

6 VACCINE-PREVENTABLE DISEASES

Oral polio vaccine shortage in South Africa

The National Department of Health has noted a temporary shortage of oral polio vaccine (OPV) in some public healthcare facilities in certain districts of the country. The shortage of OPV is due to delays in the availability of vaccine vial monitors (VVM). An alternative OPV vaccine which is supplied in ten-dose vials has been procured and tested while waiting for the VVM labels from the manufacturer.

In view of the shortage, healthcare professionals are urged to ensure that their facilities order enough OPV to cater for catch-up doses for infants who missed their scheduled OPV dose. For those infants who did not receive OPV at birth, it is recommended that they receive their OPV doses at 6 and 10 weeks of age to accommodate the required four-week interval between the first and second doses. Healthcare professionals are urged to screen road-to-health booklets to check each child's vaccination status. Facilities are advised to communicate with caregivers to arrange for catch-up doses as soon as the OPV vaccine stock is available.

Good protection against poliovirus is crucial in light of the recent international spread of poliovirus from endemic countries to countries which had not reported wild type poliovirus disease for many years. As we progress towards the global eradication of polio, constant vigilance for imported virus is mandatory. For the year to date, as at 18 June 2014, 103 wild type poliovirus cases have

been reported from nine countries globally, as compared to 77 cases from five countries for the same time period in 2013.

In South Africa, the National Department of Health's Expanded Programme on Immunisation introduced inactivated polio vaccine (IPV) in addition to OPV in 2009. IPV is an injectable vaccine given at the age of 6, 10, and 14 weeks and again at 18 months of age. IPV will fortunately afford protection to children who missed their OPV dose, and there have been no shortages of IPV. Regardless of IPV however, any child who missed a dose of OPV must receive their OPV dose/s, since the mucosal gut protection afforded through OPV is higher than that induced by IPV. In populations where IPV has been used in isolation (for example in Israel), circulation of poliovirus within the community has been identified through environmental surveillance, despite the individual protection afforded by the vaccine. Israel has recently introduced supplementary immunisation campaigns with OPV to stop transmission of poliovirus amongst asymptotically infected people.

References:

<http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx>

Source: Centre for Vaccines and Immunology, NICD-NHLS; National Department of Health