

Global Polio Resurgence

Source: TH

Why in News?

Recently, the <u>World Health Organization (WHO)</u> has identified the presence of <u>poliovirus</u> in multiple countries, including **Pakistan, Cameroon, and several European nations**.

 The research suggests that poliovirus may be primarily transmitted via the respiratory route rather than the traditionally assumed faecal-oral route.

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What is polio

- Poliomyelitis (polio) is a highly infectious viral disease, mainly affecting children
- According to WHO, the virus is transmitted from person-to-person, mainly through the faecal-oral route

STRAINS

- There are three types of polio virus strains — P1, P2 and P3
- P2 was eradicated globally in 1999
- India attained a polio free status
 In 2014 after successfully eliminating the wild P1 and P3 strains



VACCINATION SCHEDULE

OPV: At 6 weeks,

10 weeks and 14 weeks

IPV: At 6 weeks and

14 weeks

OPV booster: Between 16 and 24 months

What are the Key Factors Contributing to Polio Resurgence?

- Detection of Poliovirus: The resurgence of polio is evidenced by recent detections of both wild and vaccine-derived poliovirus in various countries.
 - In 2024, Pakistan reported a total of 62 cases of wild poliovirus type 1 (WPV1).
 - Environmental samples containing poliovirus have also been found in cities such as **Barcelona**, **Warsaw**, and **Cologne** (**Germany**), indicating potential **undetected or**

unvaccinated populations at risk.

- Immunisation Gaps: In fragile and conflict-affected areas, routine immunization coverage
 has dropped significantly, making children more vulnerable to polio outbreaks.
 - **Eg:** In Sudan's active conflict zones, vaccination coverage has dropped sharply from 85% to just 30%.
- **Shift in Vaccine Strategy:** The **Oral Polio Vaccine (OPV)** has been linked to outbreaks of **vaccine-derived poliovirus cases (cVDPV)**, which complicates eradication efforts.
 - Recent research emphasizes the need for a transition to IPV, which
 is non-transmissible and provides effective protection against paralysis caused by
 poliovirus.

Difference Between Inactivated Polio Vaccine (IPV) and Oral Polio Vaccine (OPV)

- Inactivated Polio Vaccine (IPV)
 - Advantages:
 - **No risk of Vaccine-derived Polio**: IPV contains inactivated virus particles, which means there is no risk of the vaccine causing vaccine-induced polio.
 - Safe for Immunocompromised Individuals: Because IPV uses a dead virus, it is safe for people with weakened immune systems.
 - **Durable Immunity**: IPV requires multiple boosters to maintain **immunogenicity** against **polio virus infection**.
 - Disadvantages:
 - Higher Cost: IPV is more expensive to produce and administer compared to OPV.
 - Requires Multiple Doses: A complete IPV vaccination schedule typically involves
 a series of 2-4 shots to provide full immunity.
 - **Limited Mucosal Immunity**: IPV does not provide strong immunity in the mucous membranes (e.g., the gut), which means it may be less effective at preventing virus transmission compared to OPV.
- Oral Polio Vaccine (OPV)
 - Advantages:
 - **Lower Cost**: OPV is cheaper to produce and distribute, making it more accessible in resource-limited settings.
 - Fewer Doses Required: OPV typically requires only one or a few doses to achieve effective immunity.
 - **Better Mucosal Immunity**: OPV provides strong mucosal immunity, particularly in the intestines, which helps to reduce the transmission of the poliovirus.
 - Disadvantages:
 - Risk of Vaccine-derived Polio: OPV contains live, attenuated poliovirus, which in rare cases can revert to a form that causes outbreaks of vaccine-derived poliovirus (VDPV).
 - Not Safe for Immunocompromised Individuals: Because it contains live virus, OPV can be dangerous for people with weakened immune systems.
 - **Shorter-lasting Immunity**: Immunity from OPV may not be as long-lasting as that from IPV, requiring additional doses or boosters over time.

What is Polio?

- About:
 - Polio (poliomyelitis) is a highly contagious viral disease affecting mainly children under five, spreading via the fecal-oral route or contaminated food/water, potentially causing paralysis by invading the nervous system.
 - There are three individual and immunologically distinct wild poliovirus strains:
 - Wild Poliovirus type 1 (WPV1), WPV2 and WPV3.
- Types of Vaccines:
 - Inactivated polio vaccine (IPV): It protects against poliovirus types 1, 2, and 3

- **Trivalent oral polio vaccine (tOPV)**: It protects against poliovirus types 1, 2, and 3 following the "OPV Switch" in April 2016, **tOPV is no longer in use.**
 - The **OPV switch** was a global effort to replace the tOPV with the bOPV in April 2016.
- Bivalent oral polio vaccine (bOPV): It protects against poliovirus types 1, and 3
- Monovalent oral polio vaccines (mOPV1, mOPV2 and mOPV3): It protects against each individual type of poliovirus, respectively.
- Initiatives Taken to Eradicate Polio:
 - India Specific:
 - Pulse Polio Programme
 - Intensified Mission Indradhanush 2.0
 - Global Initiatives:
 - Polio Eradication and Endgame Strategic Plan 2013-2018
 - World Polio Day (24th October)
 - Global Polio Eradication Initiative (GPEI)

UPSC Civil Services Examination, Previous Year Question

Prelims

- Q. 'Mission Indradhanush' launched by the Government of India pertains to (2016)
- (a) immunisation of children and pregnant women
- (b) construction of smart cities across the country
- (c) India's own search for the Earth-like planets in outer space
- (d) New Educational Policy

Ans: (a)

- Q. Which of the following are the objectives of 'National Nutrition Mission'? (2017)
 - 1. To create awareness relating to malnutrition among pregnant women and lactating mothers.
 - 2. To reduce the incidence of anaemia among young children, adolescent girls and women.
 - 3. To promote the consumption of millets, coarse cereals and unpolished rice.
 - 4. To promote the consumption of poultry eggs.

Select the correct answer using the code given below:

- (a) 1 and 2 only
- (b) 1, 2 and 3 only
- (c) 1, 2 and 4 only
- (d) 3 and 4 only

Ans: (a)

