





Polio anywhere is a threat everywhere?

What's Inside this Article:

What has been done so far to eradicate Polio? Read on Key global milestones

Is there a risk of Polio resurgence? Do we have cases near India?

Take on Polio vaccination

Hexaxim® - Ready-to-use 6-in-1 acellular vaccine^ has demonstrated 100% Seroprotection data against all 3 Polio virus types based on an Indian registration study1

What has been done so far to eradicate Polio?

The Global Polio Eradication Initiative was launched in 1988 by the World Health Assembly to eradicate polio worldwide. The initiative is supported by national governments, the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), UNICEF, the Bill & Melinda Gates Foundation, and Gavi, the Vaccine Alliance.

Key points:

- Wild poliovirus cases have decreased by over 99% since 1988, from an estimated 350,000 cases in more than 125 endemic countries then, to 6 reported cases in 2021.
- Polio Eradication Strategy 2022–2026 outlines the roadmap to securing a lasting and sustained world, free of all polioviruses.



Success Stories

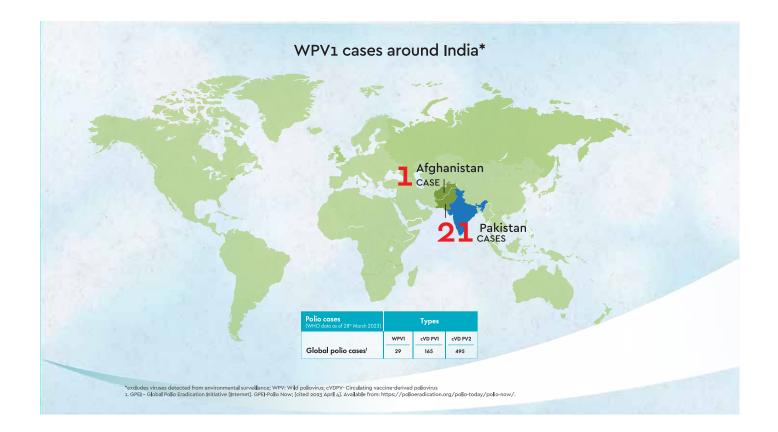
- The WHO Region of the Americas eradicated polio in 1994.
- The WHO Western Pacific Region eradicated polio in 2000.
- The WHO European Region eradicated polio in June 2002.
- The WHO South-East Asia Region was declared polio-free on 27 March 2014, which includes 11 countries from Indonesia to India.
- Africa became the fifth region to be certified wild poliovirus-free in 2020.

Does Polio still exist? Is there a risk of resurgence? Do we have cases near India?

Endemic transmission of wild poliovirus continues in Afghanistan and Pakistan, and failure to stop polio in these last remaining areas could result in a global resurgence of the disease.

Despite a decrease of over 99% in polio cases since 1988, polio still exists in Afghanistan and Pakistan, and all countries remain at risk of getting polio, particularly those with weak public health and immunization services or connections to endemic countries.

The continued existence of polio poses a significant risk to children worldwide. The poliovirus can easily spread across borders and infect unvaccinated populations, putting countless lives at risk. If the disease is not eradicated, it could lead to as many as 200,000 new cases every year within the next decade.





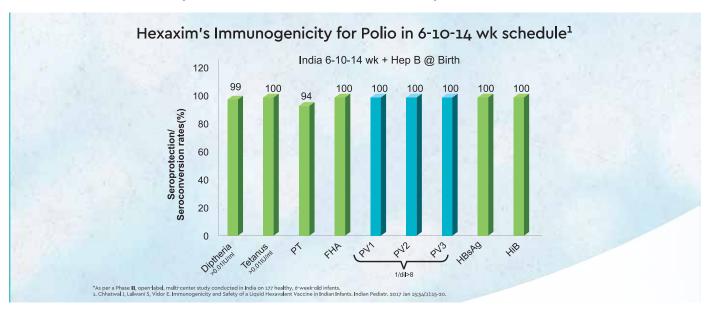
Take on Polio vaccination

Global Polio Eradication Initiative employs two types of vaccines, IPV and OPV, to interrupt polio transmission. The development of effective vaccines against paralytic polio was a significant medical achievement of the 20th century.

When a significant proportion of a population is immunized against polio, the virus cannot find new hosts and eventually dies out. Thus, high levels of vaccination coverage must be maintained to interrupt transmission and prevent outbreaks.

Hexaxim® ensures 100% Sero-protection against all three Polio virus types.¹

Immunogenicity of Hexaxim® for Polio in 6-10-14 weeks schedule is proven in a phase III open label multi-center study conducted in India on 177 healthy, 6-week-old Infants¹



As per economic modelling, the eradication of polio would save at least US\$ 40–50 billion, mostly in lowincome countries, and no child will ever again suffer the terrible effects of lifelong polio-paralysis. Once polio is eradicated, the world can celebrate the delivery of a major global public good that will benefit all people equally, no matter where they live.

This article has been re-written using below material

- WHO [Internet]. Poliomyelitis Key facts [Internet]. 2019. Available from: https://www.who.int/news-room/fact-sheets/detail/poliomyelitis, Accessed on: 9 August 2022
- Polio Now [Internet]. Global Polio Eradication Initiative, World Health Organization [Internet]. Available from: https://polioeradication.org/polio-today/polio-now/Accessed on: March 2022

^Hexaxim SmPC

References: 1. Chhatwal J, Lalwani S, Vidor E. Immunogenicity and Safety of a Liquid Hexavalent Vaccine in Indian Infants. Indian Pediatr. 2017 Jan 15;54(1):15-20.

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