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### Eradicating Polio: 50 Years of Vaccines

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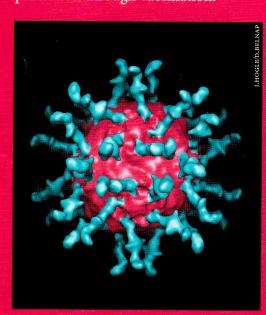
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# ERADICATING POLIO: 50 YEARS OF VACCINES

#### **POLIOVIRUS: BIOLOGY AND DISEASE**

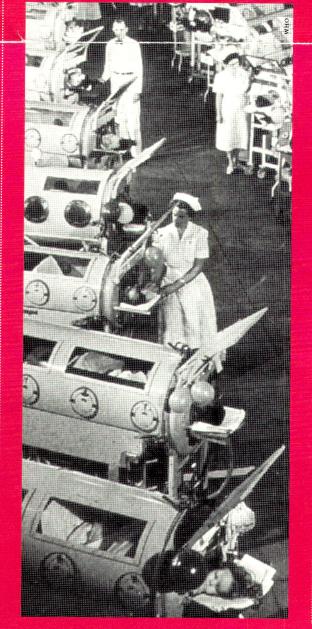
Polio is a contagious viral disease that can strike at any age, but mostly affects children under the age of five. The poliovirus enters the body via the mouth, multiplies in the throat and gut, enters the blood stream and, unless impeded by antibodies, invades the spinal cord and destroys motor neurons. Most patients have no symptoms, while around five per cent experience fever, sore throat, naus and vomiting, and one in every 200 becomes irreversibly paralysed, usually in the legs. There is no cure, only protection through vaccination.



Poliovirus is a relatively small virus (27 nanometres in diameter) with genetic material consisting of ribonucleic acid, or RNA. Research continues into the molecular events underpinning infection, in the hope of developing new drugs against this and related viruses.

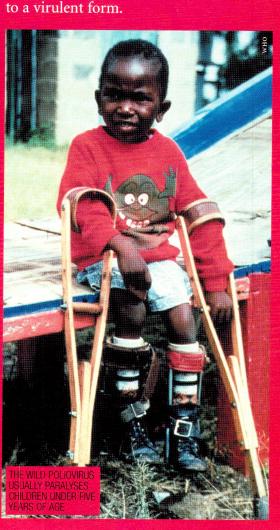
# IRON LUNGS

In the 1950s, huge breathing machines known as 'iron lungs' became a common sight in hospitals. They assisted breathing during the acute phase of polio in which around 10 per cent of patients experience temporary paralysis in their chest muscles, and are at risk of death through asphyxiation.



### **OUTBREAKS**

Polio is an ancient scourge that spreads from person to person via infected saliva and stools. With the introduction of polio vaccines in the 1950s, most countries have eradicated wild-type polio, yet it continues to be endemic in parts of South Asia and Africa, fuelled by conditions of poor hygiene. Newborns everywhere need vaccinating as polio outbreaks can still occur – either when an infected person arrives from another country or in the rare instance when the live oral polio vaccine virus mutates back



## **VACCINES:**

The two main types of polio vaccine used today are based on those developed by Salk (IPV) and Sabin (OPV). IPV elicits protective antibodies in the blood that block the spread of the virus to the central nervous system, and therefore provides excellent-

WHAT & HOW

WHERE WILL POLIO

individual protection against paralytic polio. However, it triggers only low levels of immunity in the gut, whereas OPV confers strong gut immunity which limits wild virus multiplication and reduces its spread from person to person. This explains why mass vaccination campaigns with OPV can rapidly stop person-toperson transmission of wild poliovirus. For a few months, OPV virus is shed into the stools of recently immunized children, and in areas where hygiene and sanitation are inadequate this can result in immunization of close contacts. OPV is cheaper to produce than IPV and easier to administer as drops by mouth, and can be given by volunteers without the need for healthcare workers, needles, or syringes. OPV remains the vaccine of choice in areas where wild poliovirus is endemic.

Standard OPV consists of all three poliovirus types (trivalent OPV) while a new monovalent type 1 OPV provides a boost in immunity against type 1 poliovirus.

# SIGNS OF SUCCESS

The drive to eradicate polio promises to parallel the successful campaign against smallpox. Before the Salk vaccine was introduced in 1955 there were more than 21,000 polio cases annually in the USA alone. When the Global Polio Eradication Initiative (GPEI) began in 1988, poliovirus was still endemic in more than 125 countries on five continents, causing more than 350,000 cases worldwide. This has plummeted by more

Just six countries remain polio-endemic (wild poliovirus circulating): Afghanistan, Egypt, India, Pakistan, Nigeria and Niger, with Nigeria accounting for the highest number – 789 cases – in 2004. Intensified vaccination campaigns are also continuing in five other countries with 're-established polio transmission' owing to imported poliovirus from Nigeria circulating for longer than six months – Burkina Faso, Central African Republic, Chad, Côte d'Ivoire and Sudan.

than 99 per cent, to 1,263 cases in 2004.

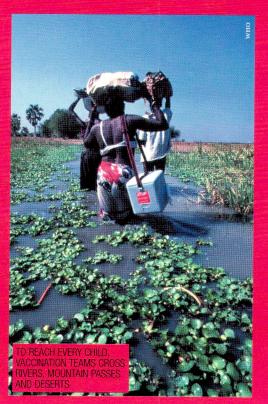
Polio Eradication 2004 1,252 cases\*



MAP DETAILING POLIO OCCURRENCE WORLDWIDE IN 2004.

# THE END GAME

GPEI hopes to achieve its goal of interrupting wild poliovirus transmission by the end of 2005 or soon after. Millions of volunteers and vast publicity campaigns are aiming to reach as many children as possible on National Immunization Days. In 2008, GPEI hopes to certify the world polio free, and to ensure that polio never returns. As part of the 'end-game' strategy, many countries have replaced OPV with IPV so as to avoid polio outbreaks caused by circulating OPV strains, and others will follow suit. The main priority will then be to ensure safe containment of laboratory stocks of poliovirus, and to stockpile vaccines in readiness for any future accidental exposure or bioterrorism.



gyptian mummie: and stone carvings reveal polio-like present in ancien

erforms the first nown vaccination ing the contents stules from a ilkmaid infected with the related

cowpox disease.

1908 Austrian physicians Karl Landsteiner and **Erwin Popper show** different immune that a virus is responsible for polio.

1931 Australian Macfarlane Burnet and Jean Macnamara identify three types of poliovirus, each triggering slightly

Weller and

the Nobel Prize in

Physiology or Medicine.

U.S. scientist Hilary Koprowski aboratories Pear Frederick Robbins River, New York, cell cultures paving attenuated oral the way for vaccine polio vaccine to the first child on evelopment. In 1954 they receive 27 February, 1950

using virus

isolated from

animal tissue.

"Few have made one discovery that has benefited humanity so greatly" (Francis Crick, June 1995)

Salk's ingenuity was to apply two technologies recently developed by others to create the first effective polio vaccine. First, he succeeded in growing large quantities of policyirus on cultures of kidney cells derived from monkeys. He then killed ('inactivated') the virus by chemical treatment with formaldchyde, a technique he learnt when helping to produce a vaccine against influenza. The result was an inactivated polio vaccine, or IPV

U.S. scientist Albert Cincinnati College of Medicine in Ohio, ternative 'live' polio vaccine (OPV) using all three types of wild poliovirus, attenuated through

ssue culture.

SABIN VACCINE INSTITUTE

1980 The World Health Assembly announces that smallpox has been eradicated.

1985 Rotary International launches PolioPlus, a programme to protect children worldwide from

1994 The Americas are certified as free of wild polio virus after the last case of disease appeared in 1991.

polio eradication in the Geneva Declaration on the Eradication of Poliomyelitis. The global number of cases in the polio cases is 1,263 Western Pacific (as of 15 March

2005), 99 per cent

below 1988.



Franklin D. polio at the age of 39, and becomes a life-long supporter

1938 President Roosevelt founds the National Foundation for and testing of a

1951 Koprowski reports on the first immunization of children with oral polio vaccine at an NFIP meeting in Hershey Pennsylvania. The vaccine is tested and used extensively on four continents over the next decade.

U.S. scientist Jonas Salk, head of the Virus Research Lab at the University of Pittsburgh, begins tests on an inactivated polio vaccine (IPV), first on his own family and then on polio

MARCH OF DIMES 1954 Field trials of the Salk vaccine involving more than 1.8 million U.S. schoolchildren begin, funded by the March of Dimes.

1955 On 12 April, authorities declare the Salk polio vaccine safe and effective. Results are spectacular: in 1955, there are 28,985 cases of polio in the U.S.; in 1957, just 5,485 cases. By 1959, 90 other countries are using Salk's vaccine.

1952 The largest ever polio epidemic in the USA with 57,879 reported cases.



Europe, and the

former Soviet Union.

WHO/P.VIROT 2005 On 4 February, 2000 Global

**1905** Rotary world's first and largest humanitarian service ounded in Chicago,

sevelt contracts aprove the lives of those affected.

Infantile Paralysis today as the March of Dimes), to raise funds to support

polio vaccine and

care for patients.

**1952 UNICEF** develops a 'cold vaccines cold during transport and use, as they deteriorate at high temperatures.

Following tests in the former Soviet Union and Eastern Europe, OPV is licensed for general use. Sabin (see picture above) and Salk (see picture below) were to remain bitter rivals, as Salk criticises OPV use for the risk of causing vaccine-associated polio, and Sabin claims superiority with a more effective vaccine.

(GPEI) led by WHO, UNICEF, Rotary International and the U.S. Centers for **Disease Control and** Prevention, with the goal of eradicating

1988 Launch of

the Global Polio

1994 Last polio to improve immunization

South African president Nelson landela launches the 'Kick Polio out of Africa' campaig

number of new polio cases falls to 2003 Fewer than 800 polio cases are recorded worldwide in 15 countries.

Afghanistan, India and Pakistan declare they are on target to end polio in 2005, as South Asia cases have fallen from 336 in 2003 to 193 in 2004 (as of 15 March). Hopes continue for global eradication by the end of 2005.

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Global Polio Eradication Initiative www.polioeradication.org | March of Dimes www.marchofdimes.com U.S. Centers for Disease Control and Prevention information on polio www.cdc.gov/ncidod/diseases/submenus/sub polio.htm U.S National Network for Immunization Information www.immunizationinfo.org/vaccineInfo/vaccine\_detail.cfv?id=10 World Health Organization www.who.org | Rotary International www.rotary.org UNICEF www.unicef.org | Bill and Melinda Gates Foundation www.gatesfoundation.org

