

12 May 2023

## Polio vaccination recommendations update

### **Polio vaccination is recommended for some travellers to affected areas based on travel plans and medical history**

UK Health Security Agency (UKHSA) and NaTHNaC have reviewed the recommendations for poliomyelitis (polio) vaccination for travellers from England, Wales and Northern Ireland (EW&NI). Polio vaccination is recommended for some travellers visiting polio-affected countries based on their travel plans, activities, and medical history.

Polio is a potentially paralysing viral infection that exclusively infects humans. The virus is usually transmitted through person to person contact by the faeco-oral route or through food or water contaminated by infected human faeces. There are three types of human poliovirus: serotypes 1, 2 and 3.

Global efforts to eradicate wild poliovirus (WPV) have resulted in a decrease in cases of over 99 percent since 1988, from an estimated 350,000 cases in more than 125 endemic countries then, to 6 reported cases in 2021 [1]. As of 2 February 2023, globally there remain only three genetic clusters of WPV1, represented by one cluster in Pakistan, one in Afghanistan, and one in Africa [2]. However, circulating vaccine-derived polioviruses (cVDPVs) remain a challenge in the eradication efforts in under-immunised populations around the world [3].

Countries with wild poliovirus (WPV) and circulating vaccine-derived poliovirus (cVDPV) are reviewed every three months by the World Health Organization (WHO) [polio International Health Regulations Emergency Committee](#). Temporary recommendations are published with each meeting aimed at reducing the international spread of these viruses, based on the following risk groups:

- **Group 1:** States infected with WPV1, cVDPV1 or cVDPV3.
- **Group 2:** States infected with cVDPV2, with or without evidence of local transmission
- **Group 3:** States no longer infected by WPV1 or cVDPV, but which remain vulnerable to re-infection by WPV or cVDPV.

### **Updated polio recommendations for travellers from England, Wales and Northern Ireland (EW&NI)**

UKHSA and NaTHNaC have updated the polio vaccine recommendation for travellers from EW&NI. The temporary recommendations from the International Health Regulations Emergency Committee are primarily in place as a public health measure to assist with the global efforts to eradicate the disease worldwide. The focus of the recommendations from EW&NI is to protect travellers who are at increased risk of infection and those who cannot receive live oral vaccination at international borders.

All UK residents should be offered a [primary course of polio vaccination as per the UK childhood programme](#). Guidance is available for those [with uncertain or incomplete immunisation status](#). The pre-travel appointment provides an opportunity to check these vaccines have been offered.

#### **For travel to Group 1 countries (states infected with WPV1, cVDPV1 or cVDPV3)**

Vaccination is recommended for some travellers as outlined below. Guidance is available in the vaccine recommendations section of our [country information pages](#) for relevant countries.

Vaccination with inactivated polio vaccination (IPV) is recommended for:

- Immunosuppressed individuals and their household contacts, pregnant women, or others for whom live oral polio vaccine is contraindicated, who plan to travel to these countries for 4 weeks or more, if they have not had a polio containing vaccine within 12 months of their planned departure from the affected country.
- Travellers to settings with extremely poor hygiene (e.g. refugee camps), or likely to be in close proximity with cases (e.g. healthcare workers) if they had not received vaccination in the past 12 months.

A booster dose of IPV-containing vaccine should also be considered for immunosuppressed individuals travelling for less than 4 weeks to an area with circulating wild or vaccine-derived virus if they have not received a dose within the previous 10 years.

Vaccination should be recorded on an [International Certificate of Vaccination or Prophylaxis \(ICVP\)](#).

For other travellers who are up to date with their UK schedule, further vaccination is not routinely recommended. Proof of polio vaccination recorded on an ICVP given 4 weeks to 12 months before departure from the affected country, may be required on exit. Failure to produce an ICVP may result in vaccination on departure. For most individuals, this should cause no problems, but those with weakened immune systems (and others for whom live oral vaccine is contraindicated- see above) should NOT receive oral polio vaccine.

### **For travel to Group 2 countries (states infected with cVDPV2, with or without evidence of local transmission)**

Vaccination is recommended for some travellers as outlined below. Guidance is available in the vaccine recommendations section of our country information pages for relevant countries.

Vaccination with IPV is recommended for travellers to settings with extremely poor hygiene (e.g. refugee camps), or likely to be in close proximity with cases (e.g. healthcare workers) if they have not received a dose within the past 12 months.

A booster dose of IPV-containing vaccine should also be considered for immunosuppressed individuals travelling to an area with circulating vaccine-derived virus if they have not received a dose within the previous 10 years.

There is no polio certificate requirement for entering or leaving these countries. If an oral polio vaccine is offered to immunosuppressed travellers, their household contacts or pregnant individuals this should be declined.

### **For travel to Group 3 countries (States no longer infected by WPV1 or cVDPV, but which remain vulnerable to re-infection by WPV or cVDPV)**

Travellers should ensure they are up to date with routine vaccination courses and boosters as [recommended in the UK](#).

In a small number of countries, there may be variation of the recommendations above. This may be when new cases have been reported and we are waiting for guidance from World Health Organization, or environmental samples have detected cVDPV in specific areas.

## Resources

- [Poliomyelitis](#)
- [World Health Organization Poliovirus IHR Emergency Committee](#)

## References

1. [World Health Organization Poliomyelitis factsheet, 4 July 2022. \[Accessed 12 May 2023\]](#)
2. [World Health Organization Statement of the thirty-fourth Polio IHR Emergency Committee. 2 February 2023. \[Accessed 12 May 2023\]](#)
3. [Global Polio Eradication Initiative, Vaccine-derived poliovirus factsheet. \[Accessed 12 May 2023\]](#)