

POLIO

Patient Information Fact Sheet

What is polio?

Polio, or poliomyelitis, is a viral infection. Following the availability of a vaccine in the 1960s, the incidence of the disease dropped dramatically, especially in the developed parts of the world. In 1979, polio was eradicated in the U.S., and in 1988, the World Health Organization (WHO) initiated a global polio eradication program. Since that time, polio cases have decreased worldwide by 99%. But the disease is still endemic in four countries—India, Nigeria, Pakistan, and Afghanistan—and erupts in small pockets elsewhere.

What are the symptoms of polio?

The initial symptoms are fever, headache, and vomiting as the virus multiplies in the gut. The virus then invades the blood and nervous system. Paralysis occurs in fewer than 1 in 100 cases of infection; this risk increases with age.

How do you contract polio?

The virus is spread from person to person through contact with infected mucus from the nose and throat or by contamination of food/drink with infected feces. It has an incubation period of 7 to 14 days.

How is polio diagnosed?

Usually, diagnosis is based on typical symptoms, mostly paralysis. A blood test for antibodies to the polio virus may help confirm the diagnosis, but this is not always available in developing countries.

How is polio prevented and treated?

Strict food and water hygiene is recommended. All travelers should have had a primary course of three doses of either the inactivated polio vaccine (IPV) or oral polio vaccine (OPV) or four doses of any combination of these two vaccines in the past. The injectable form of the vaccine is now available either on its own as **IPV** (Ipol) or in combination with tetanus, diphtheria, and pertussis, **DTaP + IPV** (Kinrix, Pediarix). The oral vaccine is no longer available in the U.S. Travelers visiting high-risk areas should be given booster shots every ten years.

There is no cure for polio, but medications may be given to treat the symptoms. If paralysis affects the breathing muscles, artificial means of respiration may be required. About 90% of the time, the spinal cord and brain are not affected, and a full recovery can be made.

Further information

Centers for Disease Control: www.cdc.gov/travel

U.S. National Library of Medicine: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002375/>

Last updated: July 2012



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