

09 Apr 2020

# Polio: Public Health Emergency of International Concern

## An update on the polio Public Health Emergency of International Concern (PHEIC)

The twenty-fourth meeting of the Emergency Committee (EC) under International Health Regulations (IHR) 2005 was convened on 26 March 2020 to review the data on wild polio virus (WPV) and circulating vaccine-derived polioviruses (cVDPV) and progress made towards stopping transmission since the last report (30 January 2020) [1].

The EC remains gravely concerned by the significant increase in wild polio virus 1 (WPV1) cases globally in 2019 and 2020 and multiple circulating vaccine-derived poliovirus (cVDPV) outbreaks in four World Health Organisation (WHO) regions (African, Eastern Mediterranean, South-east Asian and Western Pacific Regions).

The EC highlighted that the COVID-19 pandemic may increase transmission of polio with the potential for international spread and significant reversal of polio eradication as preventative and outbreak response campaigns are postponed.

The Global Polio Eradication Initiative (GPEI) recommends that during the COVID-19 pandemic, all surveillance, novel oral polio vaccine development and roll out plans continue with plans for a fast and effective resumption of polio eradication activities as soon as the public health situation with the pandemic allows [2].

The EC agreed that the risk of international spread of poliovirus continues to constitute a Public Health Emergency of International Concern (PHEIC). Temporary Recommendations (IHR 2005) to reduce the risk of international spread of poliovirus were extended for a further three months [1].

The statement from the EC, which provides the background to the emergency and detail on the current situation, is available here: [Statement of the Twenty-Fourth IHR Emergency Committee Regarding the International Spread of Poliovirus](#).

## IHR Temporary Recommendation categories

**(Countries with a change in status since the last EC meeting are in bold. Please refer to Country Information pages for further information.)**

States infected with WPV1, cVDPV1 or cVDPV3 with the potential risk of international spread; these countries have a certificate requirement for polio vaccination under IHR (2005):

- Afghanistan
- Pakistan
- Malaysia
- Myanmar
- Nigeria
- Philippines

See recommendations on the individual [Country Information](#) pages for those who plan to travel to these countries.

States infected with cVDPV2, with potential or demonstrated risk of international spread:

- Afghanistan
- Angola\*
- Benin\*
- **Burkina Faso\***
- Cameroon\*
- CAR\*
- Chad\*
- China\*
- DR Congo\*
- Ethiopia\*
- Ghana\*
- Ivory Coast (Cote d'Ivoire)\*
- Malaysia
- Niger\*
- Nigeria
- Pakistan
- Philippines
- Somalia\*
- Togo\*
- Zambia\*

\*There is no certificate requirement under IHR (2005) for these countries. Travellers are, however, encouraged to carry proof of polio vaccination.

States no longer infected by WPV1 or cVDPV, but which remain vulnerable to re-infection by WPV or cVDPV:

- **Indonesia**
- Kenya
- **Mozambique**
- Papua New Guinea

## Other

In addition to the countries detailed in this report, the Global Polio Eradication Initiative highlight the following countries to be no longer polio-virus infected, but at high risk of outbreaks [3]:

- Equatorial Guinea
- Guinea
- Iran
- Iraq
- Laos
- Liberia
- Madagascar
- Sierra Leone
- South Sudan
- Syria
- Ukraine

For these countries, NaTHNaC recommends a booster dose of a polio-containing vaccine for those who have not received a dose within the previous 10 years travelling to these countries see our [Country Information](#) pages.

The polio status of countries is reviewed by WHO on a regular basis and polio vaccination recommendations are subject to change.

## Advice for travellers

You can become infected with the [polio](#) virus through contact with the infected human faeces and/or respiratory secretions of an infected person. The virus can also be found in food or water contaminated with infected faeces. You should practise strict [food, water and personal hygiene](#).

Wherever you are travelling to, you should make sure you have completed a primary vaccination course for polio according to the [UK schedule](#). Vaccines used in the UK schedule contain inactivated polio vaccine (IPV) and provide protection against types 1, 2 and 3 polioviruses. The bivalent oral polio vaccine (bOPV) used in some other countries, does not protect against type 2 poliovirus. You should check with your doctor or nurse that you are protected against all types of poliovirus.

You are encouraged to carry documentary evidence of your polio vaccinations. An International Certificate of Vaccination or Prophylaxis is required by some countries. See our [Country Information](#) pages for country specific information.

## Advice for health professionals

All travellers regardless of destination should be up to date with routine vaccination courses and boosters as [recommended in the UK](#). See our [Country Information](#) pages for country specific recommendations and certificate requirements.

For specific outbreak information, check our [Outbreak Surveillance](#). The polio status of countries is reviewed by WHO on a regular basis and polio vaccination recommendations are subject to change.

## Resources

- [Global Polio Eradication Initiative](#)
- [Global Polio Eradication Initiative. Vaccine-Derived Polioviruses](#)
- [Poliomyelitis factsheet](#)
- [Public Health England: Polio – guidance, data and analysis](#)
- [World Health Organization: Polio](#)

## References

1. [World Health Organization. Statement on the Twenty-Fourth IHR Emergency Committee 8 April 2020 \[Accessed 09 April 2020\]](#)
2. [Global Polio Eradication Initiative. Polio Eradication and COVID-19. A public health imperative. \[Accessed 9 April 2020\]](#)
3. [Global Polio Eradication Initiative. Where we work. \[Accessed 9 April 2020\]](#)