WEBINAR

UPDATE ON SURVEILLANCE, CLINICAL MANAGEMENT AND NEUROLOGICAL EVALUATION OF ACUTE FLACCID PARALYSIS CASES

DATE
25 May, 2023

TIME
11:00 AM (EDT)

LINK
bit.ly/webinar-PFA-2023

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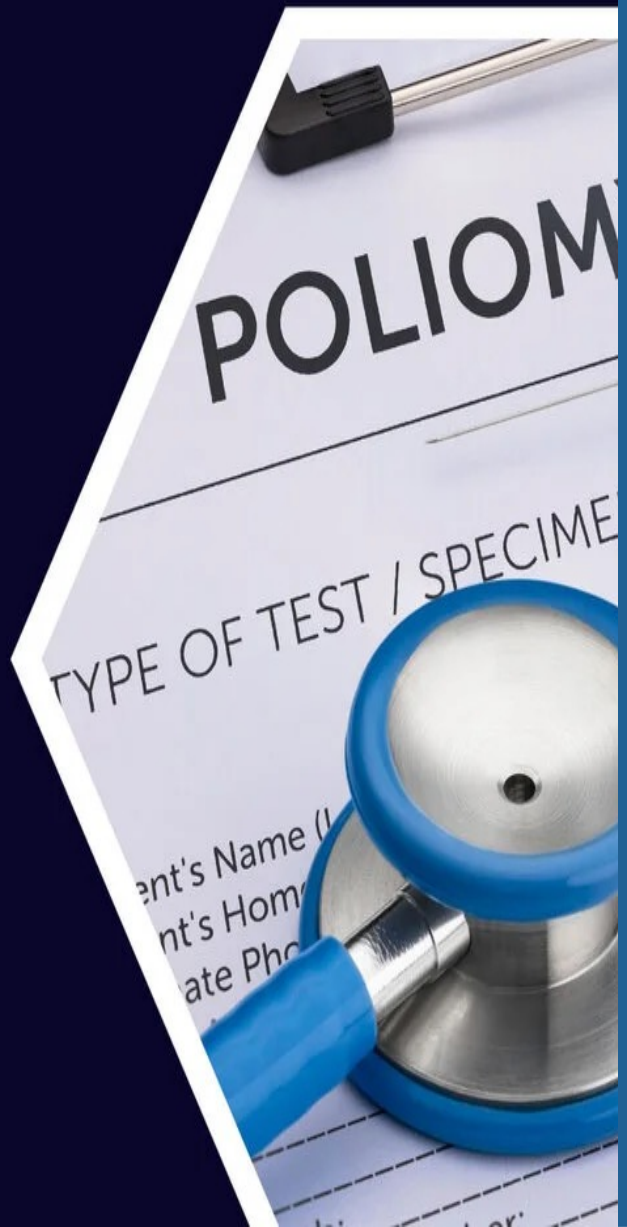
Americas

PAHO 120th ANNIVERSARY



AFP Surveillance in the 21st Century

Gloria Rey, Regional Advisor, Special Program Comprehensive Immunization(CIM)

May 25, 2023

Content

- The virus and disease
- Progress on polio eradication
- Acute flaccid paralysis surveillance
- Polio situation in the Region of the Americas

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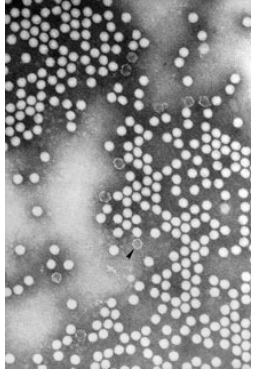

Polio

Poliovirus
(the agent)

- **Poliovirus** is an RNA virus, member of the genus Enterovirus, *Picornaviridae* family.
- There are three poliovirus serotypes (1, 2 and 3) with minimal immunity between them (heterotypic).
- Poliovirus only infects people.
- Person-to-person transmission: fecal - oral and pharyngeal secretions.

Poliomyelitis
(the disease)

- **Poliomyelitis** is an infectious disease caused by the poliovirus.
- The virus invades the nervous system and can cause permanent paralysis.
- Most people infected (72%) have no symptoms.
- One in 200 infections results in permanent paralysis and can cause death.

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https://www.paho.org/es/temas/poliomielitis
https://www.cdc.gov/polio/what-is-polio/index.htm
https://www.cdc.gov/polio/what-is-polio/hcp.html

Poliomyelitis

Wild poliovirus WPV

Viruses originally present in nature.
WPV2 and WPV3 have been eradicated.
WPV1 is endemic in AFG and PAK.
They are highly transmissible.

Vaccine-derived poliovirus or VDPV*.

In communities with low vaccination coverage, the virus mutates and recovers the neurovirulence => VDPV.
There is a risk of transmission.
Can be generated in immunodeficient individuals (PID).

Final classification of VDPV

- **cVDPV** circulating, evidence of H – H transmission.
- **iVDPV** associated with immunodeficiency.
- **aVDPV** ambiguous, the case is immunocompetent and the virus is not genetically related.

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Poliomyelitis vaccines

OPV

- Licensed in 1963, created by Albert Sabin.
- **Live attenuated** virus vaccine that may contain one, two or three serotypes.
- It is administered orally.
- Provides **humoral immunity and long-term intestinal immunity; effective in stopping transmission.**
- In communities with low vaccination coverage, the virus can mutate and revert to neurovirulent (VDPV) and in rare cases, can cause vaccine-associated paralytic poliomyelitis (VAPP).

IPV

- Introduced in 1955, created by Jonas Salk.
- Inactivated vaccine containing the three PV serotypes (1, 2 and 3).
- Administered by intramuscular or intradermal injection (for fIPV).
- No risk of VAPP or VDPV.
- Generates **good humoral immunity** but induces very low levels of antibodies in the intestinal mucosa**.**
- Protects against paralytic disease but **does not stop intestinal viral replication.**

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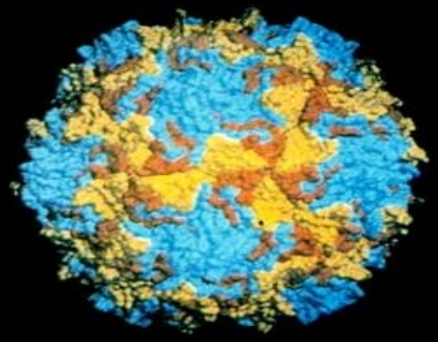
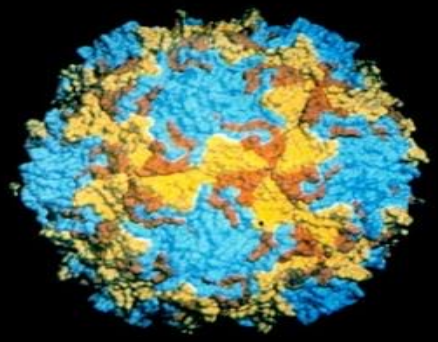
Polio Eradication

Eradication: *permanent decrease to zero of the worldwide incidence of infection caused by a specific agent as a result of deliberate efforts.*



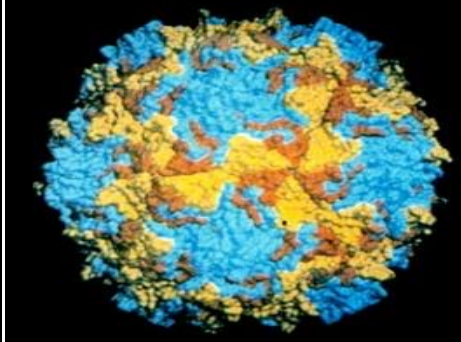
POLIO TYPE 1



POLIO TYPE 2

Last case of polio by WPV2 in 1999

Declared eradicated in September 2015



POLIO TYPE 3

Last case of polio by WPV3 in 2012

Declared eradicated in October 2019

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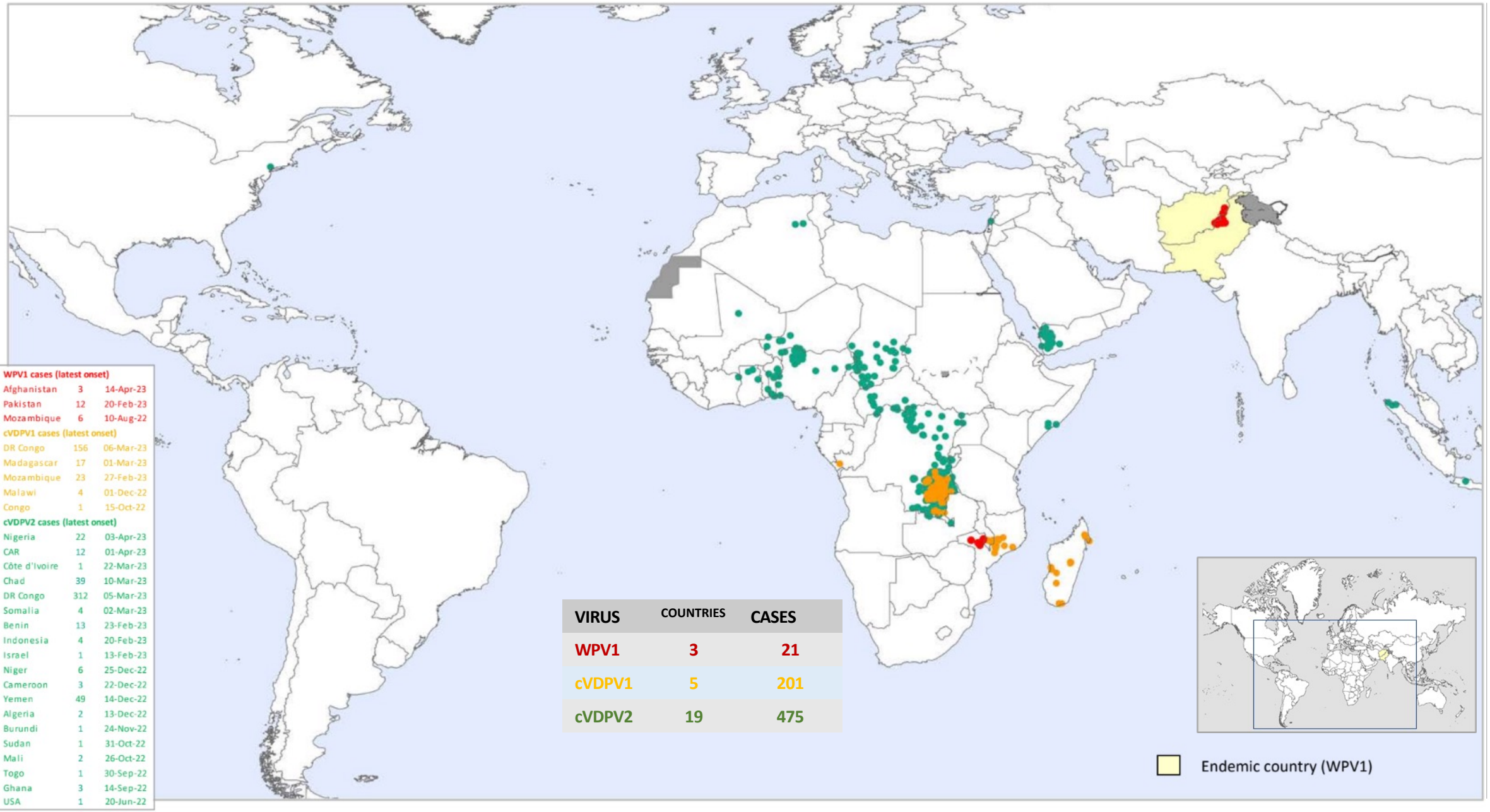
WPV1 & cVDPV1 polio cases, previous 12 months[2]

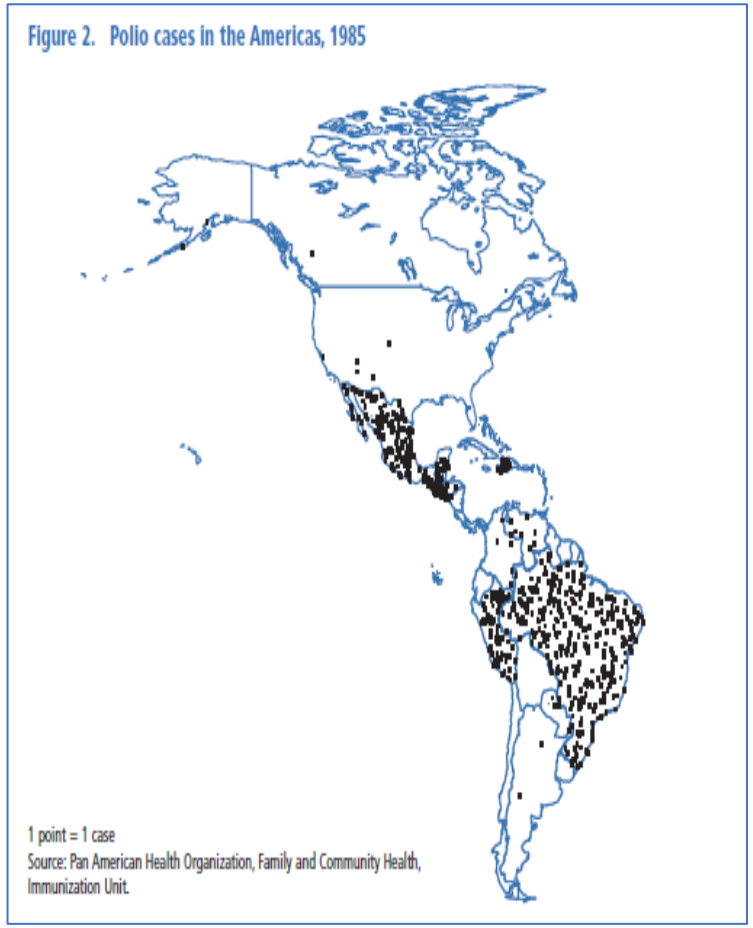
World Health Organization



[1]Excludes viruses detected from environmental surveillance; [2]Onset of paralysis: 24 May 2022 to 23 May 2023

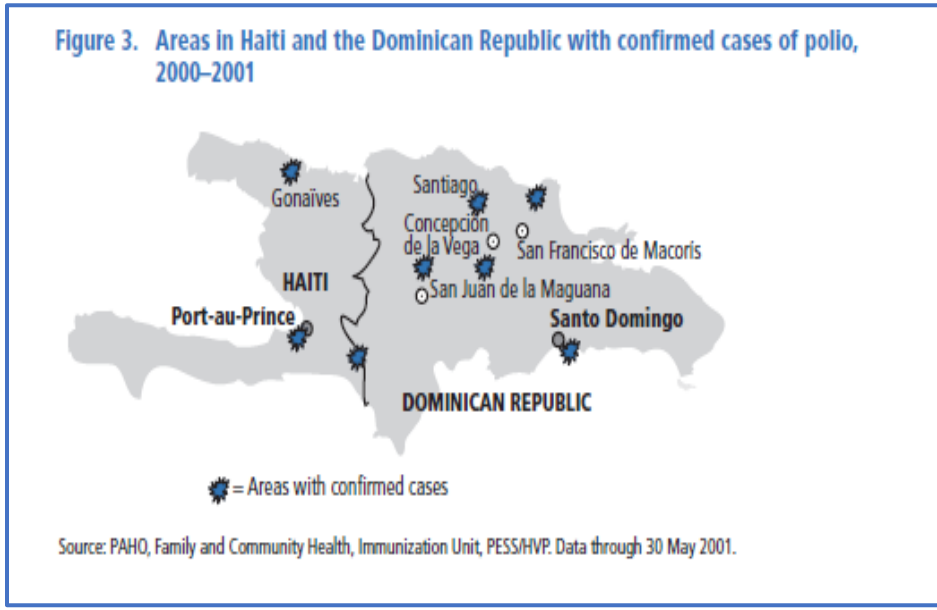
Data in WHO HQ as of 23 May 2023

Milestones in the eradication of Polio in the Americas



Polio cases, 1985

Certified polio-free 1994



Outbreak of cVDPV1, 2000 - 2001

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Polio Surveillance

Polio surveillance is conducted through the acute flaccid paralysis syndrome (AFP).
Paralysis: weakness, loss or decrease of movement.
Flaccid: loss of muscle tone.
Acute: rapid progression of paralysis.

All cases in **children under 15** years of age presenting AFP for any reason except severe trauma, or any person of **any age** in whom poliomyelitis is suspected, should be investigated.

The syndromic definition allows the **surveillance** system to be **sensitive** as it captures polio cases, but also other diseases present in similar ways.

All cases should be thoroughly **investigated** including stool sample collection for laboratory diagnosis.

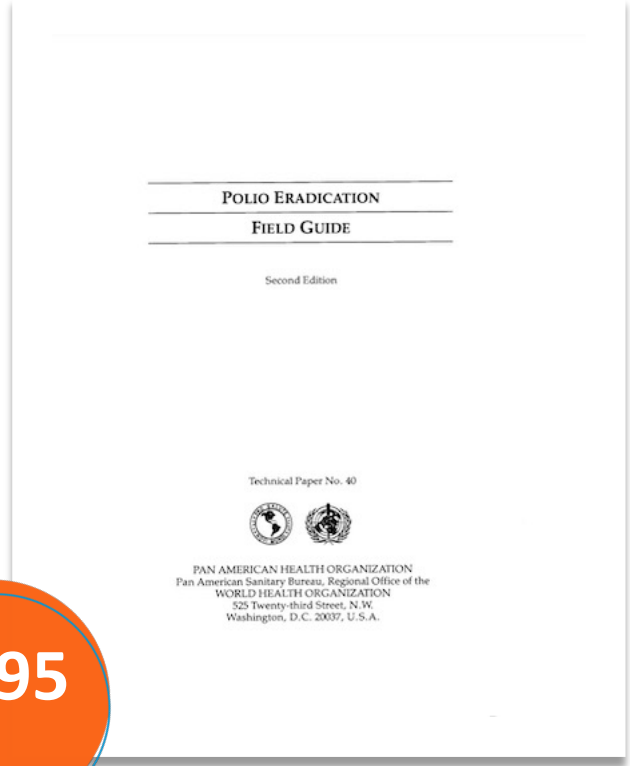
Source:
- *Pan American Health Organization. Eradication of poliomyelitis: a practical guide. Third edition. 2005*
- *Polio Global Eradication Initiative. Global guidelines for acute flaccis paralysis surveillance in the context of poliocirus eradication. Pre-publication version.*

Differential diagnoses of poliomyelitis

There are many infectious and non-infectious diseases that can cause paralysis, and therefore be confused with poliomyelitis.

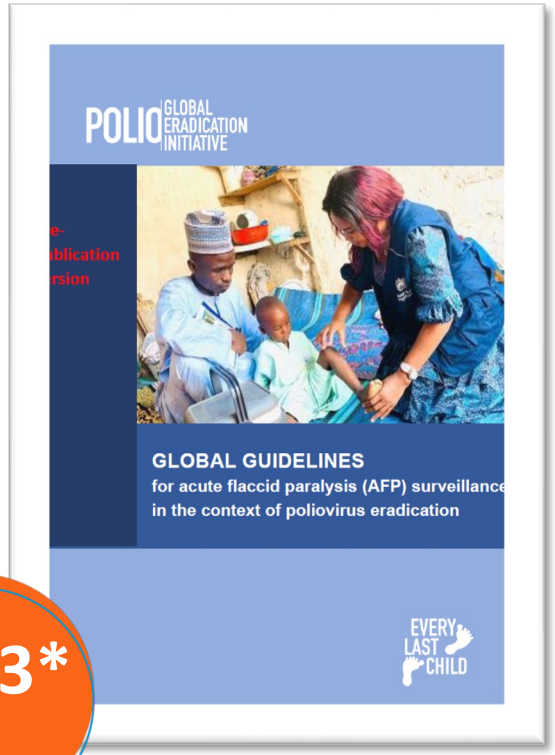
Diagnóstico	Código CIE-10	Código CIE-11
Botulismo	A05.1	8D83 Trastorno del sistema nervioso autónomo por infección **ó** 1A11.Z Botulismo, sin
Poliomielitis	A80	1C81
Encefalitis (meningoencefalitis viral)	A86.x	8E48 Encefalitis, no clasificada en otra parte
Enfermedad enteroviral del SNC	A88.8	1D91 Infección por enterovirus de localización no especificada
Meningitis aséptica/linfocítica	G03.0	1D01.Y Otro(a)(s) meningitis infecciosa no clasificada en otra parte especificado
Mielitis transversa	G37.3	8A41.0
Síndrome de Guillain Barré	G61.0	8C01.0
Polineuropatía inflamatoria no especificada	G61.9	8C01 Polineuropatía inflamatoria **ó** 8C01.0 Polineuropatía desmielinizante inflamatoria aguda
Polineuritis no especificada	G62.9	8C0Z Polineuropatía, sin especificación
Otros trastornos del sitema nervioso	G64	
Parálisis flácida muscular	G72.8	4A51 miopatía inflamatoria
Paraplejia flácida	G82.0	MB56 Paraplejia
Paraplejia no especificada	G82.2	
Cuadriplejia fláccida	G82.3	
Otros síndromes paralíticos	G83	
Parálisis Fláccida Aguda	G83.9	MB5Z
Neuropatía autónoma periférica idiopática	G90	
Osteomielitis	M86.1	
Dificultad para caminar no clasificada en otra parte	R 26.2	
Neuropatía periférica		8C0Z Polineuropatía, sin especificación

Acute Flaccid Paralysis (AFP) Surveillance in the Americas



1995

2005



2023*

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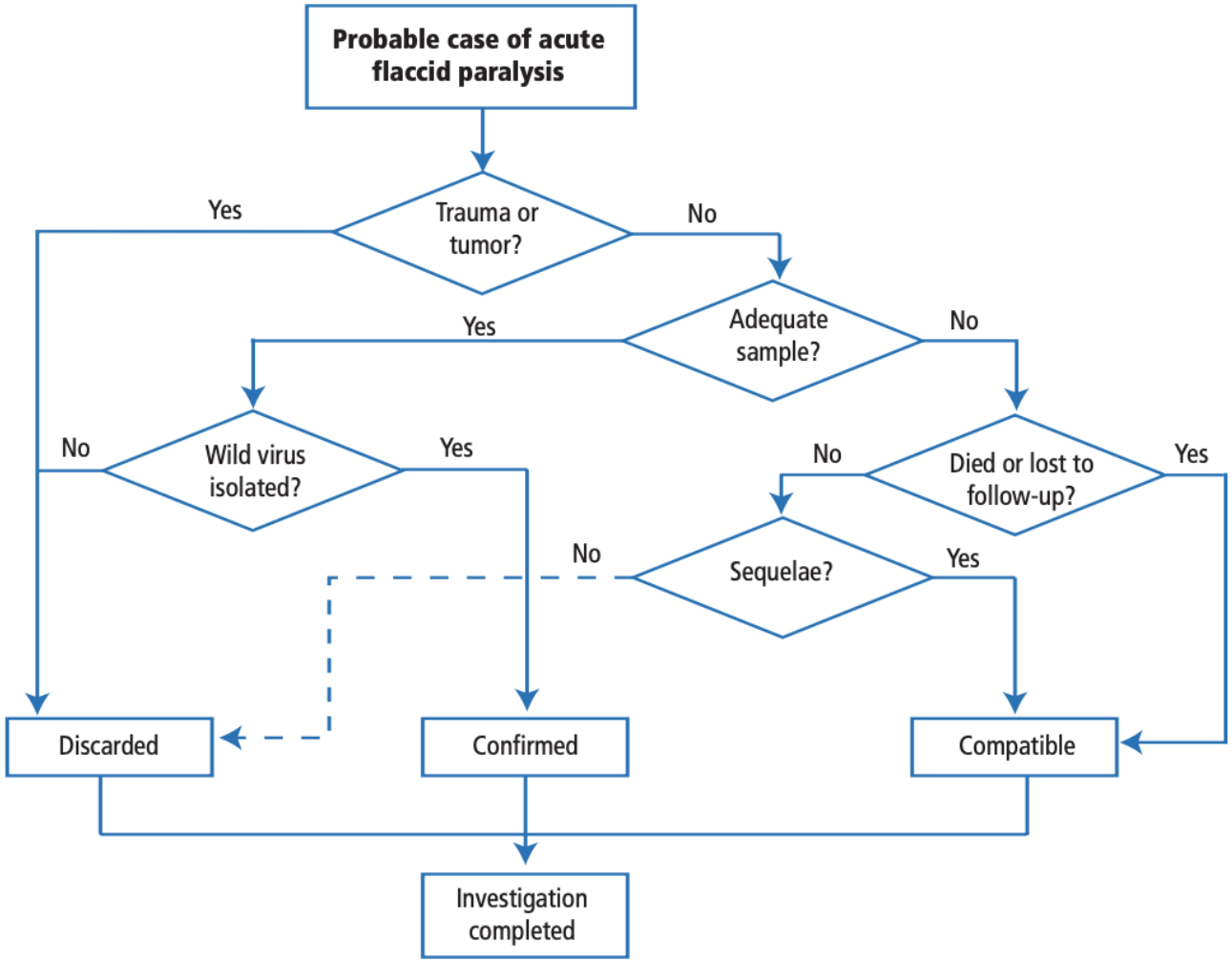
Investigation of a suspected case of poliomyelitis



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Decision tree for case investigation

PROBABLE CASE

Yes

Continue investigation to determine final classification

1) Fill out investigation form and line-listing as data become available.
2) Collect 1 stool specimen from the patient; collect specimens from 5 contacts (only if the epidemiologist so indicates).
3) Arrange for follow-up to determine clinical outcome.

Confirmed or polio-compatible case

Yes

Report to the surveillance coordinator

No

Was another cause confirmed?

Yes

Report to the surveillance coordinator

No

Discarded case
No additional investigation required

Yes

To begin community control measures:

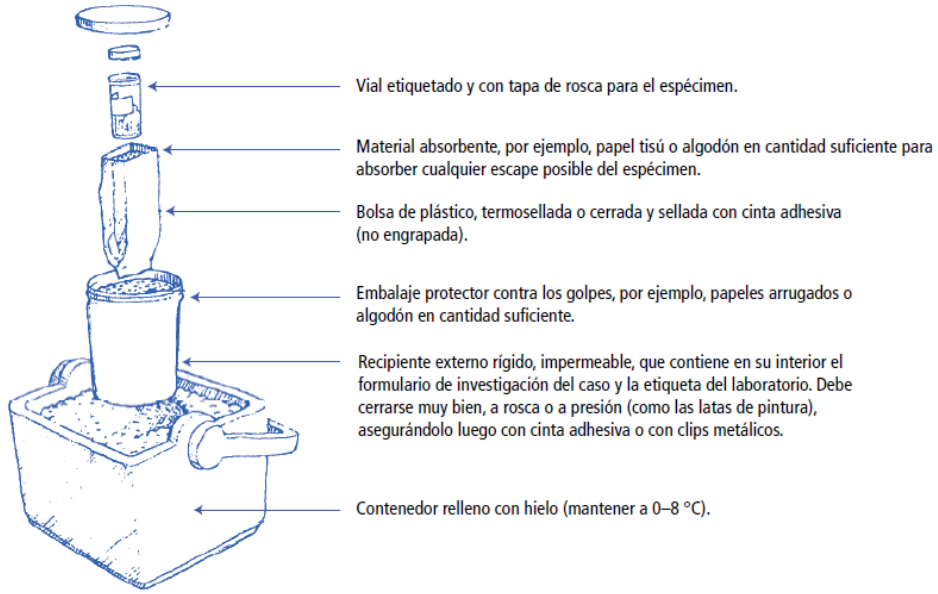
- Visit home/neighborhood
- Start immunization activities
  1) Decide:
     - Who to vaccinate (target age group)
     - When to vaccinate
     - Where to vaccinate (including door-to-door)
  2) Notify national surveillance coordinator and discuss control strategy
  3) Notify community leaders and surveillance coordinators in other areas
  4) Review polio vaccination coverage data on children under 5 years old in affected and surrounding areas
  5) Search for additional cases in a wide geographic area. Inquire about any cases that may have occurred in the last six months:
     - Visit schools, churches, etc.
     - Visit medical care facilities
     - Meet with community leaders
     - Conduct door-to-door searches
  6) Increase surveillance for the following 6–12 months:
     - Complete line-listing of all cases
     - Submit a case investigation form to the surveillance coordinator

No

Obtaining samples for laboratory diagnosis

- Obtain a stool sample within 14 days of the onset of paralysis.
- Use a clean, empty container to collect 8 g of stool (two-inch size).
- Label all samples (case or contact name, case number, date of sample obtained).
- Refrigerate samples immediately after collection (4 - 8 oC).
- *Rectal swab is a non-suitable sample.*

Packaging of biological samples



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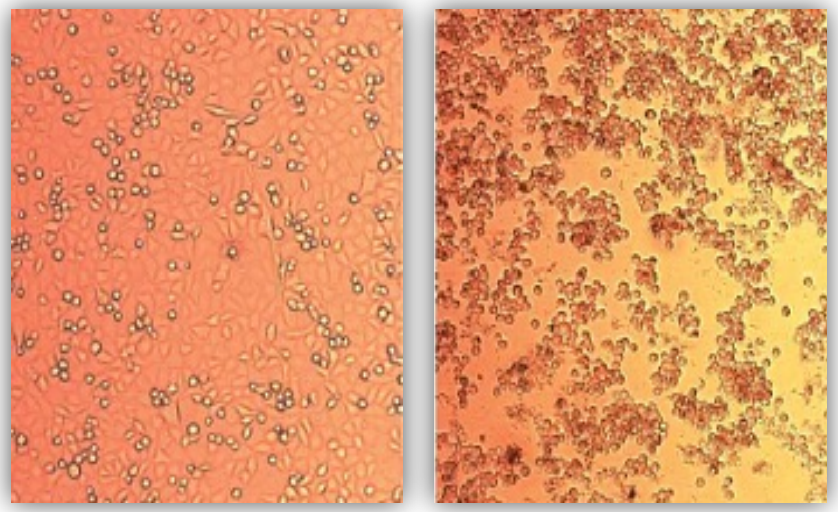
Laboratory diagnosis of poliovirus

1

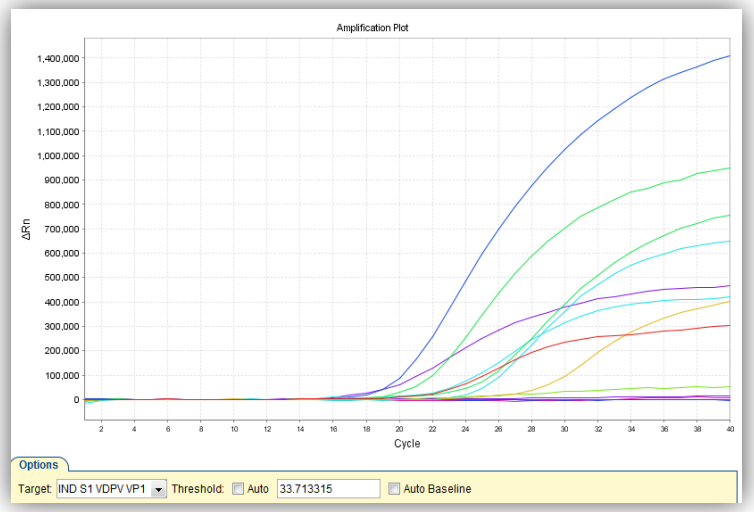
Virus Isolation in Cell Cultures



Timely reporting of results = 14 days

2

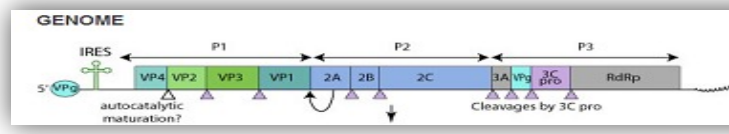
Intratypic differentiation of poliovirus

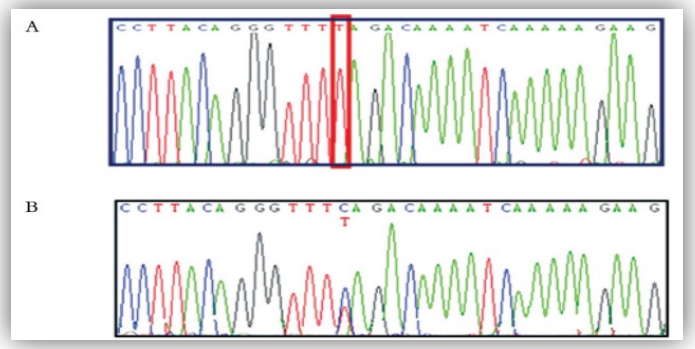


Timely reporting of results = 7 days

3

Genetic sequencing of VP1 region





Timely reporting of results = 7 days

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AFP Surveillance, case definitions

1 Probable case

Any person under 15 years of age presenting AFP, for any reason except severe trauma, or any person of any age in whom poliomyelitis is suspected.

2 Confirmed case

Acute flaccid paralytic disease associated with isolation of wild poliovirus (or derived poliovirus VDPV), with or without residual paralysis.

3 Compatible case

Acute paralytic disease with residual polio-like paralysis after 60 days, or failure to follow up or death, in which a stool sample was not obtained within 15 days of paralysis.

4 Dismissed case

Any case of acute paralytic disease for which an adequate stool sample has been obtained within 14 days of the onset of paralysis and with a negative laboratory result for poliovirus.

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Américas

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AFP Surveillance Indicators

Indicator	
System sensitivity	Detection of at least **1 case of AFP/100,000 children under 15 years of age.**
Adequate investigation of the case	**≥80%** of cases **investigated** (clinical, epidemiological) within 48 hours of notification.
Adequate stool sample	**≥80%** of cases had adequate stool samples collected for enterovirus detection (within **14** days of onset of paralysis)
Case follow-up	**≥80%** of investigated AFP cases will be clinically evaluated within **60** days of onset of paralysis.

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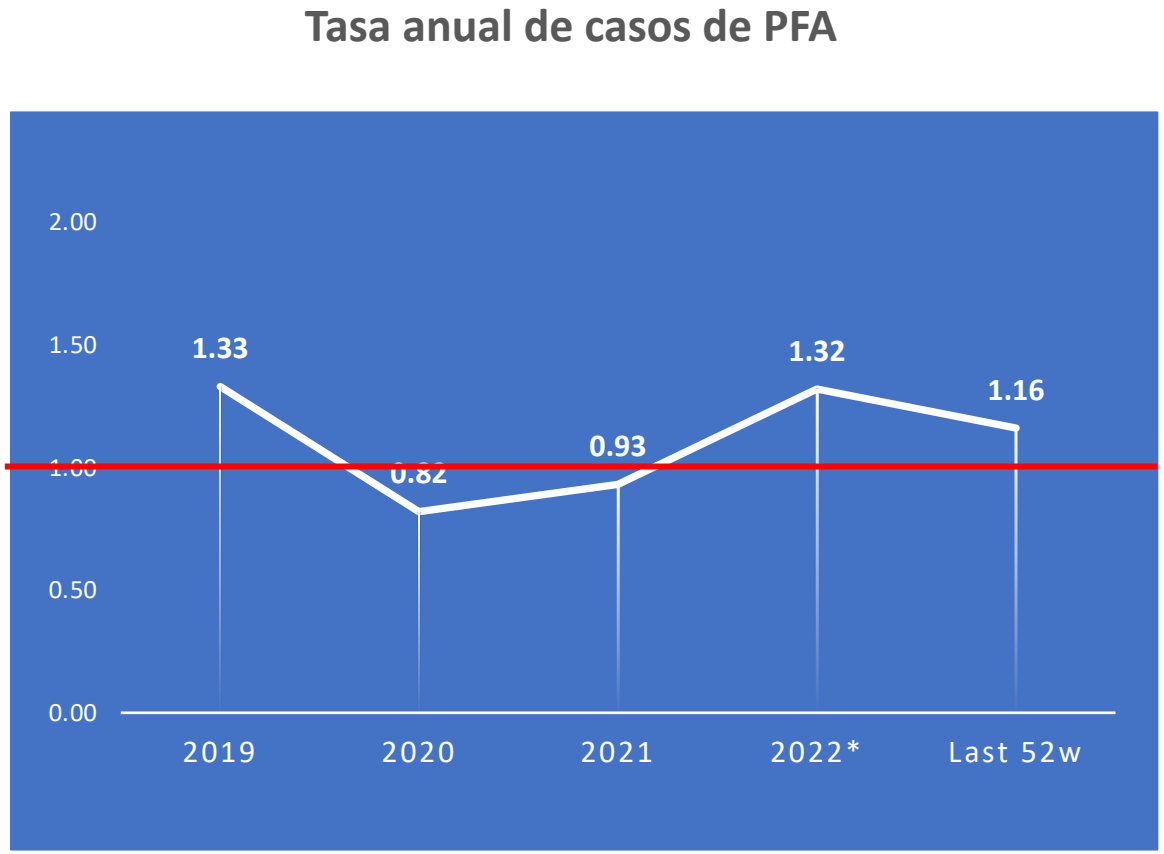
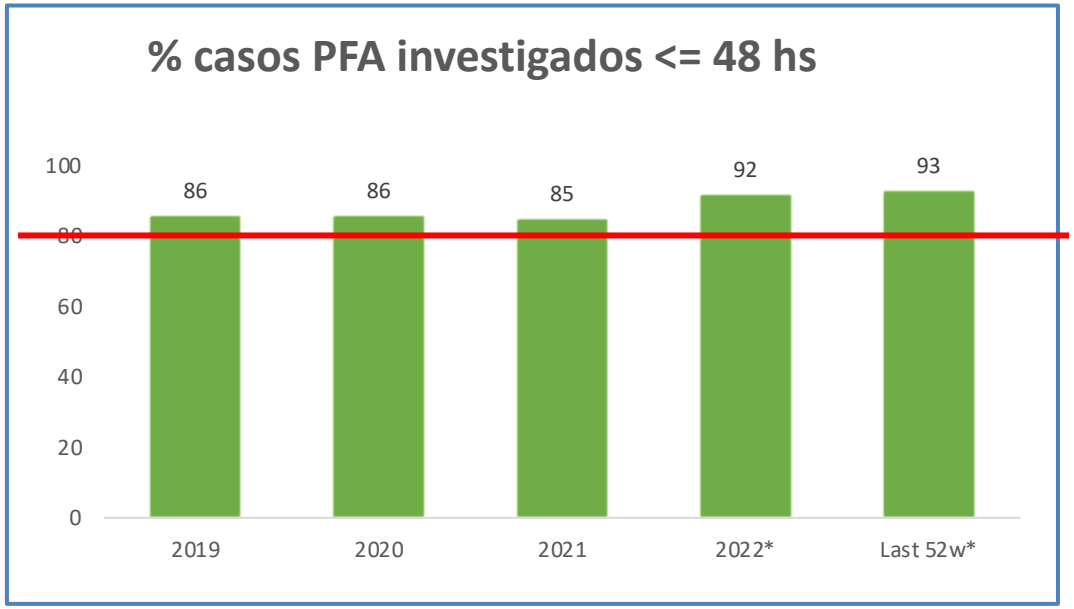
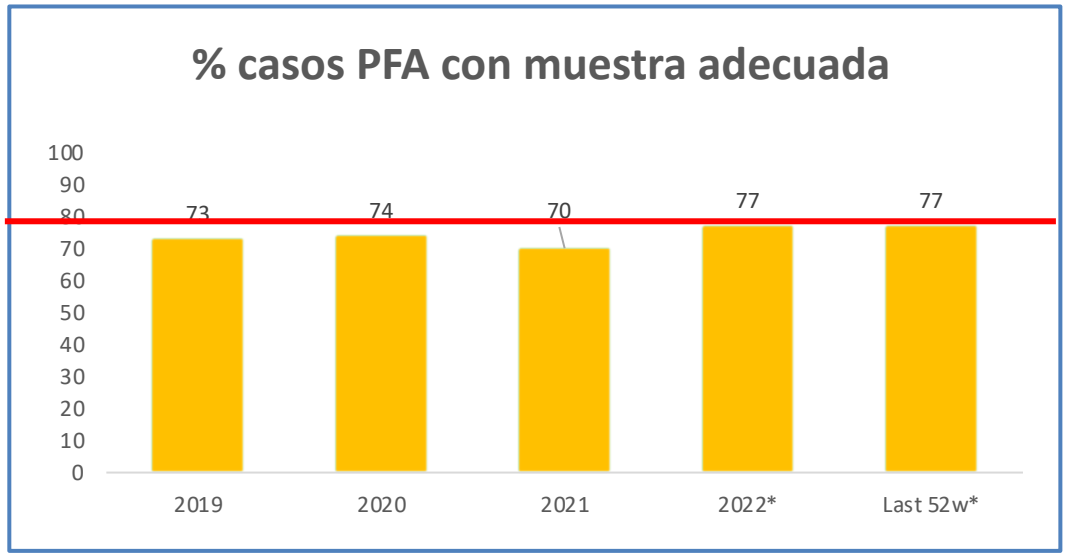
AFP Surveillance Indicators, Region of the Americas 2019 – 2022*







Source: Country reports to PAHO. PAHO Polio Bulletin. Information as of May 6, 2023.

Polio Cases in the Americas, 2022-2023

Case of cVDPV2 Polio in NY, USA

- In an unimmunized immunocompetent young adult with no history of travel during the exposure period.
- Provenance: Rockland County, NY State
- Onset of paralysis: June 20, 2022
- Notification to PAHO/WHO: 21 July 2022
- Classification as cVDPV2: 10 Sept 2022
- GPLN confirmed genetic linkage of virus to cVDPV2 detected in UK and Israel.

Case of polio due to VDPV1 in Loreto, PER

- Male, **14 months old**, with no history of vaccination or travel history.
- Origin: Manseriche district, department of Loreto.
- Onset of paralysis: December 29, 2022.
- Stool sample collection: January 18, 2022
- VDPV1 confirmation: March 21, 2023

Investigation and clinical evaluation of the case ruled out primary immunodeficiency.

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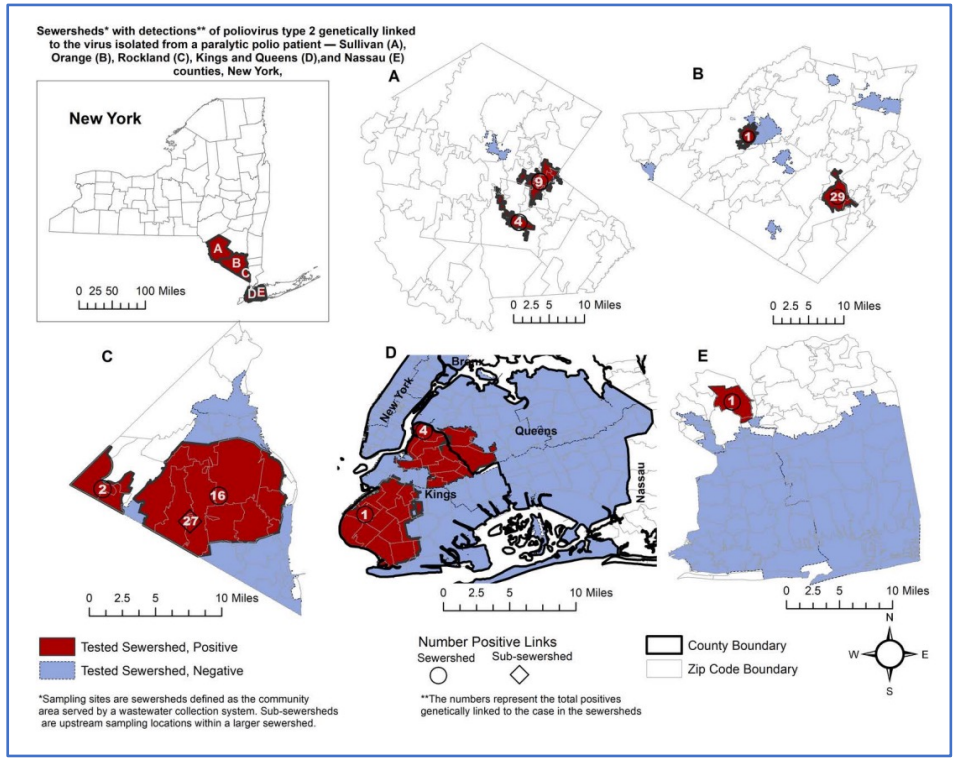
Detection of cVDPV2 in wastewater, USA and Canada, 2022

Detection of PV2 in wastewater, NYS



Source: https://health.ny.gov/diseases/communicable/polio/docs/waste_water_surveillance_report.pdf

cVDPV2 in wastewater, Quebec, CAN

- Notification to PAHO/WHO 06 Jan 2023, detection of VDPV2 in two samples collected in August 2022
- CDC confirmed genetic linkage to cVDPV2 case detected in Rockland, NYS
- No confirmed cases of polio or increase in AFP cases have been observed in the province of Quebec.
- Ambiguous, case is immunocompetent and the virus is not genetically related.

No confirmed cases of poliomyelitis or an increase in AFP cases have been observed in the province of Quebec in 2022.

Source: Canada IHR National Focal Point

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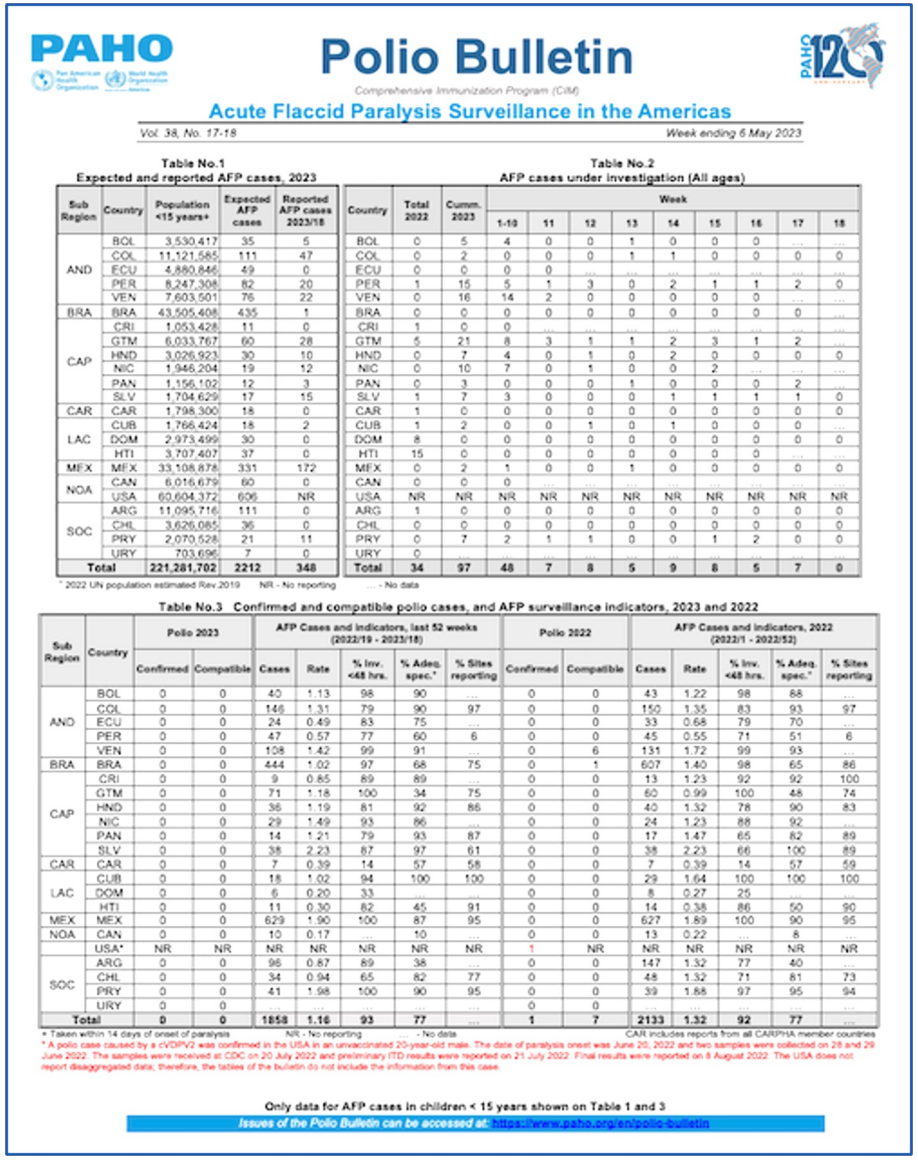
Polio Bulletin



PAHO

Polio Bulletin

Comprehensive Immunization Program (CIM)

Acute Flaccid Paralysis Surveillance in the Americas

Vol. 38, No. 17-18 — Week ending 6 May 2023

Table No.1
Expected and reported AFP cases, 2023

Sub Region	Country	Population <15 years*	Expected AFP cases	Reported AFP cases 2023/18
AND	BOL	3,530,417	35	5
	COL	11,121,585	111	47
	ECU	4,880,846	49	0
	PER	8,247,308	82	20
	VEN	7,603,501	76	22
BRA	BRA	43,505,408	435	1
CAP	CRI	1,053,428	11	0
	GTM	6,033,767	60	28
	HND	3,026,923	30	10
	NIC	1,946,204	19	12
	PAN	1,156,102	12	3
	SLV	1,704,629	17	15
CAR	CAR	1,798,300	18	0
LAC	CUB	1,766,424	18	2
	DOM	2,973,499	30	0
	HTI	3,707,407	37	0
MEX	MEX	33,108,878	331	172
NOA	CAN	6,016,679	60	0
	USA	60,604,372	606	NR
SOC	ARG	11,095,716	111	0
	CHL	3,626,085	36	0
	PRY	2,070,528	21	11
	URY	703,696	7	0
Total		221,281,702	2212	348

Table No.2
AFP cases under investigation (All ages)

Country	Total 2022	Cumm. 2023	Week 1-10	11	12	13	14	15	16	17	18
BOL	0	5	4	0	0	1	0	0	0	...	...
COL	0	2	0	0	0	1	1	0	0	0	0
ECU	0	0	0	0	...	...	...	...	...	...	...
PER	1	15	5	1	3	0	2	1	1	2	0
VEN	0	16	14	2	0	0	0	0	0	...	...
BRA	0	0	0	0	0	0	0	0	0	0	...
CRI	1	0	0	...	...	...	...	...	...	...	...
GTM	5	21	8	3	1	1	2	3	1	2	...
HND	0	7	4	0	1	0	2	0	0	0	0
NIC	0	10	7	0	1	0	0	2	...	...	...
PAN	0	3	0	0	0	1	0	0	0	2	...
SLV	1	7	3	0	0	0	1	1	1	1	0
CAR	1	0	0	0	0	0	0	0	0	0	0
CUB	1	2	0	0	1	0	1	0	0	0	...
DOM	8	0	0	0	0	0	0	0	0	0	0
HTI	15	0	0	0	0	0	0	0	0	...	...
MEX	0	2	1	0	0	1	0	0	0	0	0
CAN	0	0	0	...	...	...	...	...	...	...	...
USA	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
ARG	1	0	0	0	0	0	0	0	0	0	0
CHL	0	0	0	0	0	0	0	0	0	0	0
PRY	0	7	2	1	1	0	0	1	2	0	0
URY	0	...	...	...	...	...	...	...	...	...	...
Total	34	97	48	7	8	5	9	8	5	7	0

* 2022 UN population estimated Rev.2019 NR - No reporting ... - No data

Table No.3 Confirmed and compatible polio cases, and AFP surveillance indicators, 2023 and 2022

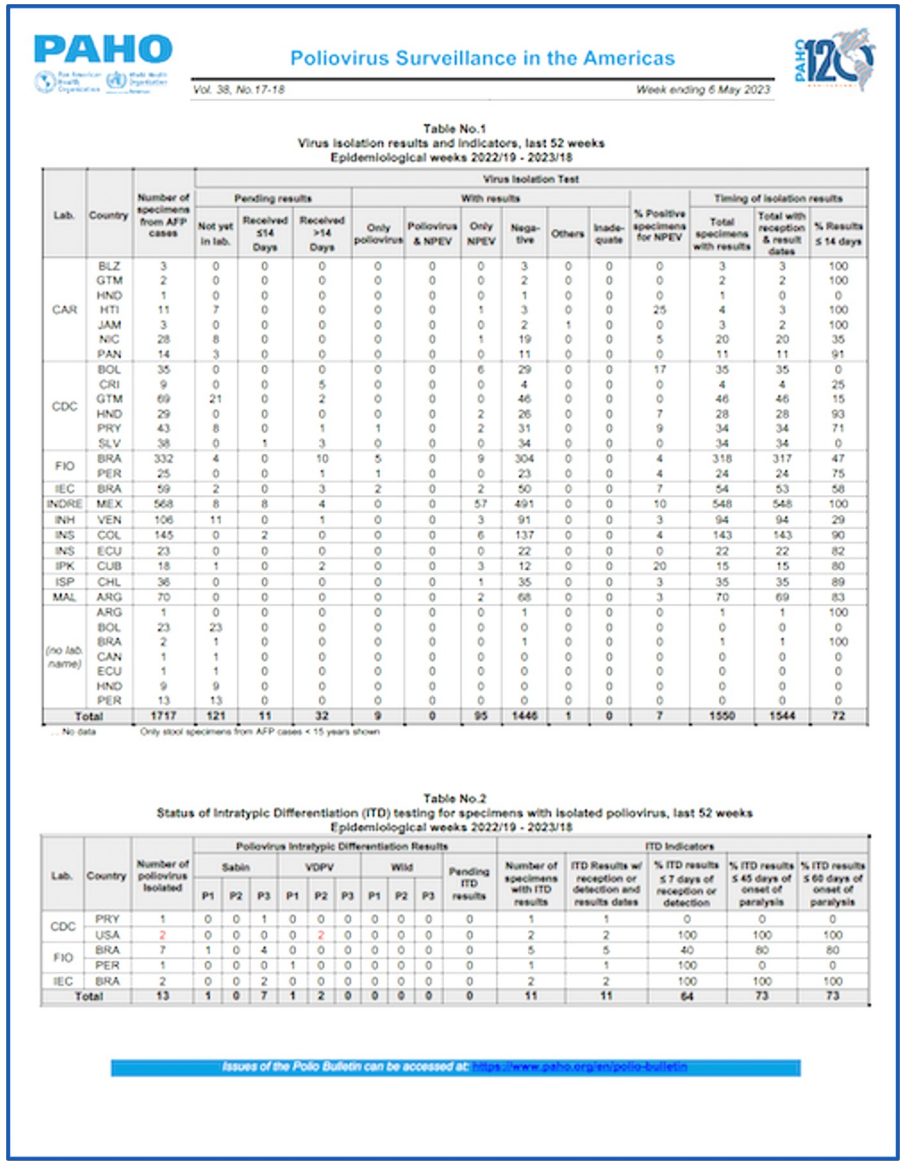
Sub Region	Country	Polio 2023 Confirmed	Polio 2023 Compatible	AFP Cases and indicators, last 52 weeks (2022/19 - 2023/18) Cases	Rate	% Inv. <48 hrs.	% Adeq. spec.*	% Sites reporting	Polio 2022 Confirmed	Polio 2022 Compatible	AFP Cases and indicators, 2022 (2022/1 - 2022/52) Cases	Rate	% Inv. <48 hrs.	% Adeq. spec.*	% Sites reporting
AND	BOL	0	0	40	1.13	98	90	...	0	0	43	1.22	98	88	...
	COL	0	0	146	1.31	79	90	97	0	0	150	1.35	83	93	97
	ECU	0	0	24	0.49	83	75	...	0	0	33	0.68	79	70	...
	PER	0	0	47	0.57	77	60	6	0	0	45	0.55	71	51	6
	VEN	0	0	108	1.42	99	91	...	0	6	131	1.72	99	93	...
BRA	BRA	0	0	444	1.02	97	68	75	0	1	607	1.40	98	65	86
CAP	CRI	0	0	9	0.85	89	89	...	0	0	13	1.23	92	92	100
	GTM	0	0	71	1.18	100	34	75	0	0	60	0.99	100	48	74
	HND	0	0	36	1.19	81	92	86	0	0	40	1.32	78	90	83
	NIC	0	0	29	1.49	93	86	...	0	0	24	1.23	88	92	...
	PAN	0	0	14	1.21	79	93	87	0	0	17	1.47	65	82	89
	SLV	0	0	38	2.23	87	97	61	0	0	38	2.23	66	100	89
CAR	CAR	0	0	7	0.39	14	57	58	0	0	7	0.39	14	57	59
LAC	CUB	0	0	18	1.02	94	100	100	0	0	29	1.64	100	100	100
	DOM	0	0	6	0.20	33	...	...	0	0	8	0.27	25	...	...
	HTI	0	0	11	0.30	82	45	91	0	0	14	0.38	86	50	90
MEX	MEX	0	0	629	1.90	100	87	95	0	0	627	1.89	100	90	95
NOA	CAN	0	0	10	0.17	...	10	...	0	0	13	0.22	...	8	...
	USA*	NR	NR	NR	NR	NR	NR	NR	1	NR	NR	NR	NR	NR	NR
SOC	ARG	0	0	96	0.87	89	38	...	0	0	147	1.32	77	40	...
	CHL	0	0	34	0.94	65	82	77	0	0	48	1.32	71	81	73
	PRY	0	0	41	1.98	100	90	95	0	0	39	1.88	97	95	94
	URY	0	0	...	...	...	...	...	0	0	...	...	...	...	...
Total		0	0	1858	1.16	93	77	...	1	7	2133	1.32	92	77	...

+ Taken within 14 days of onset of paralysis NR - No reporting ... - No data CAR includes reports from all CAREPHA member countries

* A polio case caused by a cVDPV2 was confirmed in the USA in an unvaccinated 20-year-old male. The date of paralysis onset was June 20, 2022 and two samples were collected on 28 and 29 June 2022. The samples were received at CDC on 20 July 2022 and preliminary ITD results were reported on 21 July 2022. Final results were reported on 8 August 2022. The USA does not report disaggregated data; therefore, the tables of the bulletin do not include the information from this case.

Only data for AFP cases in children < 15 years shown on Table 1 and 3

Issues of the Polio Bulletin can be accessed at: https://www.paho.org/en/polio-bulletin



PAHO

Poliovirus Surveillance in the Americas

Vol. 38, No.17-18 — Week ending 6 May 2023

Table No.1
Virus isolation results and indicators, last 52 weeks
Epidemiological weeks 2022/19 - 2023/18

Lab.	Country	Number of specimens from AFP cases	Virus Isolation Test: Pending results: Not yet in lab.	Pending results: Received ≤14 Days	Pending results: Received >14 Days	With results: Only poliovirus	With results: Poliovirus & NPEV	With results: Only NPEV	With results: Nega-tive	With results: Others	With results: Inade-quate	% Positive specimens for NPEV	Timing of isolation results: Total specimens with results	Timing of isolation results: Total with reception & result dates	Timing of isolation results: % Results ≤ 14 days
CAR	BLZ	3	0	0	0	0	0	0	3	0	0	0	3	3	100
	GTM	2	0	0	0	0	0	0	2	0	0	0	2	2	100
	HND	1	0	0	0	0	0	0	1	0	0	0	1	0	0
	HTI	11	7	0	0	0	0	1	3	0	0	25	4	3	100
	JAM	3	0	0	0	0	0	0	2	1	0	0	3	2	100
	NIC	28	8	0	0	0	0	1	19	0	0	5	20	20	35
	PAN	14	3	0	0	0	0	0	11	0	0	0	11	11	91
CDC	BOL	35	0	0	0	0	0	6	29	0	0	17	35	35	0
	CRI	9	0	0	5	0	0	0	4	0	0	0	4	4	25
	GTM	69	21	0	2	0	0	0	46	0	0	0	46	46	15
	HND	29	0	0	0	0	0	2	26	0	0	7	28	28	93
	PRY	43	8	0	1	1	0	2	31	0	0	9	34	34	71
	SLV	38	0	1	3	0	0	0	34	0	0	0	34	34	0
FIO	BRA	332	4	0	10	5	0	9	304	0	0	4	318	317	47
	PER	25	0	0	1	1	0	0	23	0	0	4	24	24	75
IEC	BRA	59	2	0	3	2	0	2	50	0	0	7	54	53	58
INDRE	MEX	568	8	8	4	0	0	57	491	0	0	10	548	548	100
INH	VEN	106	11	0	1	0	0	3	91	0	0	3	94	94	29
INS	COL	145	0	2	0	0	0	6	137	0	0	4	143	143	90
INS	ECU	23	0	0	0	0	0	0	22	0	0	0	22	22	82
IPK	CUB	18	1	0	2	0	0	3	12	0	0	20	15	15	80
ISP	CHL	36	0	0	0	0	0	1	35	0	0	3	35	35	89
MAL	ARG	70	0	0	0	0	0	2	68	0	0	3	70	69	83
(no lab. name)	ARG	1	0	0	0	0	0	0	1	0	0	0	1	1	100
	BOL	23	23	0	0	0	0	0	0	0	0	0	0	0	0
	BRA	2	1	0	0	0	0	0	1	0	0	0	1	1	100
	CAN	1	1	0	0	0	0	0	0	0	0	0	0	0	0
	ECU	1	1	0	0	0	0	0	0	0	0	0	0	0	0
	HND	9	9	0	0	0	0	0	0	0	0	0	0	0	0
	PER	13	13	0	0	0	0	0	0	0	0	0	0	0	0
Total		1717	121	11	32	9	0	95	1446	1	0	7	1550	1544	72

... No data Only stool specimens from AFP cases < 15 years shown

Table No.2
Status of Intratypic Differentiation (ITD) testing for specimens with isolated poliovirus, last 52 weeks
Epidemiological weeks 2022/19 - 2023/18

Lab.	Country	Number of polioviruses isolated	Poliovirus Intratypic Differentiation Results: Sabin P1	Sabin P2	Sabin P3	VDPV P1	VDPV P2	VDPV P3	Wild P1	Wild P2	Wild P3	Pending ITD results	ITD Indicators: Number of specimens with ITD results	ITD Results w/ reception or detection and results dates	% ITD results ≤ 7 days of reception or detection	% ITD results ≤ 45 days of onset of paralysis	% ITD results ≤ 60 days of onset of paralysis
CDC	PRY	1	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0
	USA	2	0	0	0	0	2	0	0	0	0	0	2	2	100	100	100
FIO	BRA	7	1	0	4	0	0	0	0	0	0	0	5	5	40	80	80
	PER	1	0	0	0	1	0	0	0	0	0	0	1	1	100	0	0
IEC	BRA	2	0	0	2	0	0	0	0	0	0	0	2	2	100	100	100
Total		13	1	0	7	1	2	0	0	0	0	0	11	11	64	73	73

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Polio Bulletin

https://www.paho.org/es/boletin-semanal-polio

PAHO

GTA Recommendations

1. Countries should make an effort to improve the performance of AFP surveillance indicators to avoid undiagnosed cases of paralysis caused by poliovirus.

2. Countries with a very high risk of outbreaks should consider collecting a second stool sample on a temporary basis while they strengthen their immunization program and surveillance system.

3. If a stool sample cannot be collected from the AFP case within 14 days of the onset of paralysis, or if the sample arrives at the laboratory in poor condition, it is recommended that a sample from three contacts be collected.

XXVI Meeting of PAHO's Technical Advisory Group (TAG) on Vaccine-Preventable Diseases. Vaccines bring us closer, 14-16 July 2021 (virtual). Full report available at: https://iris.paho.org/handle/10665.2/54833
IX Ad Hoc Meeting of the PAHO Technical Advisory Group (TAG) on Vaccine-Preventable Diseases, 25 July 2022 (Virtual). Full report available at: https://iris.paho.org/handle/10665.2/56566

The commitment to keep the region polio-freeResolution CSP30.R13, September 2022

Organización Panamericana de la Salud

Organización Mundial de la Salud
OFICINA REGIONAL PARA LAS Américas

30.ª CONFERENCIA SANITARIA PANAMERICANA

74.ª SESIÓN DEL COMITÉ REGIONAL DE LA OMS PARA LAS AMÉRICAS

Washington, D.C., EUA, del 26 al 30 de septiembre del 2022

CSP30.R13
Original: inglés

RESOLUCIÓN

CSP30.R13

MANTENER A LA REGIÓN DE LAS AMÉRICAS LIBRE DE POLIOMIELITIS

LA 30.ª CONFERENCIA SANITARIA PANAMERICANA,

Habiendo examinado el documento *Mantener a la Región de las Américas libre de poliomielitis* (documento CSP30/19, Rev. 1);

Develop and implement a prioritized and targeted mitigation plan based on the recommendations of the GTA and the RCC.

- Increase vaccination coverage
- Improve surveillance
- Ensure adequate preparedness for outbreak response

Engage civil society, community leaders, NGOs, private sector, academia and other stakeholders to move forward and work in a joint and coordinated manner.

PAHO
Pan American Health Organization
World Health Organization Americas

PAHO 120th ANNIVERSARY

PAHO 120th ANNIVERSARY

Acknowledgments

To all health professionals in the countries of the Region who have collaborated with polio program activities.

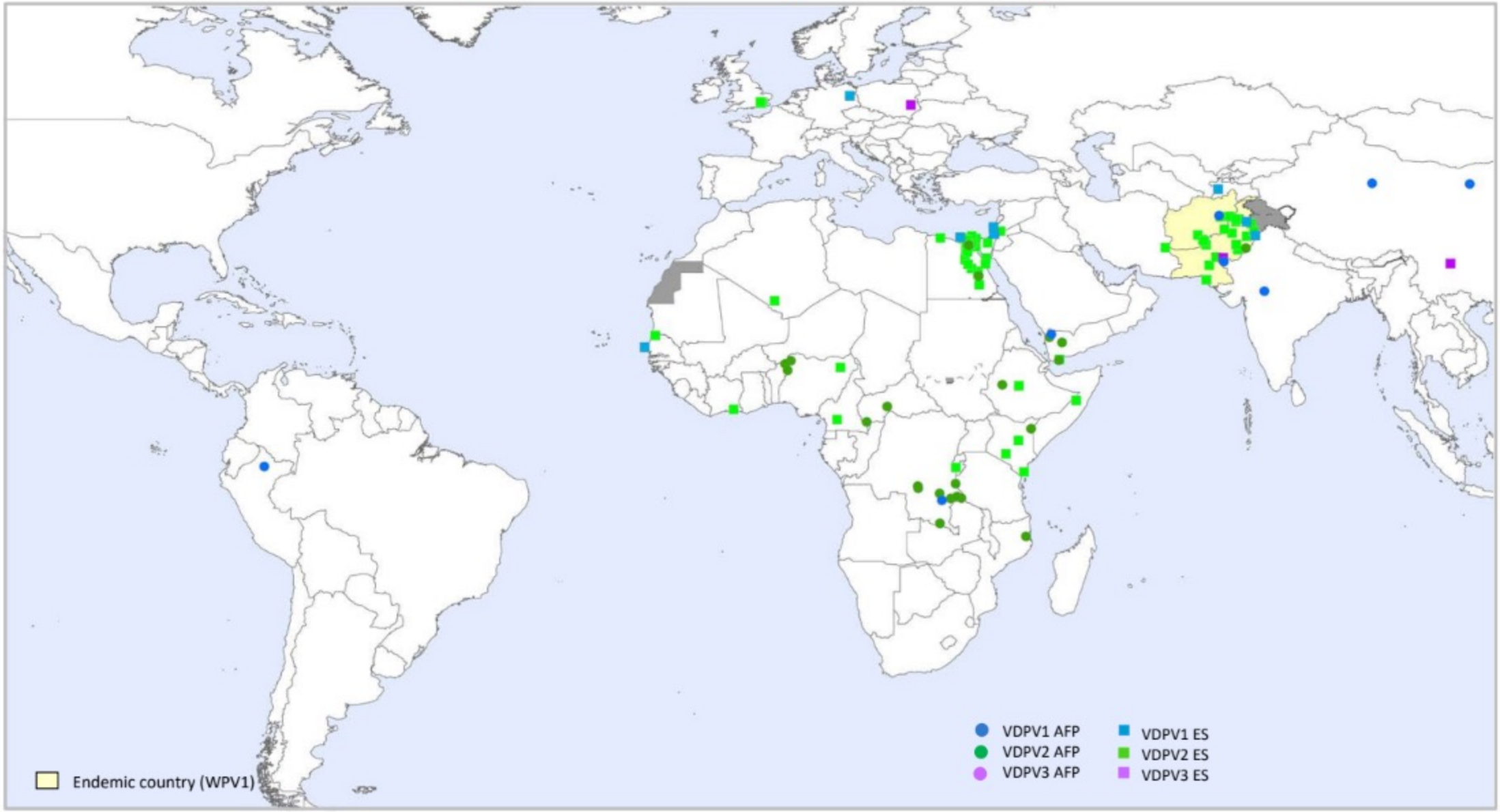
To the Ministries of Health for maintaining their commitment to the polio program and sharing information with PAHO/WHO.

To the CAN and the NCCs for their ongoing support and recommendations to keep the Region polio-free.

PAHO Pan American Health Organization

World Health Organization Regional Office for the Americas

Global VDPV1, VDPV2 and VDPV3[1] positive isolates, 2021-2023[2]



[1] includes pending, ambiguous and immunodeficient positive isolates; [2]Onset of paralysis/collection: 01 Jan. 2021 to 23 May 2023

Data in WHO HQ as of 23 May 2023