Oct. 20, 2006: A clarification to the recommendations was added on page 2, 3, and 4.
Oct. 20, 2006: Appendices A and B were added.

Domestic interim recommendations. These recommendations are provisional and subject to change.

Recommendations for refugees who may have been exposed to poliovirus depend on their date of arrival and pertain to:

(Group 1) Refugees who arrived in the U.S. on October 18 or 19 (page 2);
(Group 2) Refugees who arrived in the U.S. on October 16 or 17 (page 3);
(Group 3) Refugees who arrived in the U.S. during the period from Sept. 1–Oct. 15 (page 4).

Recommendations vary by group because the risk of exposure and vaccine status varies by group. Guidance for refugees arriving after October 19 will be posted later as needed.

Recommendations for household and other close contacts of potentially exposed refugees in the U.S. **(Group 4)** are also included (page 5).

Appendix A. Instructions for stool specimen collection and shipment (page 6).

Appendix B. Work-up of refugees with illness potentially consistent with acute poliovirus infection (page 7).

(Group 1) Refugees who arrived in the U.S. on October 18 or 19.

• **Recent vaccination status:** Received one dose of oral poliovirus vaccine (OPV) prior to departure from Kenya.
• **Risk:** These refugees have not been in the Dadaab-area camps where one case of confirmed polio was identified. These refugees have been in the Nairobi transit center with other refugees who were in the Dadaab-area camps. Because sanitation at the transit center is excellent (including flush toilets, running water, and centralized food preparation) the risk of transmission of poliovirus in this setting is probably low.
• **Recommendations:**

a. DO NOT collect stool samples.

b. DO NOT administer vaccine immediately. These refugees received one dose of OPV prior to departure. Note: It is likely that a number of refugees have not been fully vaccinated and so a full series may be required as per current practices for newly arrived refugees. Vaccination records may be available (with other migration documentation) to help determine whether a full series is necessary.

c. Conduct active surveillance for illness consistent with polio once per week for one month after arrival including paralysis, weakness, or meningitis (signs and symptoms of which include fever, severe headache, stiff neck, eye sensitivity to bright lights, drowsiness or confusion, and nausea and vomiting). This means that if a refugee arrived more than 4 weeks ago, only a single follow-up visit to ascertain health status is recommended.

d. Notify the receiving state, if a refugee leaves the state within one month of arrival.

e. Provide feedback. CDC requests that personnel involved in following these refugees provide feedback on the follow-up status of each to Annelise Casano-Dickerson (404.639.4442, ADickerson@cdc.gov).

(Group 2) Refugees who arrived in the U.S. on October 16 or 17.

• **Recent vaccination status:** DID NOT receive OPV prior to departure from Kenya. These refugees may or may not have received polio vaccine at a previous date.
• **Risk:** These refugees have been in Dadaab-area camps where one case of polio was identified and sanitation is poor and/or in the Nairobi transit center with other refugees who were in the Dadaab-area camps.
• **Recommendations:**

a. Collect one stool sample from each refugee as soon as possible after arrival for polio isolation to rule out current infection. CDC laboratories will process samples, if desired. See Appendix A prior to shipping. Contact Steve Oberste with laboratory or shipping questions (404-639-5497, SOberste@cdc.gov).

b. Vaccinate all refugees, of any age, with one dose of inactivated poliovirus vaccine as soon as possible after arrival.
Note: It is likely that a number of refugees have not been fully vaccinated and so a full series may be required as per current practices for newly arrived refugees. Vaccination records may be available (with other migration documentation) to help determine whether a full series is necessary.

c. Conduct active surveillance for illness consistent with polio once per week for one month after arrival including paralysis, weakness, or meningitis (signs and symptoms of which include fever, severe headache, stiff neck, eye sensitivity to bright lights, drowsiness or confusion, and nausea and vomiting). This means that if a refugee arrived more than 4 weeks ago, only a single follow-up visit to ascertain health status is recommended.

d. Notify the receiving state, if a refugee leaves the state within one month of arrival.

e. Provide feedback. CDC requests that personnel involved in following these refugees provide feedback on the follow-up status of each to Annelise Casano-Dickerson (404.639.4442, ADickerson@cdc.gov).

(Group 3) Refugees who arrived in the U.S. during September 1–October 15.

• **Recent vaccination status:** DID NOT receive OPV prior to departure from Kenya. These refugees may or may not have received polio vaccine at a previous date.
• **Risk:** These refugees have been in Dadaab-area camps where one case of polio was identified and sanitation is poor and/or in the Nairobi transit center with other refugees who were in the Dadaab-area camps.
• **Recommendations:**

a. DO NOT collect stool samples.

b. Vaccinate all refugees, of any age, with one dose of inactivated poliovirus vaccine as soon as possible after arrival.
Note: It is likely that a number of refugees have not been fully vaccinated and so a full series may be required as per current practices for newly arrived refugees. Vaccination records may be available (with other migration documentation) to help determine whether a full series is necessary.

c. Conduct active surveillance for illness consistent with polio once per week for one month after arrival including paralysis, weakness, or meningitis (signs and symptoms of which include fever, severe headache, stiff neck, eye sensitivity to bright lights, drowsiness or confusion, and nausea and vomiting). This means that if a refugee arrived more than 4 weeks ago, only a single follow-up visit to ascertain health status is recommended.

d. Notify the receiving state, if a refugee leaves the state within one month of arrival.

e. Provide feedback. CDC requests that personnel involved in following these refugees provide feedback on the follow-up status of each to Annelise Casano-Dickerson (404.639.4442, ADickerson@cdc.gov).

(Group 4) Household and other close contacts of potentially exposed refugees.

• **Risk.** At the current time, it is not known whether wild poliovirus is circulating in Dadaab Refugee Camp and whether any of the refugees in the groups listed here has been or is infected with wild poliovirus. Furthermore, most U.S. residents have been immunized against poliovirus and are thus protected against paralytic disease. Given this high level of immunity in the U.S. population the low probability that a given refugee from Dadaab is infected and excreting virus, the risk of transmission of poliovirus to close contacts within the United States is believed to be low. Nonetheless, health officials should review the vaccination status of children who are close contacts of refugees in Groups 1 and 2 (described above) and vaccinate those without documentation of having completed a primary IPV or OPV series.

• **Definition of close contacts of refugees in Group 1 (refugees who arrived on October 18 and 19) and Group 2 (refugees who arrived on October 16 or 17).** The immunization recommendations below apply to close contacts of refugee in Groups 1 and 2 (described aboved). The following groups of people are considered to be close contacts with these refugees:

a. All members of the immediate family of the refugees.
b. Any other persons living in the same household as the refugees.
c. Families hosting these refugees.
d. Other persons who have extended, close contact with the refugees in their households, particularly persons assisting with the care of infants and toddlers who are in diapers or who are not toilet trained.

• **Recommendations.**

a. *Handwashing:* Anyone in close contact with refugees potentially exposed to poliovirus should exercise good hand-washing practices.
b. *Immunization of close contacts of Group 1 or Group 2 refugees:*
i. A child with reliable documentation of having received a full vaccination series should be considered immune and needs no further vaccination. Children who have not been adequately vaccinated should complete their immunization series as soon as possible according to ACIP-recommended schedules.
ii. Poliovirus vaccination of adults (i.e., persons aged ≥18 years) residing in the United States is not necessary as most adults are immune as a result of childhood vaccination (http://www.cdc.gov/mmwr/PDF/rr/rr4905.pdf).
c. *Infection control in healthcare settings:* In healthcare settings, employees should adhere to standard precautions. Contact precautions are indicated for refugee children if they are seen in a healthcare setting within 3 weeks of their arrival with an illness that may be consistent with poliovirus infection. Additional recommendations regarding infection control may be found in the following documents:
• http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/InfectControl98.pdf.

- http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html
- http://www.cdc.gov/ncidod/dhqp/gl_isolation_contact.html

Appendix A – Stool specimen collection and shipment

1. Collect stool in a standard stool or urine cup (screw-top preferred), with no preservatives or transport medium.

2. Place cup in zip-top bag and seal the bag. If the stool is liquid, place enough absorbent material in the bag around the cup to absorb the liquid should the cup's lid loosen in transit.

3. Fill out CDC DASH form (can be obtained from state PH lab). Include contact name, phone and email.

4. Place specimen and DASH form in a second zip-top bag.

5. Ship in an insulated box using cold packs ("blue ice" or similar), adding material to ensure the cold packs do not crush the specimen container (fill extra space with paper towels or similar material).

6. Notify Steve Oberste prior to shipping (404-639-5497, SOberste@cdc.gov).

7. Ship by overnight courier (FedEx, etc.) to the address below:

Attention: Dr. Steve Oberste
Polio/Picornavirus Laboratory
1600 Clifton Rd, Bldg 17, Room 6066
Atlanta, GA 30333

Appendix B – Work-up of refugees with illness potentially consistent with acute poliovirus infection

Refugees to whom these recommendations apply

These recommendations apply to all refugees described in this document *within 4 weeks* (28 days) of their arrival in the United States. Refugees with a clinical illness consistent with aseptic meningitis or paralytic poliomyelitis (see "Case Definitions") should be evaluated as described below.

Case Definitions*

Aseptic meningitis:

A syndrome characterized by acute onset of

1. Fever;
2. Meningeal symptoms [>1 of the following: pain or stiffness of neck or back; photophobia (light hurt the eyes); nausea; vomiting; bulging fontanelle (young infants only)];
3. Cerebrospinal fluid (CSF) pleocytosis [>5 leukocytes/mm^3 for patients aged >2 months; >15 leukocytes/mm^3 for patients aged<2 months]; and
4. Bacteriologically sterile cultures [CSF negative for bacteria by culture]. (Comment: A negative Gram stain might be sufficient to exclude bacteria.)

Paralytic Poliomyelitis

Acute onset of

1. Flaccid ("floppy") paralysis (weakness) of one or more limbs;
2. Decreased or absent deep tendon reflexes in the affected limbs;
3. No other apparent traumatic cause; and
4. No sensory or cognitive loss.

Recommended evaluation

Contact CDC: State or local health agencies should contact CDC immediately with any suspected cases of poliovirus infection among the refugees described here. CDC's Emergency Operations Center (DEOC) may be reached at 404-488-7100.

Specimen Collection: For refugees meeting the case definition above, please collect 2 stool specimens, collected at least 24 hours apart (see appendix A).

* Modified from: CDC. Case Definitions for Infectious Conditions under Public Health Surveillance. MMWR
1997;46(RR-10); 26-7, 43-4 (http://www.cdc.gov/mmwr/PDF/rr/rr4610.pdf).