The occurrence of BPF in Mato Grosso and the continued occurrence of BPF in São Paulo emphasize the need for improved understanding of the epidemiology and pathogenesis of BPF to enable the development of effective methods for its control and prevention.

References


Eradicating Indigenous Transmission of Wild Poliovirus in the Americas. An Update

In 1985, the Pan American Health Organization (PAHO) established a plan for eradicating the indigenous transmission of wild poliovirus from the Region of the Americas by the end of 1990. In response to this initiative, PAHO’s Expanded Program on Immunization (EPI) implemented a program strategy that included (1) achievement and maintenance of high poliomyelitis immunization levels through accelerated immunization efforts, including national immunization days held twice a year at least 4 weeks apart; (2) surveillance to detect all new cases of acute flaccid paralysis (AFP); and (3) a rapid vigorous response, including containment measures to all new cases of paralysis.

Since 1985 rates of reported paralytic poliomyelitis in the Americas have declined substantially from the 930 cases confirmed in 1986 to 130 cases in 1989. During this same period oral poliovirus vaccine coverage with three doses, in children by 1 year of age increased from a 70% in 1985 to an estimated 87% in 1990.

At present the surveillance of paralytic poliomyelitis has shifted to focus on the surveillance of wild poliovirus.

As of 20 December 1990 only 10 wild polioviruses had been isolated from patients with acute flaccid paralysis: four type 3 from western Mexico, three type 3 from Guatemala, and three type 1 from the northern Andean subregion (Ecuador, Colombia and Peru). The last isolate so far has been from Guatemala (25 September 1990).

In July 1990, the International Certification Commission of Poliomyelitis Eradication in the Americas, convened by PAHO, met for the first time to develop the methodology to certify countries that are polio-free. Although the criteria are not finalized, many of the same indicators that PAHO uses to evaluate progress towards polio eradication efforts will be used by the Commission. The burden of diagnosis and, ultimately, the proof that eradication of transmission of wild poliovirus has been achieved rests with the laboratories. Accordingly, countries need to continue to investigate properly all cases of AFP, and stool specimens obtained from these individuals and their contacts must be submitted to the laboratory in adequate condition.

(Source: Expanded Program on Immunization, Maternal and Child Health Program, PAHO.)