

POLIO - A GLOBAL EMERGENCY

In 1988, when the Global Polio Eradication initiative was set up by the World Health Assembly with the aim of eradicating polio from this planet, 350,000 people fell victims to polio virus infection. By 2002, polio had been eliminated from 118 countries and the cases of polio infection fell below 2,000. Last year (2013), there were only 400 cases, of which 60% were the result of international spread of the virus. In the first 4 months of 2014, the polio virus was exported from Cameroon into Equatorial Guinea, Pakistan into Afghanistan and Syria into Iraq. Last year, Nigeria exported the virus to Somalia, in an area where al-Shabab, where commanders do not allow vaccination, and Pakistan exported the virus to Syria, which is facing a protracted civil war. A negative point in the quest to eliminate polio by vaccination was the release by the USA of the information concerning the location and killing of Osama Bin Laden. The US Central Intelligence Agency (CIA) organised a fake hepatitis vaccination campaign in Abbottabad, Pakistan. The aim was to obtain DNA from the children of Bin Laden, to confirm the presence of the family in a house in that area. The announcement by the White House that the CIA will no longer use vaccination programmes as cover for espionage did not stop attacks against front line workers associated with the polio programme; 22 of them have died since December 2012.

It is in this climate of suspicion and increasing international spread of the virus that the WHO, on May 5th this year, has declared the recent international spread of the wild poliovirus as a Public Health Emergency of international Concern. The aim is to prevent further spread of polio. In order to achieve its aim the WHO issued Temporary Recommendations under the International Health Regulations (2005).^{1,2} They advise that all residents and long-term visitors (i.e. >4 weeks) receive one dose of oral polio or inactivated poliovirus vaccine between 4 weeks and 12 months before international travel, and that those who are undertaking urgent travel (i.e. within 4 weeks), who have not received a dose of polio vaccine in the previous 4 weeks to 12 months, should have one dose of polio vaccine at least by the time of departure. Such travellers should be provided with an international Certificate of Vaccination or Prophylaxis. This is a temporary measure and the WHO will reassess the situation in 3 months.

The last indigenous case of wild poliovirus infection in the UK was in 1984 and the last imported case in 1993. The UK was declared polio-free in 2003. Public Health England (PHE) and NaTHNaC have now issued recommendations for interim measures.³ They recommend that travellers to Afghanistan, Cameroon, Equatorial Guinea, Ethiopia, Iraq, Israel, Nigeria, Pakistan, Somalia and Syria should be advised to consider a booster dose of polio-containing vaccine if they have not been vaccinated in the last 12 months and they are travelling to settings with extremely poor hygiene (e.g. refugee camps), or likely to be in close proximity with cases (e.g. healthcare workers), and/or visiting for 6 months or more. Other shorter term travellers (4 weeks to 6 months) should ensure they have been vaccinated in the last 10 years. The WHO's new recommendations should not be seen as sanctions for particular countries. They are an absolute international public health necessity.

References:

- 1 World Health Organization. WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus. 5 May 2014 [Accessed 15 June 2014]. Available at: <http://www.who.int/mediacentre/news/statements/2014/polio-20140505/en/>
- 2 Public Health England. Briefing Note, Declaration of Public Health Event of international Concern by World Health Organization. 27 May 2014.
- 3 http://www.nathnac.org/pro/clinical_updates/interimadvice_polio_270514.htm

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