

Making history: from a public health emergency to a polio-free world

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On 5 May 2014, the Director-General of the World Health Organization (WHO) declared the second-ever public health emergency of international concern. Polio is the emergency – a disease again posing a public health risk to countries around the world and requiring a coordinated international response.¹

For some, this declaration seemed a paradox. Polio is nearly eradicated. The virus that once paralysed over 1000 children a day in more than 125 countries paralysed just over one child a day in eight countries in 2013. Two of the three countries that have never stopped polio – Afghanistan and Nigeria – overcame tremendous difficulties to achieve a greater than 50% reduction in cases in 2013 and have kept their case counts in the single digits so far in 2014.² On 27 March 2014, India and the entire WHO South East Asia Region were certified polio-free, bringing to 80% the proportion of the world's population that now lives in regions entirely free of indigenous wild polioviruses. It is also increasingly likely that two of the three strains of wild poliovirus have been wiped out. Type 2 virus was last detected in India in 1999 and the type 3 virus has not been detected anywhere in the world since a child in Nigeria was paralysed by the virus in November 2012. Overall, the world remains largely on track to achieve all four of the ambitious objectives set out in the *Polio eradication and endgame strategic plan*³ – the Global Polio Eradication Initiative's strategy to end all polio, everywhere, by 2018.

However, this progress could still be undone. Although closer than ever to eradication in 2012, polio made a disturbing comeback in 2013. Both the number of children paralysed by the virus and the number of polio-infected countries nearly doubled.² Much of the increase in cases was the result of the international spread of the virus into areas that had long been polio-free. In the first four months of 2014, during what is traditionally the low season for polio transmission, wild poliovirus had

already spread internationally in three major epidemiologic zones, thousands of kilometres apart. In Central Asia, the virus spread from Pakistan to Afghanistan; in the Middle East, from the Syrian Arab Republic to Iraq;⁵ and in Central Africa, from Cameroon to Equatorial Guinea.

The Emergency Committee convened by WHO under the International Health Regulations concluded that, if left unchecked, this situation could result “in failure to eradicate globally one of the world's most serious vaccine preventable diseases”.¹ Further international spread with the onset of the high transmission season in June could potentially be disastrous, as the countries that had been exporting poliovirus have strong economic, political, geographic and/or cultural ties to a high number of fragile states and conflict-torn countries. Not only were such areas at highest risk of new importations, but their low routine immunization rates increased the likelihood of explosive polio outbreaks and even the re-establishment of transmission. This situation is compounded by the inability of some of these countries to mount an effective response against disease outbreaks.

Decisive and immediate action was needed to ensure that the global movement working to end polio once and for all did not suffer a setback from which it could be difficult, if not impossible, to recover. Failure would mean reverting to a strategy of only polio “control”, under which the world would soon have to accept more than 200 000 children again being paralysed every year.⁴ Ensuring that all residents and long-term visitors travelling from polio-infected countries (and especially from those countries that are actively exporting the virus) are vaccinated sufficiently in advance of departure boosts their own protection and helps protect children in other countries. The Temporary Recommendations on the vaccination of such travellers are designed to curb the spread of poliovirus from one country to another while intensified eradication activities continue globally.

At the 67th World Health Assembly in May 2014, delegates spoke of the need to ensure that the global community should do whatever is needed to deliver on the commitment made at the World Health Assembly 26 years ago to put a stop to polio forever. Today, as the world inches ever closer to a polio-free future, we are also learning the true costs and challenges of reaching all children with the most basic of health interventions. Overcoming those challenges, and addressing those costs, requires that we all step up our game. The global community is now using everything at its disposal in the fight to end polio. Full implementation of these new Temporary Recommendations can put a halt to the international spread of polio and, for only the second time in history, ensure that a devastating disease is eradicated. ■

References

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