, SAGE still does not recommend it as there isn’t enough evidence yet. SAGE does have a longer span of dose administration when there are problems with the quantity of vaccines available. The problem with the longer span is being able to reach the same individuals to administer their second dose. There are countries such as Chile that vaccinates girls in school annually and ensure to get the same cohort vaccinated twice. Regarding the topic about boys and girls, in our region, there are no data that substantiates that vaccinating boys increases vaccine coverage among girls. The recommendation from the technical group from PAHO and SAGE is to prioritize HPV vaccination among girls.

**Dr. Claudia Camel:** I’d like to know if during this pandemic, will there be more projected problems or delays in delivering vaccines acquired through the Revolving Fund from PAHO/WHO?

**Dr. De Oliveira**: This is not happening yet, the countries are receiving the vaccines within a reasonable amount of time, this was one of our concerns initially but not anymore. There were problems with an airport that was closed, and the vaccine could not be delivered; however, that problem has been fixed. We’ve learned to manage the prompt delivery of vaccines during the pandemic and we don’t expect any additional problems.

**Dr. Aulo Ortigoza:** For Venezuela, this is a novel program and I have a few questions, what would you recommend for a country that is just starting this program? Secondly, would it preferred to target a specific age range, such as tweens of 11 years old or kids/tweens between 9 and 11 years old? Which one is preferred? Our strategy is to use vaccination centers from small towns and vulnerable communities where indigenous populations reside, we could target women, moms, girls older than 12 years old and the elderly. I’m wondering if someone from Latin America has had a similar experience and has implemented vaginal citoly o another new method to increase screening.

**Dr. De Oliveira**: PAHO is elated to hear that Venezuela is implementing this program. The recommendations from SAGE and WHO regarding HPV vaccination is to focus on vaccinating girls as that is our main goal to eliminate cervical cancer. It is important to initiate vaccinating one cohort to learn how to implement the vaccination process well prior to extending it to other cohorts, and there’s various countries that are participating in ECHO ELA that have the experience and can share with Venezuela. The idea to integrate the HPV vaccination with the screening is excellent, not just to prevent cervical cancer but also to integrate other medical services.

**Dr. Ana Goretti:** An observation, the greatest coverage among girls in Brazil is 48% and approximately 20 something percent among boys. In order to make the decision to include boys in the HPV vaccination protocols, we had to have a very broad discussion with multiple conversations with experts and stakeholders. I’m in agreement with Renato that the inclusion of boys is an important factor to increase coverage among girls. We’re starting a related study. I must mention that the coverage among boys is lower as we started vaccinating them later. The vaccination among girls began in 2014 and the vaccination among boys began four years later in 2018. This is a matter of gender equity.

**Dr. De Oliveira**: The presented data comes from the Joint Report Form ‘JRF.’ I’ll review the data from Brazil to make sure it’s accurate. I believe it’s best to focus on vaccinating one group, such as girls, to increase coverage. However, the final decision belongs to each country.

**Dr. Itamar Bento Claro:** Are the two vaccine doses different or the same.

**Dr. De Oliveira**: They are the same vaccines, which are currently licensed and there are possible vaccines that could be implemented in the future that are in the pipeline.

**Dr. Margaret Dumitru:** How have you managed the anti-vaccine sentiment and the language barrier in indigenous and por communities that are also afraid of the vaccine relating it to infertility?

**Dr. De Oliveira**: We support our countries with the development of a New Vaccine Introduction Plan, which includes an essential component dedicated to language and communication barriers. These sort of situations or cultural beliefs that you mention, among others, should be identified by each country prior to the vaccine introduction in order to have specific strategies to address each situation in different countries. It is important to be ready for these situations before they take place along with learned lessons, which could also warn us of what we could potentially be dealing with. In order to address these issues, we implemented communication workshops at the regional level in Latin America and the Caribbean. These workshops were replicated in multiple countries. In relation to what you describe, one of the best approaches is to work with community leaders prior to introducing the vaccination.

**Dr. César Miranda**: According to the map that was presented, the only country in Latin America without a vaccine program is Venezuela. Does this project offer coverage now to this country?

**Dr. De Oliveira**: All the countries can and should participate in the cervical cancer elimination plan. If they have not started vaccinating, there are screening and treatment components that should be strengthened in the country. We recommend working in parallel with national authorities to advocate for the introduction of the vaccine.

**Dr. Margaret Dumitru**: What about Venezuela, Nicaragua and Haiti?

**Dr. De Oliveira:** Please refer to answer above.

**Dr. Itamar Bento Claro:** Have all the countries in Latin America re-initiated doing cervical cancer screening?

**Silvana Luciani:** Most countries in Latin America report having a disruption in primary care services, including cervical cancer screening. A summary of the results, and a report, from a survey regarding the interruption of services during COVID-19 may be found in the PAHO website: <https://www.paho.org/es/noticias/17-6-2020-covid-19-afecto-funcionamiento-servicios-salud-para-enfermedades-no>

**Case from El Salvador – Dr. Mario Morales – Questions and Comments**

Dr. Morales asked the experts and the participants, **how can we prioritize the continuity of vaccination, screening and treatment services considering the elimination goals, but also considering the priorities that are in conflict?**

The ECHO ELA Faculty had the opportunity to address this question as follows:

**Dr. da Costa** stated that El Salvador already has its Vaccine Introduction Plan ready and was scheduled to be implemented in 2020; however, due to COVID-19, this was not possible. Moreover, the schools where the girls were going to be vaccinated are now closed. Dr. da Costa also stated that the recommendation from PAHO is for the countries to continue vaccinating, the only thing that is not recommended is the conglomeration of too many individuals.

**Dr. Maza**, from El Salvador stated that COVID-19 has presented multiple challenges due to its contagious nature. He also stated that he is collaborating with the Ministry of Health in a study providing follow up to women who had their screening over 5 years ago and is concerned as these women need follow up screening. We have not been able to re-initiate the study and we’re developing protocols to provide follow up to these women.

**Dr. Arrossi** stated the pandemic impact is not uniform across each country. For example, in Argentina, there are certain areas where COVID-19 is well controlled. It is important to think about protocols that can be adapted to the pandemic situation in different zones/areas of a country. Screening should be re-established wherever is possible with strict security protocols to protect patients, which should be our top priority. At the same time, we should differentiate between the women who should be screened and the women who already have a lesion diagnosis. In this case, these are two completely different situations, and we should try to guarantee the access to treatment being guided by security protocols to women who already have a high grade lesion diagnosis and evaluate the conditions to reestablish the screening that is urgent under the guidance of the cervical cancer elimination plan but could be placed on a temporary hold in comparison to a woman who already has the diagnosis of a lesion and requires treatment.

**Dr. Salcedo** stated that she agreed with her colleagues. She reiterated that each country is different, and it is very difficult to have only one protocol for all the countries. Moreover, she emphasized that the vaccination and screening should be carried out with appropriate protocols safeguarding the safety of the patients.

**Dr. Ileana Quirós:** Dr. Morales: what are you referring to when you mention 13-14% positive: HPV of high risk or diagnosed lesions? Do you conduct biopsies to confirm the type of lesion?

**Dr. Morales:** I’m referring to women with HPV tests with a positive result who later require visual evaluation by a doctor and if they meet the eligibility criteria to conduct a cryotherapy, this is conducted. If they do not meet the criteria for cryotherapy, they are referred to a hospital for a colposcopy for their treatment.

**Dr. Aurelio Cruz:** We need to know the resilience of a health system. We need to assess the impact of COVID-19 in countries with relation to resources and infrastructure to detect and follow up women who are positive.

**Dr. Itamar Bento Claro:** Due to the heterogenous impact of the pandemic in Brazil, it is not possible to adopt only one recommendation across the board. As a rule, it is recommended to consider the return to cervical cancer detection activities and for health officials to consider the local indicators in reference to COVID-19 incidence.

**Case from Argentina – Dr. Nathalia Katz – Questions**

**Dr. Montealegre** (ECHO ELA Faculty): In reference to the school vaccination programs, are these synchronized with other programs for younger children for other vaccines?

**Dr. Katz**: No, for those younger than 2 years old, it’s complex and vaccines need to be implemented by specialists, we’re working on that at another level. The Ministry of Education is involved solely in ensuring that kids enrolling in school are vaccinated at 11 years old.