



Epidemiological Alert:

Poliomyelitis due to wild poliovirus

22 September 2011

As of the 21st of September 2011, the Global Polio Eradication Initiative had reported 401 cases of poliomyelitis caused by wild poliovirus; 147 were registered in endemic countries¹ and 254 in non-endemic countries. Of the total registered cases, 343 were due to wild poliovirus type 1 (WPV1) and 58 to wild virus type 3 (WPV3). The Region of the Americas has remained free of the circulation of wild poliovirus since 1991.

On the 20th of September 2011, the World Health Organization (WHO) issued an alert reporting the circulation of wild poliovirus WPV1 in China which is genetically linked to the virus currently circulating in Pakistan. As of the 21st of September 2011, Pakistan had reported 89 cases of poliomyelitis due to wild poliovirus (88 due to WPV1 and one due to WPV3). This is higher than the same period last year when 52 cases were reported.

In the alert, the WHO recommends strengthening the surveillance of acute flaccid paralysis, mainly in Asia and the Western Mediterranean, for the early detection of any poliovirus importations and to respond appropriately to this type of event. WHO further recommends continued efforts to achieve adequate immunization coverage to diminish the potential consequences of the introduction of wild poliovirus.

As per recommendations outlined in WHO's International Travel and Health, travelers to and from Pakistan should be fully protected by vaccination. Travellers to Pakistan who have in the past received three or more doses of OPV should be offered another dose of polio vaccine before departure. Any unimmunized individuals intending to travel to Pakistan should complete a full course of vaccination. Travellers from Pakistan should have a full course of vaccination against polio before leaving Pakistan, with a minimum one dose of OPV before departure. Some polio-free countries may also require travellers from Pakistan to be immunized against polio in order to obtain an entry visa.

The Americas Region has remained free of wild polio for the past two decades through the efforts of all Member States. Nonetheless, efforts to maintain immunization coverage above 95% and to keep surveillance systems alerted to the risk of the introduction of imported cases of wild polio virus in the Region continue to be important.

¹ Afghanistan, India, Nigeria and Pakistan

PAHO/WHO Recommendations

In light of the current reality of transmission at global levels and due to sporting and cultural events hosted in the Americas that bring together large groups of people, the Pan American Health Organization / World Health Organization (PAHO / WHO) emphasizes the continued importance of the recommendations previously released in the October 20, 2010 Epidemiological Alert and reiterated below, as well as the recommendations made by the Technical Advisory Group (TAG) on vaccine-preventable diseases during its nineteenth session in July 2011:

- Evaluating vaccination coverage at the local, sub-national, and national levels to determine the risk according to susceptible population.
- Evaluating compliance with epidemiological surveillance indicators for acute flaccid paralysis (AFP) during the last 5 years, by department or province, according to PAHO's recommendations.
- Reporting and conducting immediate clinical-epidemiological investigation for all acute flaccid paralysis cases in people under 15 years of age, while guaranteeing samples are taken and delivery to a reference laboratory.
- Conducting active tracing of acute flaccid paralysis cases.
- Promoting vaccination to all people who travel to polio-transmission areas, as well as providing recommendations to all travelers.
- Training and involving professional associations, alerting them about this risk.

Recommendations of the 2011 Technical Advisory Group (TAG):

- Countries of the Region of the Americas should continue to use the OPV (Oral Polio Vaccine) until global polio eradication is achieved.
- Countries of the Americas using only IPV (Inactivated Polio Vaccine) in their immunization schedules should only do so where they comply fully with the minimum requirements recommended by WHO and PAHO, as described above.
- Countries considering the use of IPV before the global eradication of poliomyelitis should use sequential schedules that include OPV and/or conduct periodic OPV campaigns.
- Countries that do not achieve polio vaccine coverage $\geq 95\%$ in every municipality must conduct annual OPV immunization campaigns for children aged < 5 years, regardless of their vaccination status.
- Countries must maintain certification standards of AFP surveillance (in compliance with surveillance indicators).

References:

1. Wild Poliovirus Weekly Updated. Global Polio Eradication Initiative. 21 September 2011. Available at <http://www.polioeradication.org/>
2. Polio Spreads from Pakistan. Available at: <http://www.polioeradication.org/tabid/408/iid/157/Default.aspx>
3. Confirmed international spread of wild poliovirus from Pakistan. WHO - Global Alert and Response. Available at : http://www.who.int/csr/don/2011_09_20/en/index.html
4. Final report of the XIX Technical Advisory Group (TAG) Meeting on Vaccine-preventable Diseases of the Pan American Health Organization, held in Buenos Aires, Argentina, July 2011. Available at: http://new.paho.org/hq/index.php?option=com_content&task=view&id=1862&Itemid=1674