

11<sup>th</sup> Meeting of the Regional Certification Commission (RCC) for the  
Polio Endgame in the Region of the Americas  
Bill and Melinda Gates Foundation  
Seattle, WA. USA. 10-11 October 2019



*Attendees of the 11<sup>th</sup> meeting of the RCC for the Polio Endgame in the Region of the Americas, Seattle, WA, USA 10-11 October 2019*

The 11<sup>th</sup> Meeting of the Regional Certification Commission (RCC) for the Polio Endgame in the Region of the Americas took place at the Bill and Melinda Gates Foundation in Seattle, Washington, United States of America from October 10<sup>th</sup> to 11<sup>th</sup> of 2019.

A total of 75 people attended the meeting, representing 21 countries and the Caribbean Sub-Region (13 countries and 9 territories). Among them, members of the RCC and representatives of National Certification Committees (NCC), National Poliovirus Containment Coordinators (NPCC) were present as well as National Authority for Containment (NAC) members. In addition, representatives of Health Ministries from selected countries took part in the meeting. Representatives from WHO, PAHO Country and Regional Office were present. Uruguay was not able to attend the meeting. See Annex 1: List of participants.

Guest speakers were invited from the Bill and Melinda Gates Foundation, Rotary International and the Regional Bioethics Advisor, from PAHO's department of Health Systems and Services.

The RCC chair announced that two members of the RCC had resigned in 2019, she expressed her gratitude and officially introduced the new members of the RCC.

The countries' reports, endorsement letters and annexes 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. For each country, two reviewers were responsible for reading and analyzing reports and annexes and for presenting the results of their reviews to the entire RCC.

Observations and recommendations on the reports were provided in the following order: first reviewer, second reviewer, other RCC members, and RCC Secretariat. After discussing the analysis, the RCC stated its position on the validation of the reports.

## Objectives of the meeting

The primary objective of the meeting was for the members of the RCC to review, discuss and validate country annual reports on polio eradication status and updated polio containment reports.

Secondary objectives included:

1. To provide global and regional updates on polio and containment
2. To share initial feedback on country annual polio and containment reports
3. To conduct detailed reviews and discussions on polio annual and containment reports of selected countries

## Revision methodology

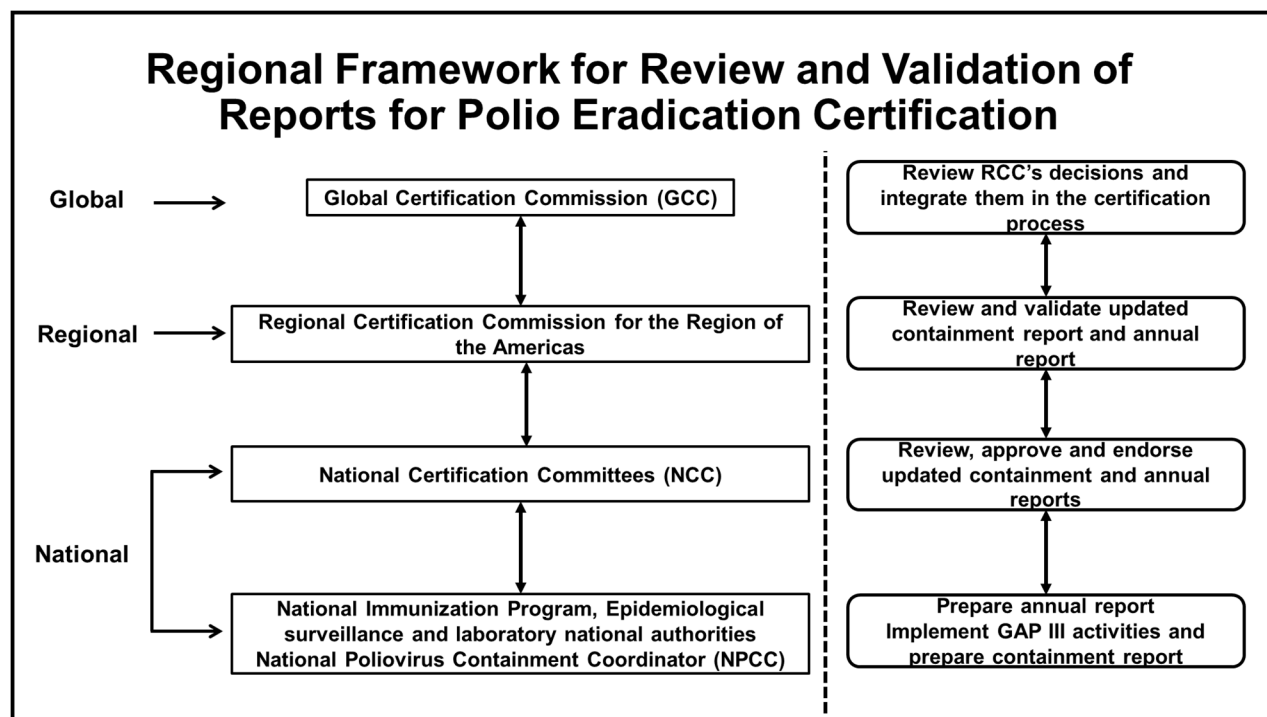
The 7<sup>th</sup> and 8<sup>th</sup> of October were dedicated to a closed meeting of the RCC with the objective of reviewing and discussing the following documents:

- 2018 annual reports: all the expected reports were received (23), representing a total of 35 countries and 9 territories.
- Updated poliovirus containment reports: 22 reports were received, representing a total of 34 countries and 9 territories. El Salvador is the only country that did not update its report.

On the 9<sup>th</sup> of October of 2019 the members of the RCC gathered with the representatives of selected countries: from the English and Dutch speaking Caribbean Sub-Region, the ones with designated Poliovirus Essential Facilities (dPEF) for Wild Poliovirus (WPV) and the polio high-risk countries. During those semi-closed meetings, the RCC members had the opportunity of hearing about the successes and challenges faced and achieved by those countries, and to have open discussions and conduct detailed analyses of the information provided by each country.

On the 10<sup>th</sup> and 11<sup>th</sup> of October, the meeting between RCC and NCC meeting was held (See Annex 2: Agenda). For each country, an RCC reviewer presented a summary of the analysis of the 2018 annual report and the updated containment report. It was followed by a discussion between the RCC members and the country representatives (NCC, NPCC) in order to answer the comments, doubts or points raised during the presentation and give additional information to allow a more in-depth analysis.

The following figure presents the **Regional Framework for Review and Validation of Reports for the Polio Eradication Certification**. It is organized around the key independent bodies responsible for the certification process.



Following the **Regional Framework for Review and Validation of Reports for Polio Eradication Certification**, the RCC reviews and validates reports provided by the national authorities and the NPCC and endorsed by the NCC according to the dates and formats provided by the RCC and PAHO.

For the annual report the analysis is structured around 7 questions, linked with the different themes of the Polio Endgame. For each report the RCC answers to the following questions based on the criteria presented in Annex 3:

1. **Polio vaccination coverage:** Is the polio vaccination coverage high enough to prevent the circulation of wild poliovirus or of a cVDPV emergence?
2. **Epidemiologic Surveillance:** Is polio surveillance sensitive enough to detect an imported wild poliovirus or VDPV in a timely manner?
3. **Containment:** Has the country minimized the risk of a facility-associated reintroduction of poliovirus for facilities collecting, handling or storing infectious materials or potentially infectious materials?
4. **Risk Assessment:** Has the country conducted a risk assessment at the sub-national levels?
5. **Risk Mitigation:** Has the country developed a risk mitigation plan?
6. **Preparation of response plan for an event or outbreak:** Does the country have an adequate and updated response plan for an event or outbreak of polio?
7. **Validation:** The members of the NCC/RCC are firmly convinced that the country was polio-free during the report period

For the GAPIII containment report, the RCC validates the report in two parts: the completion of the survey process and the validation by type of material.

- **To approve the completion of the survey process:** the RCC examines the NCC endorsement letter as well as the documents supporting the endorsement: source of list of laboratories, selection of facilities to participate, analysis of non-responding laboratories, data analysis of responding laboratories and clear consolidation of information.
- **To approve validation by type of material:** the RCC then validates inventory (identification or absence of PV materials) and presented the proof of attestation of the final disposal (destroy, transfer, store) for Infectious Material (IM) and Potentially Infectious Material (PIM). No-typed poliovirus materials should be considerate at the high risk and was handled as type2 material.
  - WPV2/VDPV2/Sabin2 IM and PIM
  - WPV3/VDPV3 IM and PIM
  - WPV1/VDPV1 IM and PIM

After the revision process, the RCC provides the NCC and NPCC with general feedback as well as country-specific recommendations that are later registered in an official correspondence.

The RCC then provides a summary of the decisions to the GCC that is used as part of the global certification process.

## General summary

At the inauguration of the open session, Dr. Jarbas Barbosa, Assistant Director of PAHO gave a video welcome message and expressed his conviction that the Region of the Americas will and can maintain the elimination status for polio. He thanked the anonymous heroes of the program, the frontline field workers for their dedication and urged continued work towards global eradication of the disease.

### Global update

The WPV3 is to be declared eradicated on World Polio day in October 2019. WPV3 will be the second strain of the poliovirus to be wiped out, following the certification of the eradication of WPV2 in September 2015. Only wild poliovirus type 1 remains in circulation, in just two countries worldwide (Pakistan, Afghanistan). Africa has not detected any wild poliovirus of any type since September 2016, and the entire African Region is eligible to be certified free of all wild poliovirus.

However, there has been an increase in transmission of cVDPV2, with 13 countries infected in three Regions, mostly in African nations. Insufficient coverage with IPV exacerbates the growing vulnerability on the continent to cVDPV2 transmission.

Major risks to global polio eradication include the growing risk of cVDPV spread, declining poliovirus type 2 population immunity, weak routine immunization systems, low quality supplementary immunization activities (SIAs), surveillance gaps, access challenges, and population movement.

## Regional Update

This year marks the 25th anniversary since the International Commission for the Certification of Poliomyelitis Eradication in the Americas (ICCPE) declared the Americas free of polio. However, while recognizing and celebrating this milestone, countries of the Americas must remain vigilant: 4 out of 10 children in Latin America and the Caribbean live in areas with less than 80% coverage for polio 3.

## Results of the review of the 2018 country polio annual reports by the RCC

All 23 expected reports were received, representing a total of 35 countries and 9 territories.

The RCC expressed its congratulations for the following:

- Five countries made notable improvements in the elaboration of the Annual Report on the state of Polio Eradication: Canada, Costa Rica, Haiti, Paraguay and the United States of America
- Six countries have advanced in developing their event and outbreak preparedness activities, and the last four among them already have evaluated their plan through simulation exercises: Ecuador, Guatemala, Cuba, Argentina, Brazil and Paraguay
- Nine countries have improved their surveillance indicators: Argentina, Bolivia, Chile, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador and Venezuela
- Two countries improved their risk mitigation plans: Bolivia and Cuba

The RCC noted that, since January 2018, and until the time of the meeting, seven countries of the Region of the Americas (Brazil, Dominican Republic, Guatemala, Haiti, Mexico, Peru and Venezuela) carried out polio supplementary immunization activities, which have contributed to reducing the risk of polio transmission.

Upon completion of the review of the 23 annual reports received, the members of the RCC concluded that:

- All countries in the Region of the Americans are poliovirus-free, and have been for 28 years
- Three (3) of the reports were fully validated, with a “yes” for all seven components
- For 7 reports, vaccination coverage was considered adequate
- For 12 reports, surveillance was considered sensitive enough to detect an imported wild poliovirus or VDPV in a timely manner
- For 17 reports, the containment component of the annual report fully validated
- For 19 reports, the risk assessment was completed to the sub-national level
- In 18 reports, the risk mitigation plan was present
- For 14 reports, the event and outbreak preparedness response plan was adequate and updated

Countries / Sub-Region Reports	Polio vaccination coverage	Epidemiologic Surveillance	Poliovirus Containment	Risk Assessment	Risk Mitigation	Event and outbreak preparedness	Polio-free Status Assessment
Argentina	No	No	Yes	Yes	Yes	Yes	Yes
Bolivia	No	Yes	Yes	Yes	Yes	Yes	Yes
Brazil	No	No	No	Yes	No	No	Yes
Canada	Yes	Yes	No	Yes	Yes	Yes	Yes
Chile	Yes	No	Yes	Yes	Yes	No	Yes
Colombia	No	No	Yes	No	No	No	Yes
Costa Rica	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cuba	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dominican Republic	No	No	Yes	Yes	Yes	Yes	Yes
Ecuador	No	Yes	No	Yes	No	Yes	Yes
El Salvador	No	Yes	No	Yes	Yes	No	Yes
Guatemala	No	No	Yes	Yes	Yes	Yes	Yes
Haiti	No	No	Yes	No	Yes	Yes	Yes
Honduras	No	No	Yes	Yes	Yes	Yes	Yes
Mexico	No	Yes	No	Yes	Yes	Yes	Yes
Nicaragua	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Panama	No	Yes	Yes	Yes	Yes	No	Yes
Paraguay	No	Yes	Yes	Yes	Yes	Yes	Yes
Peru	No	No	Yes	Yes	No	No	Yes
USA	Yes	Yes	No	No	Yes	Yes	Yes
Uruguay	Yes	Yes	Yes	No	Yes	No	Yes
Venezuela	No	No	Yes	Yes	No	No	Yes
Caribbean Sub-Region*	No	No	Yes	Yes	Yes	No	Yes
<b>Total</b>	<b>7</b>	<b>12</b>	<b>17</b>	<b>19</b>	<b>18</b>	<b>14</b>	<b>23</b>

**\*English and Dutch-speaking Caribbean Sub-Region:**

- **13 member states:** Antigua & Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad & Tobago.
- **And 9 territories:** Anguilla, Bermuda, Cayman Islands, Montserrat, Turks and Caicos and British Virgin Islands Aruba, Curacao and St. Marteen

The RCC noted that, in 16 of the Annual Reports, there is very low polio vaccination coverage at district levels.

Seven (7) countries (Bolivia, Canada, Colombia, El Salvador, Mexico, Paraguay, Peru) require improvements to their polio vaccination coverage analysis.

In 11 reports, the RCC found that the key indicators for surveillance were not met; among those are low AFP notification rates and lack of adequate stool sampling.

## Results of the review of the 2019 updated country poliovirus containment reports by the RCC

The RCC notes that all countries of the Region of the Americas included in their GAPIII survey all the variables to enable the identification, inventory and final disposal of the WPV types 1, 2 and 3; Sabin 1, 2 and 3 infectious material (IM); and the WPV2 and Sabin2 potentially infectious materials (PIM).

From March 2016 to October 2019 the containment reports were updated and presented to the RCC an average of 5 times.

The completion of the survey process was approved for 18 reports - 17 country reports and one report for the Caribbean Sub-Region (13 countries and 9 territories) - which represents a total of 30 countries and 9 territories. Five countries (Brazil, Canada, Ecuador, Mexico and the United States) presented progress, but the survey process has not been completed.

### ***RCC validation by type of material***

#### ***Poliovirus type 2:***

- WPV2/VDPV2 IM: 18 reports
- WPV2/VDPV2 PIM: 18 reports
- OPV2/Sabin 2 IM: 18 reports
- OPV2/Sabin 2 PIM: 17 reports

#### ***Poliovirus type 3:***

- WPV3/VDPV3 IM: 17 reports
- WPV3/VDPV3 PIM: 18 reports

#### ***Poliovirus type 1:***

- WPV1/VDPV1 IM: 17 reports
- WPV1/VDPV1 PIM: 18 reports

The RCC noted that the number of countries with dPEF was reduced from 7 in 2017, to 5 in 2018 and 4 in 2019, and the number of dPEF for PV2 was reduced from 32 in 2016, to 24 in 2017, 20 in 2018 and 14 in October 2019. The four countries with dPEF have formally nominated a NAC and have certified GAPIII auditors.

Countries / Sub-Region Reports	Survey process completed		WPV2/VDPV2		OPV2/Sabin2		WPV3/VDPV3		WPV1/VDPV1	
	IM*	PIM**	IM*	PIM**	IM*	PIM**	IM*	PIM**	IM*	PIM**
Argentina	1	1	1	1	1	1	0	1	1	1
Bolivia	1	1	1	1	1	1	1	1	1	1
Brazil	0	0	0	0	0	0	0	0	0	0
Canada	0	0	0	0	0	0	0	0	0	0
Colombia	1	1	1	1	1	1	1	1	0	1
Costa Rica	1	1	1	1	1	1	1	1	1	1
Cuba	1	1	1	1	1	1	1	1	1	1
Chile	1	1	1	1	1	1	1	1	1	1
Dominican Rep	1	1	1	1	1	1	1	1	1	1
Ecuador	0	0	0	0	0	0	0	0	0	0
El Salvador	1	1	1	1	1	0	1	1	1	1
Guatemala	1	1	1	1	1	1	1	1	1	1
Haiti	1	1	1	1	1	1	1	1	1	1
Honduras	1	1	1	1	1	1	1	1	1	1
Mexico	0	0	0	0	0	0	0	0	0	0
Nicaragua	1	1	1	1	1	1	1	1	1	1
Panama	1	1	1	1	1	1	1	1	1	1
Paraguay	1	1	1	1	1	1	1	1	1	1
Peru	1	1	1	1	1	1	1	1	1	1
USA	0	0	0	0	0	0	0	0	0	0
Uruguay	1	1	1	1	1	1	1	1	1	1
Venezuela	1	1	1	1	1	1	1	1	1	1
Caribbean Sub-Region*	1	1	1	1	1	1	1	1	1	1
<b>Total 23</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>17</b>	<b>17</b>	<b>18</b>	<b>17</b>	<b>18</b>

\*English and Dutch-speaking Caribbean Sub-Region:

- 13 member states: Antigua & Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad & Tobago.
  - And 9 territories: Anguilla, Bermuda, Cayman Islands, Montserrat, Turks and Caicos and British Virgin Islands Aruba, Curacao and St. Marteen
- 1: approved / 0: not approved

The RCC congratulates the countries and territories whose reports were fully validated for IM and PIM of WPV, VDPV, OPV2, Sabin2.

The reports demonstrated the engagement of member states and cooperation of the laboratories in destroying all unneeded WPV/VDPV materials.

In the Region of the Americas, a reduction in the number of countries and of dPEF for type 2 poliovirus was achieved thanks to the dedication and commitment of the NCC, NPCC and NAC from member states.



## Conclusions and Recommendations

The RCC recognizes the advances of the countries in the Region of the Americas in the implementation of the Polio Endgame Strategic Plan. The RCC wishes to thank the national authorities for their effort and work in planning, executing and documenting the activities as well as the countless health workers who work every day to maintain the polio-free status of the Region. The support of the NCCs and NPCC in the review and validation of the information is key to the Global Certification process and the RCC extends its gratitude to all its members who volunteer their time to the Global Eradication of Polio. The RCC also wishes to thank its Secretariat, composed by members of PAHO's Immunization Unit, for their support.

The RCC is grateful to the Rotary International, one of the long-standing partners in the global fight against Polio, for sending a representative. This year, the RCC was able to enjoy the hospitality of the Bill and Melinda Gates Foundation who graciously hosted this meeting.

The general recommendations by risk component are listed below and were presented to the countries during the meeting. The RCC developed country-specific recommendations to strengthen their polio programs and to finalize or advance their containment activities. These recommendations will be shared with the countries through the PAHO country office and with the NCCs through a letter from the RCC Chair.

The RCC is extremely concerned about large population immunity gaps at district levels, therefore the RCC calls on countries:

- To identify districts at-risk and/or with coverage below 50%, including the size of those populations;
- To implement and evaluate catch-up or other supplementary immunization activities, where indicated. The results should be documented in or appended to the 2019 annual reports;
- To identify the barriers to polio vaccination and conduct a risk assessment to guide specific immunization mitigation activities;
- As per 2019 TAG recommendations, to urgently implement 2 doses of IPV-containing vaccine (full or fractional) and achieve recommended target coverage levels at country and district levels.

The general recommendations by component are:

### *Coverage:*

- Countries should identify districts with coverage over 100% where data quality of the numerator and denominator must be analyzed;
- According to TAG recommendation, countries should triangulate the information for the numerator and denominator with other sources of information to complete the coverage analysis at subnational level.

### *Surveillance:*

Countries should ensure that AFP surveillance standards are met including NPEV detection.

#### *Risk assessment and risk mitigation:*

- Countries should disseminate WHO information on WPV1 and cVDPV risks to subnational levels, including to district levels;
- Countries should conduct annual risk assessments and include the results in the annual report, including those conducted at subnational levels;
- Countries should consider mapping the cases of other imported vaccine-preventable diseases to guide the in-migration risks analysis related to polio;
- Countries should identify in-migration risks (patterns), particularly along land borders, but also via air and sea, and clearly address these risks in the annual reports;
- Countries should complete their mitigation plans according to PAHO recommendations (cf. Methodology presented at the 6<sup>th</sup> Regional Polio meeting in Guatemala City in December 2018).

#### *Poliovirus Containment:*

Countries should maintain updated electronic databases of survey processes and an inventory of poliovirus materials.

#### *Preparedness and Response:*

- Countries should conduct an annual review of their event and outbreak response plans and conduct a POSE at least every two years;
- Countries with dPEFs should address a possible containment breach as part of the POSE and conduct a simulation exercise.

#### *For PAHO*

- Urgently confirm the IPV supply status and communicate this information to countries;
- Invite security-compromised regions/countries to participate in future polio meetings, to share information on how these areas are being reached;
- Update the regional risk analysis as well as define a way to optimally classify the risk for each of the countries/territories of the English and Dutch Speaking Caribbean Sub-Region;
- Update the format of the Annual Report.

## Annex 1. Agenda

RCC meeting with NCC and NPCC		
Thursday. October 10		
Participants: RCC, NCCs, NPCCs, NACs, EPI directors and Surveillance officers of selected countries		
8:30-9:00	Registration & Breakfast at the BMGF	
9:00-9:15	Inaugural ceremony and opening remarks	BMGF Jarbas Barbosa, PAHO Arlene King, RCC Chair
9:15-9:35	Global Polio Update	Daphne Moffett,WHO
9:35-9:55	Global Containment Update	Daphne Moffett,WHO
9:55-10:15	Polio eradication: Overcoming the final barriers	Jay Wenger, BMGF
10:15-10:35	Discussion 20 min	
10:35-10:55	Regional Polio Update	Rafael Chacon on behalf of Ana Elena Chévez, PAHO
10:55-11:15	Regional Containment Update	Gloria Rey, PAHO
11:15-11:35	Discussion	
11:35-11:55	Coffee Break	
11:55-12:15	What is the role of GCC, RCC, NCC and NPCC in the polio endgame?	Arlene King, RCC Chair
12:15-12:35	Moving forward ethically towards polio eradication	Carla Saenz, PAHO
12:35-12:55	Discussion	
12:55-13:55	Lunch	
13:55-14:20	Group photo	
Review of 2018 annual report <i>and</i> updated containment reports 2019 <i>5 min observations of the RCC &amp; 10 min discussion</i>		
14:20-14:35	Methodology	Arlene King, RCC Chair
14:35-14:50	1. Argentina	RCC Reviewers
14:50-15:05	2. Bolivia	
15:05-15:20	3. Brazil	
15:20-15:35	4. Canada	
15:35-15:50	5. Chile	
15:50-16:05	6. Colombia	
16:05-16:30	Coffee Break	
16:30-16:45	7. Ecuador	RCC Reviewers
16:45-17:00	8. El Salvador	
17:05-17:15	9. Guatemala	
17:15-17:30	General discussion	
17:30	End of day of day	
	Welcome cocktail reception	

<b>Friday, October 11</b>		
Review of 2018 annual report <i>and</i> updated containment reports 2019 <i>5 min observations of the RCC &amp; 10 min discussion</i>		
8:30-9:00	Introduction to the day's agenda	Arlene King, RCC Chair
9:00-9:15	10. Caribbean Sub-Region	RCC Reviewers
9:15-9:30	11. Costa Rica	
9:30-9:45	12. Cuba	
9:45-10:00	13. Dominican Republic	
10:00-10:15	14. Peru	
10:00-10:45	15. Uruguay	
10:45-11:00	16. Haiti	
11:00-11:30	Coffee Break	
11:30-11:45	17. Honduras	RCC Reviewers
11:45-12:00	18. Mexico	
12:00-12:15	19. Nicaragua	
12:15-12:30	20. Panama	
12:30-12:45	21. Paraguay	
12:45-13:00	22. USA	
13:00-13:15	23. Venezuela	
13:15-14:15	Lunch	
14:15-14:35	Summary of RCC review of the annual Reports and containment Reports	Arlene King, RCC Chair
14:35-14:55	Discussion	
14:55-15:15	Support of Rotary for implementation in the Americas of the Polio Endgame Strategy 2019-2023	Marcelo Haick, Rotary
15:15-15:30	Discussion	
15:30-15:50	Polio SIA Risk Assessment	Arie Voorman, BMGF
15:50-16:10	Discussion	
16:10-16:40	Coffee Break	
16:40-17:00	Polio Research Update	Ananda Bandyopadhyay, BMGF
17:00-17:20	Discussion	
17:20-17:45	Conclusions and next steps	Arlene King, RCC Chair
17:45	End of day of day	

**Annex 2. List of participants of the 11<sup>th</sup> meeting of the Regional Certification Commission for Polio Endgame in Seattle, WA**

#	Country	Name	Represent
<b>RCC members</b>			
1	CAN	Arlene King	RCC Chair
2	USA	Mark Pallansch	RCC member
3	ARG	Angela Gentile	RCC member
4	NIC	José Félix Sánchez Largaespada	RCC member
5	JAM	Beryl Irons	RCC member
6	BRA	Cristina Pedreira	RCC member
7	GTM	Olga Torres	RCC member
8	VEN	Rosa Alba Salas (via WebEx)	RCC member
9	BRA	Eliseu Waldman (excused)	RCC member
<b>Countries</b>			
10	ARG	Pablo Bonvehí	NCC
11	ARG	María Cecilia Freire	NPCC
12	BOL	Adalid Zamora	NCC
13	BOL	Volga Iñiguez	NPCC
14	BRA	Luiza Arlant	
15	BRA	Greice Madeleine	MOH/CGLAB
16	BRA	Lely Guzman	PAHO FP
17	CAN	Aurel Tamburri	NCC
18	CAN	Mary Louise Graham	NPCC
19	CAN	Cynthia Rosso	NAC
20	CAR	Joshua Anzinger	NCC
21	CAR	Karen Lewis-Bell	PAHO FP
22	CHL	María Judith Mora Riquelme	NCC
23	CHL	Luis Fidel Avendaño Carvajal	NPCC
24	COL	Carmen Elisa Ojeda	NCC
25	COL	Dioselina Peláez	NPCC
26	CRI	Maria Ethel Trejos	NCC
27	CRI	Aaron Agüero Zumbado	NPCC
28	CUB	Sonia Resik Aguirre	NPCC
29	DOM	Rodolfo Soto Ravelo	NCC
30	DOM	Juan Rafael Santoni Mendoza	NPCC
31	ECU	Gonzalo Baquero	NCC
32	ECU	Alfredo Olmedo Valarezo	NPCC
33	SLV	Mario Gamero	NCC
34	SLV	Nora Villatoro	NPCC
35	GTM	Enrique Chavez	NCC
36	GTM	Coralía Cajas	NPCC
37	GTM	Lisette Barrera	MOH/PAI
38	GTM	Elisa Catalina Juárez Velásquez	MOH/EPI
39	GTM	Marc Rondy	PAHO
40	HND	Marco Raymundo Molinero	NCC
41	HND	Dina Janeth Castro Banegas	NPCC

42	HTI	Jacques J. Michel Nesly Vastey	NCC
43	HTI	Jocelyne Alboth Andre	NPCC
44	HTI	Paule Andree Louis Byron	MOH/PAI
45	HTI	Francois Mariette Bermuda	MOH/EPI
46	HTI	Edmond Gue	PAHO FP
47	MEX	Mercedes Macías	NCC
48	MEX	José Luis Díaz-Ortega	NPCC
49	NIC	Jazmina Umaña Rivera	NCC
50	PAN	Magda Rojas	NCC
51	PAN	Ilka Guerra	NPCC
52	PER	Patricia Campos Olazabal	NCC
53	PER	Máximo Manuel Espinoza Silva	NPCC
54	PRY	Katia Lorena Peralta	NCC
55	PRY	Herminia Pérez	NPCC
56	USA	Jose R. Romero	TaskForce/NCC
57	USA	Cecelia Sander	CDC
58	USA	Audria Dunson	CDC
59	USA	Lia Haynes Smith	NAC / NPCC
60	VEN	Elia Sanchez	NCC
61	VEN	Pierina D'Angelo	NPCC
62	VEN	Carlos Torres	PAHO FP
<b>Guest Speakers</b>			
63	USA	Jay Wenger	BMGF
64	USA	Ananda Bandyopadhyay	BMGF
65	USA	Arie Voorman	BMGF
66	BRA	Marcelo Haick	Rotary
67	USA	Carla Saenz	PAHO
<b>WHO</b>			
68	WHO	Daphne Moffett	WHO
<b>RCC Secretariat</b>			
69	USA	Cuauhtemoc Ruiz (excused)	PAHO
70	USA	Ana Elena Chevez (excused)	PAHO
71	USA	Gloria Rey	PAHO
72	USA	Rafael Chacon	PAHO
73	USA	Andrea Villalobos	PAHO
74	USA	Maria Bonita Amorim da Silva	PAHO
<b>Administrative Support and Communication</b>			
75	USA	Kelsey Bright	BMGF
76	USA	Soledad Kearns	PAHO
77	BOL	Eduardo Rivero	PAHO
78	USA	David Spitz	PAHO

### Annex 3. Validation criteria for the Annual Report

1. Polio vaccination coverage	'Yes' means that the country is reporting at least 95% polio-3 coverage at the national level and at least 80% in every district.
2. Epidemiologic Surveillance	<p>'Yes' means the country met the three key AFP surveillance indicators in 2018:</p> <ul style="list-style-type: none"> <li>✓ 1 AFP case per 100,000 children &lt;15 years of age</li> <li>✓ 80% of AFP cases investigated within 48 hours</li> <li>✓ 80% of AFP cases with adequate samples</li> </ul> <p>Note:</p> <ul style="list-style-type: none"> <li>✓ If a country does not have AFP surveillance system, but the NCC believes that there is capacity to rapidly and reliably detect an imported wild poliovirus or VDPV, this should be explained under comments below.</li> </ul> <p>If the country has AFP surveillance and is not meeting all of the indicators, but the NCC believes that there is capacity to rapidly and reliably detect an imported wild poliovirus or VDPV, this should be explained under comments below.</p>
3. Poliovirus Containment	<p>'Yes' means the country has completed the following:</p> <ul style="list-style-type: none"> <li>• Survey process <ul style="list-style-type: none"> <li>✓ source of list of laboratories,</li> <li>✓ selection of facilities to participate,</li> <li>✓ analysis of non-responding labs,</li> <li>✓ data analysis of responding labs, and</li> <li>✓ clear consolidation of information.</li> </ul> </li> <li>• Inventory and final disposal of PV materials: <ul style="list-style-type: none"> <li>✓ country reported the identification or absence of PV materials (inventory), and</li> </ul> </li> </ul> <p>the proof of verification of final disposal (destroy, transfer, store) is presented.</p>
4. Risk Assessment	'Yes' means the country has a risk assessment results down to district/municipality, and a map showing low, medium, and high-risk districts/municipalities.
5. Risk Mitigation	'Yes' means the country has explained the specifies activities and tasks that will be carried out to mitigate risk, those responsible for carrying them out, the timeline, and the budget that will be assigned to each activity.
6. Event and outbreak preparedness	'Yes' means the countries have an updated outbreak response plan and has conducted an outbreak simulation exercise in the last two years.
Polio-free Status Assessment	For a 'yes', the NCC is convinced that the evidence provided in the report shows that the country was free of polio for the reporting period.