

Chairs of WHO Advisory- and Working- Groups Supporting Eradication and Containment and  
Representatives of GPEI Global Programme Support Groups Meet for Global Polio Eradication  
Program Update Ahead of the Sixth Meeting of the Poliovirus Containment Advisory Group (CAG6)  
23 – 25 January 2023

NOTE:

This is a preliminary and unedited draft of the Report of the Sixth Meeting of the Poliovirus Containment Advisory Group (CAG6), 23 – 25 January 2023. Publication of this preliminary and unedited draft is to provide information and clarification to stakeholders to facilitate the oversight- or implementation- of the requirements described in the WHO Global Action Plan for Poliovirus Containment, 4th edition, 2022 (GAPIV) .

Questions or clarifications may be addressed to the Responsible Officer: Dr Harpal SINGH at email: [hsingh@who.int](mailto:hsingh@who.int) with copy to [containment@who.int](mailto:containment@who.int).

The text in its present form may not necessarily represent an agreed formulation by the Poliovirus Containment Advisory Group (CAG). Subsequent changes, if any, made in the text should not impact the technical contents of the final report.

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Report of the Sixth Meeting of the Poliovirus Containment Advisory Group (CAG6)  
23 – 25 January 2023

The Sixth Meeting of the Poliovirus Containment Advisory Group (CAG6) was held from 23 to 25 January 2023 in Geneva, SWITZERLAND with the objective of presenting to CAG for discussion and recommendations issue associated with the implementation of poliovirus containment and issues within the mandate of CAG<sup>1,2</sup>. This meeting also brought together the chairs of different advisory- and working- groups supporting polio eradication and containment and representatives of the GPEI Global Programme Support groups<sup>3</sup> to a Global Polio Eradication Program Update Meeting<sup>4</sup> which took place on 23 and 24 January 2023, ahead of CAG6, with the objective of information exchange, ensuring alignment and raising awareness of the progress made in the

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<sup>1</sup> For the objectives of the Sixth Meeting of the Poliovirus Containment Advisory Group (CAG6), see Annex 1 (Page 10).

<sup>2</sup> The Sixth Meeting of the Poliovirus Containment Advisory Group was attended by the following CAG members: Professor David HEYMANN, Chair of CAG; Dr Mark PALLANSCH; Professor Shahina TABASSUM; Professor George E GRIFFIN; Dr Jagadish DESHPANDE (Virtual participation); Dr Åsa Szekely BJORN DAL; Dr Janice LO; Dr Stephen McADAM; Dr Vibeke HALKJÆR-KNUDSEN and Mr Kenneth UGWU. Unable to attend: Dr Atef M ELGENDY.

<sup>3</sup>These included: the Poliovirus Containment Advisory Group (CAG); Global Commission for the Certification of the Eradication of Poliomyelitis (GCC); GCC – Containment Working Group (GCC – CWG); Poliovirus International Health Regulations (IHR) Emergency Committee; Independent Monitoring Board (IMB) and Transition IMB (TIMB); Strategic Advisory Group of Experts on immunization (SAGE); SAGE working group on polio; and the following GPEI Global Programme Support groups: GPEI nOPV Working Group; GPEI Vaccine Supply Group (VSG) and GPEI Surveillance Group.

<sup>4</sup>For the objectives of the Global Polio Eradication Program Update with Chairs of Advisory- and Working- Groups Supporting Polio Eradication and Containment and Representatives of GPEI Global Programme Support Groups, see Annex 2 (Page 11).

polio eradication or poliovirus containment workstreams undertaken by these strategic bodies in line with their mandates.

The following are the CAG reflections on the Global Polio Eradication Program Update Meeting: [see Page 3 for CAG recommendations following the Sixth Meeting of the Poliovirus Containment Advisory Group (CAG6)]

#### Meeting structure and organization

1. The organization of a global programme update on eradication or containment with the involvement of the different chairs of advisory-, working- and other- groups supporting polio eradication and containment was a unique opportunity for collaboration between these groups and share progress made, allowing for a better understanding, awareness and alignment of the different workstreams of these groups. CAG recommends such a practice be taken into consideration in the organization of future CAG- or other-meetings, as and when feasible.

#### Collaboration with other units performing work associated with poliovirus containment

2. The alignment of the WHO Global Action Plan for Poliovirus Containment, 4th ed., 2022 (GAPIV) with the WHO Laboratory Biosafety Manual 4th ed., 2020 (LBM4) is important to ensure maximum protection of operators against the exposure to polioviruses due to the handling of infectious- and potentially infectious materials, polioviruses in facilities. CAG recommends that the WHO Containment (CNT) programme and the WHO Biosecurity and Health Security Protection (BSP) programme urgently strengthen links in the implementation of a unified and sustainable biosafety programme management<sup>5</sup> and biosecurity policies and practices.
3. The WHO prequalification programme for polio vaccines should include compliance verification of polio vaccine manufacturer against the containment requirements as described GAPIV in addition to assessment of vaccine quality, safety, efficacy data or relevant activities as an essential component in the prequalification of polio vaccines. CAG recommends continued dialogue between the WHO Containment (CNT) programme, WHO vaccines prequalification (PQT) programme and the Norms and Standards for Biological Products (NSB) unit to ensure that this urgently addressed and resolved by the WHO.

#### Collaboration between advisory groups supporting eradication and containment

4. CAG request for representation at meetings of the SAGE working group on polio when agenda items include polio immunization policies in order to ensure feasibility of such policies (schedule, coverage, geographical extent of coverage) with the immunization coverage safeguard requirement in GAPIV for facilities retaining polioviruses post-eradication.
5. There is a need to strengthen collaboration by establishing linkage between CAG and the GCC e.g., for CAG to provide inputs to GCC on the assessment of containment considerations consideration e.g., facility

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<sup>5</sup> the LBM4 defines biosafety programme management as the development, implementation and oversight of biosafety at the organizational level using a variety of information that includes institutional policies, guidance documents for practices and procedures, planning documents (training, recruitment, emergency/incident response) and record keeping (personnel, inventories, incident management).

bio-risk management of potentially infectious materials, polioviruses<sup>6</sup> at the time of certification of WPV eradication and validation of absence of cVDPV.

6. Closer collaboration through consultations or similar is needed between CAG and the different groups such as the Polio Research Committee (PRC), GPEI nOPV working group and other groups involved in work related to poliovirus research to facilitate alignment of the poliovirus containment requirements with the implementation of poliovirus research studies.

#### Polio research and commodities

7. CAG recommends the development of an inclusive strategy for new polio vaccines including research-, safe and cost-effective production technologies- and containment. Whenever possible, CAG recommends the development of new vaccines that would require less stringent containment requirements to provide incentives to newer developments. This should involve WHO Containment (CNT) programme, WHO Polio Research (PRD) programme and the GPEI Vaccine Supply Group (VSG).
8. CAG recommends the development an inclusive blueprint for polio research, if not already available with approaches for accelerating research in new polio products (polio vaccine, diagnostics and treatment) and other initiatives, expedited regulatory pathways such as using the WHO Emergency Use Assessment and Listing Procedure (EUAL), containment consideration, where applicable and other approaches modelled after the WHO R&D Blueprint for Action to Prevent Epidemics<sup>7</sup> for research on epidemic-prone emerging pathogens.
9. The achievement of safe and secure poliovirus containment must remain core in the revision of the post-eradication strategy which should also include components such as prioritization of polio vaccine development, polio-associated research, containment requirements for novel poliovirus strains and potentially infectious materials, polioviruses in the post-OPV cessation period. CAG request to be consulted in this aspect as several of these areas are within the mandate of CAG.

The following are the recommendations from the Sixth Meeting of the Poliovirus Containment Advisory Group (CAG6):

#### Immunization coverage and environmental safeguards

1. The geographical extent of coverage (multinational, national, subnational data or as appropriate) used in the definition of immunization coverage safeguards in GAPIV is left to the decision of the national authority for containment (NAC) as determined by a risk assessment. The NACs should also ensure that

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<sup>6</sup> GCC Recommendation (Containment) 4.1.1. Certification of WPV eradication should only occur when all WPV materials, in facilities designated for retaining them, are safely and securely contained<sup>5</sup>

<sup>5</sup> All facilities retaining WPVs should have a Containment Certificate, or a time-limited Interim Containment Certificate, with a clear end point for obtaining a CC agreed with the GCC. In addition, at the time of global WPV certification, the GCC will consider the status of bio-risk management of potentially infectious materials and readiness plan to respond to containment breaches.

Source: Report from the Seventeenth Meeting of the GCC, Geneva, Switzerland, 26-27 February 2018.

Available at: <https://polioeradication.org/wp-content/uploads/2018/04/polio-eradication-certification-17th-meeting-global-commission-for-certification-of-poliomyelitis-eradication-20180412.pdf>

<sup>7</sup> WHO: An R&D Blueprint for Action to Prevent Epidemics, Plan of Action, May 2016. Available at: <https://www.who.int/teams/blueprint/about>

infants in the geographical coverage area are provided with a primary 3-dose series of IPV (with an interval of 4 weeks) in IPV-only using countries and two-doses of IPV (with an interval of 4–8 weeks) in OPV-using countries achieving a minimum vaccination coverage of at least 90% as a precautionary measure, which may be modified as evidence accrues<sup>8</sup>.

[This recommendation does not constitute change in the relevant GAPIV text or section, at present]

2. With the ongoing implementation of the interim containment certification phase, the Global Commission for the Certification of the Eradication of Poliomyelitis – Containment Working Group (GCC – CWG) will review country evidence of appropriate implementation of environmental safeguards and will provide feedback to CAG on the feasibility of the revised approach and definition used in GAPIV.

[This recommendation does not constitute change in the relevant GAPIV text or section, at present]

#### Containment Requirements for Novel Poliovirus Strains

3. The following are the updated CAG recommendations on the containment requirements of novel poliovirus strains following an assessment of newly available data on novel poliovirus strains and their specified uses by the CAG - Expert Support Group (CAG-ESG) on Novel Poliovirus Strains:
  - a. Continuation of the temporary waiver<sup>9</sup> currently in-place for nOPV (nOPV1, nOPV2 and nOPV3) for the following specific usages: vaccine production, vaccine quality control, clinical trials and outbreak response.
  - b. Continuation of the temporary waiver<sup>10</sup> currently in-place for S19 – poliovirus strains cassette for the following specific usages: IPV production, rat neutralization IPV potency assays, human serum neutralization test for poliovirus antibody determination and potency testing for immunoglobulin (human) lot control and release
  - c. Continuation of the temporary waiver<sup>9</sup> currently in-place for the following specific usages: trivalent formulation of nOPV1, nOPV2, and nOPV3; and nOPV formulation studies and clinical trials of trivalent nOPV (tnOPV)
  - d. Continuation of the temporary waiver<sup>10</sup> currently in-place for the use of novel poliovirus strains for research purposes (Table 1).
  - e. Continuation of the temporary waiver<sup>9</sup> currently in-place for PVSRIPO for the following specific usages: Phase II clinical trials (cancer immunotherapy) and production of these strains.

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<sup>8</sup> As per Strategic Advisory Group of Experts (SAGE) on immunization recommendation for polio immunization policy after global OPV withdrawal published in the Meeting of the Strategic Advisory Group of Experts on immunization, April 2017 – conclusions and recommendation; Weekly Epidemiological Record; 92 (22); 301 – 320; 2 June 2017 (Available at: <https://www.who.int/publications/i/item/WER9222>) and Polio vaccines: WHO position paper – June 2022; Weekly Epidemiological Record; 97 (25); 277–300; 24 June 2022 (Available at: <https://www.who.int/publications/i/item/WHO-WER9725-277-300>).

<sup>9</sup> temporary waivers are time-limited, conditional to the specified usages only and temporarily waived from the biorisk management requirements for the handling of Sabin polioviruses described in GAPIV.

<sup>10</sup> temporary waivers are time-limited, conditional to the specified usages only and temporarily waived from the biorisk management requirements for the handling of WPV and Sabin polioviruses described in GAPIV.

Table 1: Novel poliovirus strains and their specific research usages temporarily waived from the biorisk management requirements for the handling of WPV and Sabin polioviruses described in GAPIV.

Strains	Specific Uses
<ul style="list-style-type: none"> <li>• nOPV1 candidate 1 (aka nOPV1-c1, or S2/cre5/S15domV/rec1/hifi3/S1P1)</li> <li>• nOPV2 candidate 1 (aka nOPV2-c1, or S2/cre5/S15domV/rec1/hifi3/S2P1)</li> <li>• nOPV3 candidate 1 (aka nOPV3-c1, or S2/cre5/S15domV/rec1/hifi3/S3P1)</li> <li>• nOPV1 candidate 2 (aka nOPV1-c2, or S2/cre6/S15domV/CpG30/rec1/hifi3/S1P1)</li> <li>• nOPV2 candidate 2 (aka nOPV2-c2, or S2/S15domV/CpG40)</li> <li>• nOPV3 candidate 2 (aka nOPV3-c2, or S2/cre6/S15domV/CpG30/rec1/hifi3/S3P1)</li> <li>• nOPV2 candidate 3 (aka nOPV2-c3 or S2/cre6/S15domV/CpG40/rec1/hifi3)</li> <li>• S19S1</li> <li>• S19S2</li> <li>• S19S3</li> <li>• S19S1_N18S</li> <li>• S19S2_N18S</li> <li>• S19S3_N18S</li> <li>• S19Mah</li> <li>• S19MEF1</li> <li>• S19Skt</li> <li>• S19Mah_N18S</li> <li>• S19MEF1_N18S</li> <li>• S19Skt_N18S</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory activities to support clinical trials and ongoing monitoring of continued use</li> <li>• Viral concentration from environmental samples</li> <li>• Development or refinement of methods for viral concentration and detection from environmental samples</li> <li>• Frozen storage of stool specimens from clinical trials</li> <li>• Determination of D-antigen content</li> <li>• Determination of viral titer</li> <li>• Stability studies, including for alternative nOPV formulations</li> <li>• Characterization of aliquots from stability studies (e.g., pH, aggregation assays, HPLC)</li> <li>• Immunogenicity assays in mice and rats</li> <li>• Detection of nOPV and mucosal antibodies to nOPV in stool samples</li> <li>• Neutralization assays</li> <li>• Isolation of antibodies and virus from stool samples (human, mouse, rat)</li> <li>• Mass spectroscopy</li> <li>• Small-scale propagation</li> <li>• Nucleic acid extraction</li> <li>• Sequencing</li> <li>• Potency testing for immunoglobulin (human) lot control and release</li> <li>• Testing effectiveness of inactivation and disinfection methods</li> <li>• Sterility studies to confirm inactivation and disinfection methods</li> <li>• Spiking biosolids (sewer sludge) or wastewater to demonstrate effectiveness of treatments</li> </ul>

4. CAG recommends that the CAG – ESG continue their previously initiated discussions to resolve the following, understanding that the recommendations may be in the *interim*:
- a. mechanism for the compliance monitoring of facilities with the terms of the temporary waiver (conditional usage)
  - b. duration of temporary waivers, if any
  - c. resolving the exemption from the containment requirements of novel poliovirus strains for specified uses after the end-validity of the waivers in the post-OPV cessation period when all live poliovirus are expected to be fully contained.

[CAG recommendations on novel poliovirus strains does not constitute change in the relevant GAPIV text or section]

### Conformity Assessment Activities During the Transition Period from GAPIII to GAPIV

5. Initial ICC audits may be carried out against the requirements of GAPIV or GAPIII. However, should these initial audit be carried out against the requirement of GAPIII, these must be completed by 31 December 2023. From 1 January 2024, all ICC audits must be performed against GAPIV. ICC issued from the audits against GAPIII or GAPIV shall be valid for no longer than three years with any periodic- or follow-up- audits performed against the same standard (GAPIII or GAPIV) against which the ICC is issued. The transition from an ICC against GAPIII to a CC shall require a full audit against GAPIV which can be performed at any time but must be done by at least 3 months prior to the expiration date of the ICC certificate.

[CAG recommendation to be included in GAPIV >> Introduction >> Transition Period]

### Issues Associated with the Containment of Potentially Infectious Materials, Polioviruses

The current process for facility reporting of retention of poliovirus materials; and facility biorisk management-, country immunization coverage- and environmental- safeguard requirements for the retention of such materials and the associated accountability framework for facilities retaining poliovirus materials is described in various containment documents and in line with the recommendations by CAG (Table 2).

Table 2: Poliovirus materials: Facility retention reporting; facility- and country- safeguard requirements for the retention and the associated oversight mechanism as described in various containment documents\*†‡

Type of Poliovirus Material		Facility Retention Reporting Process	Facility- and Host Country-poliovirus Retention Requirements			Accountability Framework
			Facility Safeguards	Immunization coverage safeguards	Environmental safeguards	
Infectious Materials	WPV VDPV§	National poliovirus survey and inventory*	Biorisk management standard for WPV/VDPV and Sabin/OPV*	Polio immunization*	Local features which reduce poliovirus transmission*	National oversight with global confirmation of poliovirus containment†
	Sabin OPV§					
Potentially Infectious Materials	WPV VDPV§	Web Annex C: Form 1 – Facility reporting form‡	Risk mitigation strategies for potentially infectious materials, Sabin/OPV‡	No requirement	No requirement	None
	Sabin OPV¶					

\*WHO Global Action Plan for Poliovirus Containment, 4th ed., 2022 (GAPIV). Available at: <https://polioeradication.org/wp-content/uploads/2022/07/WHO-Global-Action-Plan-for-Poliovirus-Containment-GAPIV.pdf>

†WHO Global Action Plan for Poliovirus Containment – Containment Certification Scheme (CCS). Available at: [https://polioeradication.org/wp-content/uploads/2017/03/CCS\\_19022017-EN.pdf](https://polioeradication.org/wp-content/uploads/2017/03/CCS_19022017-EN.pdf)

‡Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses, 2nd ed., 2021 (PIM Guidance). Available at: <https://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-resources/>

§Retention of such materials, as defined in GAPIV, are subject to facility biorisk management-, country immunization coverage- and environmental- safeguards described in GAPIV.

¶Retention of such materials involves risk categorization based on sample type and work to be performed, with specific mitigation measures recommended for different risk categories.

6. The following are the recommendations by CAG on issues associated with the containment of potentially infectious materials, polioviruses (as of CAG6, January 2023):
- a. Due to the short window for viremia in blood, the current consideration of blood being excluded from classified as potentially infectious materials, poliovirus remains valid, unless scientific evidence suggests otherwise.
  - b. Revision of the PIM Guidance<sup>11</sup> should be initiated and harmonization with Annex 6 of GAPIII<sup>12</sup>, GAPIV<sup>13</sup> and other relevant documents<sup>14</sup>. Emphasis should be placed on raising awareness of operators in poliovirus and non-poliovirus facilities of the potential of handling materials that may contain polioviruses.
  - c. The retention of potentially infectious materials, WPV/VDPV are exempt from the requirements of GAPIV but should be subject to WPV/VDPV Guidance which is to be developed involving risk categorization (sample type and work) with mitigation measures recommended for the different risk categories.
  - d. An accountability framework for facility compliance against the risk mitigation strategies for the retention of potentially infectious materials, polioviruses to be developed under the responsibility of the national poliovirus containment coordinator (NPCC) for reporting through the certification commissions in the short-term<sup>15</sup>.
  - e. Immunization coverage- and environmental- safeguard requirements should be put in-place for facilities retaining potentially infectious materials, poliovirus as described in GAPIV. The compliance responsibility is to be assigned to the NPCC, in the short-term<sup>15</sup>.
  - f. Issues of longer-term such as the containment requirements of potentially infectious materials, polioviruses in the post-OPV cessation period (when all live polioviruses are expected to be contained) will be deliberated by CAG at a later time .

[CAG recommendations on issues associated with the containment of potentially infectious materials, polioviruses do not constitute change in the relevant GAPIV text or section, at present. Relevant changes will be made following the implementation of these recommendations]

<sup>11</sup> Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses, 2nd ed., 2021 (PIM Guidance). Available at: <https://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-resources/>

<sup>12</sup>Annex 6 (biorisk management standard for safe handling of new samples potentially containing poliovirus material in poliovirus-non-essential facilities) of the WHO Global Action Plan for Poliovirus Containment, 3rd ed., 2015 (GAPIII). Available at: [https://polioeradication.org/wp-content/uploads/2016/12/GAPIII\\_2014.pdf](https://polioeradication.org/wp-content/uploads/2016/12/GAPIII_2014.pdf)

<sup>13</sup>WHO Global Action Plan for Poliovirus Containment, 4th ed., 2022 (GAPIV). Available at: <https://polioeradication.org/wp-content/uploads/2022/07/WHO-Global-Action-Plan-for-Poliovirus-Containment-GAPIV.pdf>

<sup>14</sup>WHO Laboratory Biosafety Manual, 4th edition, 2020. Available at: <https://www.who.int/publications/i/item/9789240011311?sequence=1&isAllowed=y> and GPLN Guidance Paper 1 for safe handling and storage of type 2 poliovirus (PV2) in GPLN laboratories. Available at: <https://polioeradication.org/wp-content/uploads/2020/01/GP1-Handling-and-Storing-PV2-version3.pdf>

<sup>15</sup>Longer-term solution to be developed at a later stage adapted to the status of containment and containment infrastructure post-eradication. In countries that host poliovirus-essential facilities (PEFs), the National Authority of Containment (NAC) may assume this responsibility.

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Post-meeting notes on CAG recommendations for issues associated with the containment of potentially infectious materials, polioviruses

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The Guidance Development Group (GDG), previously established for the development of the Guidance for non-poliovirus facilities to minimize risk of sample collections potentially infectious for polioviruses, 1st edition, 2018 (PIM Guidance 2018) has been reconstituted to support the implementation of the CAG recommendations, as of January 2023, on issues associated with the retention of potentially infectious materials, polioviruses.

The implementation of these recommendations are expected to begin in the last week of February 2023 with an end-date expected by the Eight Meeting of the Poliovirus Containment Advisory Group (CAG8) planned for December 2023 (dates: to be confirmed) for endorsement purposes by CAG.

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Issues associated with the functioning of CAG

Terms of reference of CAG

7. CAG acknowledged their updated terms of reference (as of April 2022)<sup>16</sup> which was revised to conform with WHO corporate policies for advisory groups and to include the oversight function of CAG for containment issues and documents following the transfer of oversight function from SAGE in 2018.

CAG membership

8. In line with the end of every CAG members' 3-year appointment, a rotation-off CAG policy (to rotate-off at the end of- 1 year, 2 years or 3 years) or not to seek reappointment<sup>17</sup> was presented and CAG members agreed to inform the CAG Secretariat of their decision ahead of a planned Post-CAG6 teleconference in February 2023.

Next meeting and teleconferences

9. CAG members agreed that the Seventh Meeting of the Poliovirus Containment Advisory Group (CAG7) be held on 15 and 16 June 2023.
10. CAG members agreed to participate in a Post-CAG6 Teleconference in early February 2023 to discuss technical issues associated with facility containment implementation pending CAG recommendation and requested that Doodle poll be sent out by the CAG Secretariat.

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<sup>16</sup>Terms of reference of CAG (as of April 2022) is available at: <https://polioeradication.org/wp-content/uploads/2022/06/CAG-TORs-20220430.pdf>. The updated TORs include oversight function for containment. See Page 2; Section: Function; 'No. 5 Oversight function for issues related to poliovirus containment and containment documents e.g., WHO Global Action Plan for Poliovirus Containment, CCS, PIM guidance, etc., including the endorsement of these documents, when needed'.

<sup>17</sup>Terms of reference of CAG (Section: Appointment): 'Members of the CAG shall be appointed to serve for a period of three years and shall be eligible for reappointment once only

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Post-meeting notes:

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A Post-CAG6 Teleconference on Technical Issues Associated with the Biorisk Management Elements of the WHO Global Action Plan for Poliovirus Containment, 4th ed., 2022 (GAPIV) is scheduled for mid-February 2023.

This teleconference is a follow-up from the Sixth Meeting of the Poliovirus Containment Advisory Group (CAG6), 23 – 25 January 2023 with the objective of presenting to CAG technical issues associated with facility containment implementation not covered at CAG6 due to time constraints. The issues for guidance or clarification from CAG include:

Element No 8: Facility Physical Requirements\*

- Poliovirus-dedicated and non-dedicated laboratories
- Kill-tanks within the containment perimeter

Element 10 Poliovirus Inventory and Information\*

- Storage outside containment

Element 11 Waste Management, Decontamination, Disinfection and Sterilization\*

- Management of poliovirus facility waste across containment perimeter

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\*refers to biorisk management elements described in GAPIV 2022

#### Other matters

11. CAG recommends that a review of the implementation of CAG6 recommendations be conducted at the next CAG meeting i.e., CAG7, 15 – 16 June 2023.

Annex 1: Sixth Meeting of the Poliovirus Containment Advisory Group (CAG6), 23 – 25 January 2023  
Meeting Objectives

The Sixth Meeting of the Poliovirus Containment Advisory Group (CAG6), 23 – 25 January 2023 was held with the objectives:

For discussion and CAG recommendations

1. To present to CAG pending issues from the revision of GAPIII, or those associated with the implementation of GAPIV and other issues associated with the implementation of poliovirus containment for discussion and recommendation. These include:
  - a. Routine environmental surveillance in areas surrounding the PEF.
  - b. Status of the ‘temporary waiver’ granted by CAG previously for the use of novel poliovirus strains for specific use based on availability of newer data.
  - c. Issues associated with performing- and evaluating- risk assessments from facilities that vary in location, work, type, viruses used, etc.
  - d. Issues associated with potentially infectious materials, polioviruses including the containment requirements for their retention in the short- and longer-term, accountability framework, safeguard requirements, etc.
  - e. Other issues associated with the 14 Biorisk Management Elements of GAPIV
2. To present to CAG, evidence used to establish recommendations for facility-, immunization coverage- and environmental control- safeguards in and around facilities retaining polioviruses and where needed, the proposed way forward in determining the appropriate thresholds for effective safeguards aimed at minimizing risk- and consequences- of a facility-associated release of polioviruses for discussion, recommendation and consensus.
3. To discuss administrative issues associated with the effective functioning of CAG including updated TORs (as of April 2022), memberships and rotation-off policy, potential dates for next TCs, as needed, and dates for next CAG meeting, etc.
4. To discuss any other issue associated with the implementation of poliovirus containment or the mandate of CAG.

Global Polio Eradication Program Update with Chairs of Advisory- and Working- Groups  
Supporting Polio Eradication and Containment and Representatives of the  
Annex 2: GPEI Global Programme Support Groups, 23 – 24 January 2023  
Meeting Objectives

The Global Polio Eradication Program Update with Chairs of Advisory- and Working- Groups Supporting Polio Eradication and Containment and Representatives of the GPEI Global Programme Support Groups<sup>18</sup>, 23 – 24 January 2023 was held with the following objectives:

For information and update

To exchange information including updates and progress in the workstreams of the different advisory- and working- groups supporting polio eradication and poliovirus containment and GPEI Global Programme Support Groups, to ensure alignment and raising awareness of the areas of work undertaken by the different strategic bodies in line with the Polio Eradication Strategy 2022-2026: Delivering on a Promise. These include:

- Current epidemiology of poliovirus transmission
- Global progress in containment implementation and certification
- Global poliomyelitis immunization update
- Outcome from review period needed to certify the interruption of WPV1 transmission and criteria for the validation of absence of cVDPV
- Criteria used by IHR Emergency Committee for continued recommendation of a Public Health Emergency International Concern (PHEIC)
- Role and geographical coverage of environmental surveillance
- Long-term projections for polio vaccine supply by type of vaccine
- New products in the pipeline for vaccine, diagnostics and treatment
- nOPV2 programmatic update and update on long-term nOPV2 genetic stability
- Independent views on polio eradication and containment
- Evidence- and local biological risk assessment-based approach for laboratory biosafety
- Evidence to establish recommendations on immunization coverage and environmental control safeguards around facilities retaining polioviruses
- Safeguard requirements for facilities retaining potentially infectious materials, polioviruses

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<sup>18</sup> These included: the Poliovirus Containment Advisory Group (CAG); Global Commission for the Certification of the Eradication of Poliomyelitis (GCC); GCC – Containment Working Group (GCC – CWG); Poliovirus International Health Regulations (IHR) Emergency Committee; Independent Monitoring Board (IMB) and Transition IMB (TIMB); Strategic Advisory Group of Experts on immunization (SAGE); SAGE working group on polio; and the following GPEI Global Programme Support groups: GPEI nOPV Working Group; GPEI Vaccine Supply Group (VSG) and GPEI Surveillance Group.