



## **Detection of a Polio Case Announced by DOH: Guidance for Clinicians**



**Philippine Pediatric Society and  
Pediatric Infectious Disease Society of the Philippines,  
19 September 2019**

In a press statement released today, 19 September 2019, the Department of Health (DOH) announced that polio is re-emerging in the country, following the report of a confirmed case of poliomyelitis in a 3-year old girl from Lanao del Sur; another suspected case of acute flaccid paralysis (AFP) is awaiting confirmation. These events are in addition to the detection of polio virus from environmental samples obtained during regular surveillance.

The DOH initiated a supplemental immunization activity (SIA) starting August 2019, as a response to the detection of environmental isolates. For this activity, children up to the age of 59 months residing in the NCR, Region 3 and Region 4A were targeted to receive an additional dose of oral polio vaccine (OPV), regardless of the number of doses previously received. <sup>1</sup> This recommendation was intended to optimize the immunity of susceptible children, who may not have yet received the required number of polio vaccine doses.

In light of the current announcement, the role of vaccines in providing protection is once again being reviewed. Although stand-alone formulations of OPV or IPV would be the preferred options, these are unavailable commercially and can only be secured through National Immunization Programs. For the private clinic setting, IPV is currently available as a component of DPT combination vaccines, which can be given for those requiring age-indicated or catch-up doses, respecting the age restrictions for these products.

Within these limitations, the following standard recommendations for infants, children and adolescents (up to the age of 18 years) are being reiterated: <sup>2</sup>

1. The primary series for polio vaccination consists of three doses of OPV or Inactivated Polio Vaccine (IPV). A dose of OPV may be given at birth (considered as the zero dose), but the primary series of OPV or IPV is usually administered beginning 6 weeks of age. The minimum interval between each dose is 4 weeks. As per local recommendations, a dose of IPV is also given together with the 3<sup>rd</sup> dose of OPV.

2. Two booster doses are recommended, the first at 12-15 months and the second at 4-6 years.
  - a. If the first booster dose was missed, a final dose of polio vaccine (either OPV or IPV) is recommended at age 4 years or older.
3. For children who are under 4 years of age and have yet to receive their second booster, an additional dose of either vaccine may be given now as long as the minimum interval of 4 weeks between doses is observed. The dose due at age 4 years should still be given.
4. For individuals 4 years of age or older who are:
  - a. Unvaccinated: three doses of either OPV or IPV should be given at 0, 1 and 6 months
  - b. Incompletely vaccinated: there is no need to re-administer the previous doses; the remaining doses may be given as if a lapse did not occur. The minimum interval between dose 1 and dose 2 is 4 weeks, while the minimum interval between dose 2 and dose 3 is 6 months.

For those who have completed the recommended number of doses at appropriate intervals (whether as OPV, IPV or any combination of these formats), no further doses are recommended. However, it is acceptable, and even desirable for long term immunity, to receive additional doses of polio vaccine should this be so desired.

For vaccines to be optimally effective, the cold chain should be strictly maintained, and the principles of vaccination governing timing and spacing of vaccine doses should be followed.

Since this unfortunate development resulted from factors related to vaccine coverage and AFP reporting, the following should also be emphasized:

1. All children should receive recommended vaccines as scheduled. As a specific response to this outbreak, children from 0-59 months residing in the NCR, Region 3 and Region 4A should continue to receive oral polio vaccine through the SIA if still ongoing in their area, regardless of the number of polio vaccine doses previously received. The SIA conducted in Manila in response to the first confirmed environmental samples only reached 53.8% of the target number of children.<sup>3</sup>
2. Clinicians are encouraged to actively participate in the reporting of acute flaccid paralysis cases, as this forms the backbone of a functioning surveillance system.

Finally, recognizing that polio virus transmission occurs through the oral-fecal route, compliance with hygiene practices should be strongly reinforced

**REFERENCES:**

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