

## **Recommendations for remaining U.S. bound refugees in Dadaab, Kenya refugee camps following the reported case of poliomyelitis in the camp**

*November 24, 2006*

### **Overseas recommendations**

The following recommendations have been implemented for the remaining U.S. bound refugees in the Dadaab, Kenya refugee camps following the reported case of poliomyelitis in the camp in October 2006. This group has completed their vaccinations and may be departing for the U.S. in December, 2006. CDC will share the Advanced Booking Notifications (ABNs) with states when they become available.

The following vaccination recommendations have been implemented overseas for the group of U.S.-bound refugees currently residing in the Dadaab area refugee camps (Ifo, Hagadera, Dagahaley). These measures were necessary to prevent the importation of poliovirus into the U.S.

- Vaccinated all age groups with a total of two doses of monovalent type 1 oral poliovirus vaccine (mOPV type 1), according to the following schedule:
  - Administered the first dose of mOPV type 1.
  - Wait 1 week.
  - Administered the second dose of mOPV type 1.
  - Movement is permitted immediately after the second dose of vaccine. No waiting period is required after the second dose of vaccine. Due to non-health related logistical constraints, movement is not likely to begin until early December, 2006.
  - Pregnant women and refugees with HIV infection should receive inactivated polio vaccine (IPV), if available. However, if IPV is not available, OPV can be administered in a setting of circulating wild poliovirus.

### **Domestic recommendations**

The following recommendations apply to the above refugees upon their arrival in the U.S.

**a. Follow state health department standard routine practices for polio vaccination of refugees.**

Vaccination records will be available with other migration documentation.

Note: Although this group of refugees will have received two doses of mOPV type 1 prior to departure, mOPV type 1 does not count toward polio vaccination in the U.S., since it contains only one of the three poliovirus serotypes.

**b. Conduct one follow-up visit** to ascertain health status and to look for illness consistent with polio 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).

- c. Notify the receiving state,** if a refugee leaves the state within one month of arrival.
- d. 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](mailto:ADickerson@cdc.gov)).

## **POLIOVIRUS VACCINES**

### **Frequently Asked Questions**

#### **1. What are the two types of polio vaccine?**

- IPV (Inactivated Polio Vaccine) is a killed vaccine given by injection and is the recommended polio vaccine for almost everyone in the U.S. today. An enhanced-potency IPV was licensed in November 1987, and first became available in 1988.
- OPV (Oral Polio Vaccine) is a live vaccine which contains weakened strains of polioviruses and given as drops that are swallowed. Use of OPV was discontinued in the U.S. in 2000.
- In general, both IPV and OPV contain all 3 poliovirus serotypes 1, 2 and 3.

#### **2. What is oral poliovirus vaccine (OPV)?**

OPV is a live vaccine which contains weakened strains of polioviruses types 1, 2 and 3 and given as drops that are swallowed. Until recently, OPV was recommended for most children in the United States. But it is no longer recommended for use in the United States except for outbreak control. OPV helped rid the U.S. of polio, and it is still used in most areas of the world. Both IPV and OPV give immunity to polio, but OPV is better at preventing or reducing the spread of wild polioviruses in communities and populations.

#### **3. What is the difference between monovalent and trivalent OPV?**

There are three distinct polioviruses, serotypes 1, 2 and 3. To be protected against paralytic poliomyelitis, a person needs to be vaccinated against all three types. The kind of OPV previously used in the United States and still used in most areas of the world for routine immunizations contains all three serotypes. It is called trivalent OPV (tOPV). In special situations, however, it is more effective and safer to use a poliovirus vaccine that contains only one of the 3 serotypes. A monovalent oral polio vaccine (mOPV) provides an increased “type-specific” immunity to a particular poliovirus compared to tOPV. For example, mOPV type 1 provides immunity only to poliovirus type 1, but it provides better protection per dose against type 1 than tOPV does. There is mOPV available for all 3 serotypes.

#### **4. What are the risks from OPV?**

OPV can, on rare occasion, actually cause polio. In the United States, it caused 8-10 cases of vaccine-associated paralytic poliomyelitis (VAPP) each year (about 1 case for every 2.4 million doses of vaccine administered) during the years it was used. OPV can cause polio in people who get the vaccine or in people who are in close contact with them. To eliminate the risk of VAPP, the United States switched from use of OPV to IPV in 2000.

#### **5. Are there any special precautions that people should take with refugees who have received OPV?**

For most people that have casual contact with these refugees, no special precautions need to be taken. OPV is the WHO recommended standard of care in most countries and many individuals enter the U.S. from these countries annually.

Immunodeficient persons who are close contacts of refugees (household contacts or daycare workers) should avoid close contact with the refugee for approximately 4-6 weeks after the refugee was vaccinated. If this is not feasible, rigorous hygiene and hand washing after contact with feces (e.g., after diaper changing) and avoidance of contact with saliva (e.g., sharing food or utensils) can be an acceptable but probably less effective alternative. Maximum excretion of vaccine virus occurs within 4 weeks after oral vaccination.