

One Year without Polio

Continued from page 1

The task was made possible thanks to the joint backing of various collaborating agencies, at a cost of approximately 542 million dollars (US). The governments from the countries have provided around 430 million and the rest has come from the collaborating agencies that include the Agency for International Development from the Government of the United States (USAID), Rotary International, UNICEF, the Inter-American Development Bank (IDB) and the Canadian Public Health Agency (CPHA).

In addition to the national vaccination days, mass communication was used extensively to inform the public and mobilize the population. Also, a laboratory network was used for diagnostic support. PAHO has established an impressive surveillance system of acute flaccid paralysis that includes more than 20,000 health units that report cases on a weekly basis.

The challenge now is to maintain the impetus by increasing the vaccination coverage, consolidating the gains made in eradication and achieving control and elimination of other childhood diseases, PAHO has named a Poliomyelitis Eradication International Certification Commission that will verify the interruption of wild poliovirus transmission. It is estimated that the Commission will conclude its work in 1995. In the meantime, high levels of coverage and surveillance should be maintained and three years should pass by without confirmed cases of polio before the Region of the Americas can be certified as free of wild poliovirus. One of those three years has already passed; PAHO will continue the effort and write history!

Source: EPI newsletter, *Expanded Program on Immunization in the Americas*, Vol. XIV, No. 4, August, 1992.

Editor's Note: The last wild poliovirus detected in the Americas to date was on September 5, 1991, still over a year ago.

Polio Outbreak

In September 1992, the Netherlands reported an outbreak of polio among members of a religious group that refuses immunization services.

Since this religious group also exists throughout the Americas and its members frequently travel back and forth, countries of the Western Hemisphere are on alert for importations. Attempts to educate and immunize members of this religious group are being made. The 1979 outbreak in the United States and Canada clearly illustrated the risk for unvaccinated members

of religious groups who have direct or indirect contact with members of Dutch religious groups among whom poliovirus is circulating.

UPDATE. The outbreak in the Netherlands of poliomyelitis among unvaccinated persons who are members of religious groups that generally do not accept vaccination is continued (1). From September 17 through December 5, 1992, 54 cases of poliomyelitis were reported to the Netherlands' Office of the Chief Medical Officer of Health. All of the reported cases have occurred among unvaccinated (n=53) or inadequately vaccinated (n=1) persons belonging to a religious denomination that routinely does not accept vaccination. Patients range in age from <1 month to 56 years (mean age: 18.9 year). Of the 12 provinces in the Netherlands, seven have reported cases of poliomyelitis; the most severely affected provinces are South Holland and Gelderland.

The risk for acquiring poliomyelitis while in the Netherlands is considered small because of the excellent sanitation in the country and because transmission of the poliovirus has been limited primarily to unvaccinated religious groups. Nonetheless, the polio immunity of travelers to the Netherlands should be evaluated, and persons with inadequate protection should complete a primary vaccination series with three doses of poliovirus vaccine before departure, especially if extensive travel in the Netherlands or contact with persons in the affected religious groups is anticipated.

Source: *Morbidity and Mortality Weekly*, 1992; 41:775-8; 41:917-9.

Polio in the U.S.

No cases of suspected poliomyelitis have been reported in 1993. Four cases of suspected poliomyelitis have been reported in 1992; 6 of the 9 suspected cases with onset in 1991 were confirmed, and 5 of the 8 suspected cases with onset in 1990 were confirmed; all were vaccine associated.

THE U.S. VACCINE DISTRIBUTION DEBATE

Fewer than 60% of U.S. children are properly immunized by age two. Federal health objectives for the year 2,000 say 90% should be vaccinated.

Some blame rising vaccine costs and propose a national vaccine program with a single, government purchaser. It would reduce costs to private physicians. Currently, half the children who receive vaccination get them from private physicians who pay manufacturers' catalog prices, or get small discounts. The other half are vaccinated in public clinics that receive substantial discounts through a Centers for Disease