

Travel advice: New recommendations for residents and visitors to polio-infected countries



What is polio?

Poliomyelitis (polio) is a highly contagious viral disease that can cause life-long paralysis and sometimes death. The virus is transmitted from one person to another, via the faecal-oral and the oral-oral routes. Most polio infections are without symptoms and just one in 200-300 infected people develop the severe paralytic form of the disease. Polio infections without symptoms usually go undetected. However, people with non-paralytic polio infections will still excrete poliovirus in their faeces and from their mucous membranes in the mouth and nose for several weeks. This means that they can infect other people who may then develop the severe form of the disease.

How is polio prevented?

Polio is effectively prevented by polio vaccine of which there are two kinds: inactivated polio vaccine (IPV) which is given as an injection, and oral polio vaccine (OPV) which is given as oral drops. All countries in the EU have over the last decades switched from OPV to IPV. Both vaccines are effective and safe, and a goal has been set to eradicate polioviruses by vaccinating at least 80% of all populations in the world. The number of polio cases has reduced by more than 99% in the last 25 years and today only 10 countries remain polio-infected in the world.

Why has WHO issued new recommendations for polio vaccination?

The new World Health Organisation (WHO) recommendations are temporary and apply to people who visit or live in countries where poliovirus is still circulating. Travellers to these countries should consult national travel advice in their home countries and in the country that they plan to visit in addition to the WHO recommendations. The purpose of the WHO recommendations is to stop poliovirus from being transported out of a polio-infected country to a country that has been cleared of polio. Vaccinated people can become infected with poliovirus in the gut for a shorter period without experiencing symptoms. The infection does not cause any harm or symptoms, and will clear after a few weeks. But the infected person can carry the virus to polio-free areas where it can cause outbreaks. The risk of carrying poliovirus diminishes after a person has received an additional dose of polio vaccine (booster) and then slowly increases as time passes from the last vaccination. This is why WHO now recommends residents and visitors to polio-infected countries to get an additional dose of polio vaccine within 12 months before travelling out the polio-infected country.

Public Health Emergency of International Concern

Exportation of polio virus from a polio-infected country to a polio-free country with poor vaccination uptake could result in large outbreaks that would jeopardize the polio eradication goal. To prevent this, WHO has declared the international spread of polio a public health emergency of international concern, and issued temporary recommendations for the 10 countries in which poliovirus is still circulating. The 10 polio-infected

countries are Afghanistan, Cameroon Ethiopia, Equatorial Guinea, Iraq, Israel, Nigeria, Pakistan, Somalia, and Syria. Polio virus was detected in sewage in Israel in 2013 but no one in Israel has developed paralytic poliomyelitis. The other nine countries have reported cases of paralytic polio in recent years.

WHO divides the ten polio-infected countries in two groups:

Three polio-exporting countries: Pakistan, Cameroon and Syria, where cases of polio are reported and from which poliovirus has been exported in the recent past, and;

- Seven polio-infected countries: Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Somalia, and Nigeria, which are infected with wild poliovirus but currently not exporting wild poliovirus to other countries.

Temporary recommendations from WHO

WHO recommends that countries currently exporting wild poliovirus (Pakistan, Cameroon, and the Syrian Arab Republic) ensure that:

- all residents and long-term visitors (i.e. > 4 weeks) receive a dose of oral polio vaccine (OPV) or inactivated poliovirus vaccine (IPV) between 4 weeks and 12 months prior to international travel;
- those undertaking urgent travel (i.e. within 4 weeks), who have not received a dose of OPV or IPV in the previous 4 weeks to 12 months, receive a dose of polio vaccine at least by the time of departure;
- such travellers are provided with an International Certificate of Vaccination or Prophylaxis in the form specified in Annex 6 of the International Health Regulations (2005) to record their polio vaccination and serve as proof of vaccination.

WHO recommends that countries that are infected with wild poliovirus but not currently exporting the virus encourage their residents and visitors to follow the same vaccination advice as for the exporting countries.

Advice for EU residents travelling to and from polio-infected countries

Most people resident in the EU are likely to have received a full course of polio vaccination according to the national immunisation schedule where they live. For people fully vaccinated against polio, the previous advice was to have one additional dose of polio vaccine before travelling to a polio-infected area. The national recommendations for the interval between such booster-doses vary between countries from one life-time additional dose to a fully vaccinated person, to one additional dose every 10 years. In view of the new temporary recommendations issued by WHO, which requires the polio-infected countries to ensure or encourage that people leaving these countries have been vaccinated against polio in the last 12 months, there may be practical reasons for EU member States to revise their advice to travellers to polio-infected countries. In order to avoid the possibility of being required to be vaccinated on the border when leaving a polio-infected country, travellers to polio-infected countries are advised to comply with the WHO recommendations before visiting a polio-infected country. People who are residents in polio-infected countries are advised to comply with the WHO vaccination recommendations before travelling out of the country.

Travellers from the EU who are fully vaccinated against polio according to the national immunisation schedule where they live and plan to travel to any of the 10 polio-infected countries should receive an additional dose of inactivated polio vaccine (IPV). In order to comply with the WHO recommendations and avoid having to be vaccinated in the polio-infected country, it is important for travellers to polio-infected countries to time this additional IPV dose so that it is given within 12 months of the date when you plan to leave the polio-infected country.

Everyone who lives or has stayed more than four weeks in a polio-infected country and plans to travel out of that country, should receive one additional dose of polio vaccine (IPV or OPV) not later than 4 weeks before and within 12 months of the date of departure from the polio-infected country.

If someone who has stayed more than four weeks in a polio-infected country has to urgently travel out of that country (i.e. within 4 weeks), that person should receive a dose of polio vaccine at least by the time of departure unless he or she already received a dose within the last 12 months.

- Travellers should carry proof of their vaccination against polio using the WHO International Certificate of Vaccination or Prophylaxis document (“Yellow Card”) when travelling to and from polio-infected countries.
- EU residents who have not been vaccinated against polio at all, or has not received a complete course of polio vaccinations, or are unsure about their vaccination status, should consult with their physician, a vaccination clinic or a travel health clinic for advice and vaccination. This advice is both for travellers to polio-infected countries and for all EU residents and citizens regardless of travel plans.
- The vaccination advice above applies to both adults and children under the age of 18 years. Because polio vaccine is administered to children as part of combination vaccines (one injection with several vaccine components) in the routine vaccination schedule, it is important to consult a physician or vaccination clinic for advice on the timing and choice of vaccine for children.
- The risk of coming into contact with poliovirus in a polio-infected country can be reduced by applying strict hand hygiene (washing hands with soap before preparing food and eating, and after going to the toilet) and by washing and peeling raw fruits and vegetables immediately before eating them.