

## **Focus on Poliovirus in Asia**

APPA meeting July 21<sup>st</sup> 2006

### Summary and Recommendations

#### Conclusions and Recommendations

- Despite major successes, there continue to be major challenges in polio eradication and pockets of serious resistance remain
- Causes of set backs range from low coverage (Nigeria) to low effectiveness of OPV (India)
- mOPV1 was a success in Egypt but appears to be less effective in India
- Despite enormous success of OPV campaigns, emergence of VdPV remains concern
- VdPV arises out of exposure to the live vaccine virus and outbreaks are linked to suboptimal vaccination programs
- VAPP cases pose an ethical dilemma as wild virus cases decline
- Some children in polio-free countries are paying the price by being paralyzed as a consequence of the oral vaccine
- Post-polio policy options must consider individual country's risk acceptance (due to re-introduction of virus – accidental or deliberate)
- IPV introduction is being increasingly considered
  - In polio free countries to prevent VAPP
  - In some endemic areas to help eradication
  
- Introduction of oral Rotavirus vaccine is being considered in some countries
- There is evidence to suggest that OPV interferes with the immune response of Rotavirus vaccine, the clinical significance of this interference is not known
- Therefore, pending additional data, Rotavirus administration should be separated by at least 2 weeks where OPV is used
- An alternative is to use IPV in countries planning Rotavirus vaccine introduction
- WHO should assist countries in developing vaccination guidelines for the post-eradication era
- Arrangement should be made to compensate any cases of confirmed polio that occur subsequent to immunisation