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19 July 2007

Dear Doctor,

**An imported case of wild polio in Australia**

We would like to draw your attention to the recent imported case of wild polio in a 22-year-old Pakistani student in Australia. The case was reported to the Centre for Health Protection (CHP) by the Western Pacific Region Office (WPRO) of the WHO on 18 July 2007.

The case, a 22-year-old Pakistani student, had onset of illness on 22 June during his vacation in Pakistan and returned to Australia by plane on 2 July. Virological studies have confirmed that the virus isolated as a type 1 wild poliovirus and apparently a close match was found to a virus from a cluster that caused a circumscribed outbreak in North West Frontier Province in Pakistan last year and in Afghanistan this year. In response to this, the national wild poliovirus importation response plan has been put into place in Australia.

As of July 2007, four countries are still polio-endemic: Afghanistan, India, Nigeria and Pakistan; with a further six where polio transmission is re-established in this year: Angola, Chad, Democratic Republic of the Congo, Myanmar, Niger and Somalia.

It is recommended that all travellers to the above ten polio-infected areas should be fully immunised against poliomyelitis. According to the US Centers for Disease Control and Prevention, for adult travellers without a prior history of polio immunisation, two doses of inactivated poliovirus vaccine (IPV) should be administered at intervals of 4-8 weeks; a third dose should be administered 6-12 months after the second. If three doses of IPV cannot be administered within the recommended intervals before protection is needed, the following alternatives are recommended:

- If >8 weeks is available before protection is needed, three doses of IPV should be administered at least 4 weeks apart.



- If <8 weeks but >4 weeks is available before protection is needed, two doses of IPV should be administered at least 4 weeks apart.
- If <4 weeks is available before protection is needed, a single dose of IPV is recommended.

In Hong Kong, high polio vaccination coverage is maintained among local children, which effectively prevents spread of polio in the community. The last case of wild polio in Hong Kong was in 1983 and the WHO Western Pacific Region (including Hong Kong) has been certified polio-free since 2000. The National Committee for the Certification of Wild Poliovirus Eradication, Hong Kong, China, oversees the certification process and acute flaccid paralysis (AFP) surveillance system, which is sensitive to detect, report and investigate all cases of AFP in conformance with WHO standards. With the heavy international traffics, Hong Kong, as well as the whole Region is constantly facing the threat of wild polio importation. Besides maintaining a high vaccination coverage and having a sensitive surveillance system, Hong Kong also has a response plan to importation of wild poliovirus.

Nevertheless, to safeguard Hong Kong's polio-free status, it is important to have your continuous effort in reporting any cases of AFP (especially those with relevant travel history) to our Central Notification Office (CENO) by phone (2477 2722), or fax (2477 2770) during office hours or through CENO online (<http://www.chp.gov.hk/ceno>).

Yours sincerely,



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