

Reach pockets of undervaccination

Since the first doses of polio vaccine were administered in the 1950s, there has been a 99% reduction in paralytic polio. Type 2 and type 3 wild polio viruses are no longer detected, and only type 1 poliovirus is still circulating. But we have lost some ground in global vaccine coverage because of the disruption of the COVID19 pandemic. In 2022 only Afghanistan, Pakistan and Mozambique have seen wild polio (around 30 cases). To ensure type 1 poliovirus is also wiped out, a surge in efforts is now underway to reach the unvaccinated and undervaccinated in these countries and to ensure high coverage in neighbouring regions. We are in a window with the circulation of the virus relatively constrained where eradication may be possible, and we cannot afford to miss this window.

But we cannot talk about polio eradication without also addressing the problem of vaccine-derived poliovirus (VDPV). These are viruses which are derived from the live-oral Sabin vaccine, the same which enabled 99% reduction in wild polio, but have reverted to neurovirulence and cause paralysis. Until they have gone too, paralytic polio will still be with us. There have been over 500 VDPV cases in the past 12 months across 20 countries, with the highest numbers of cases in Yemen and DRC, where there are particular challenges in reaching children with vaccines. Finding type 2 VDPV in sewage in London and New York, and finding both VDPV type 2 and 3 in Israel in 2022 is a stark reminder that this is not only a question to be addressed in low income settings, but pockets of undervaccination also occur in resource rich settings.