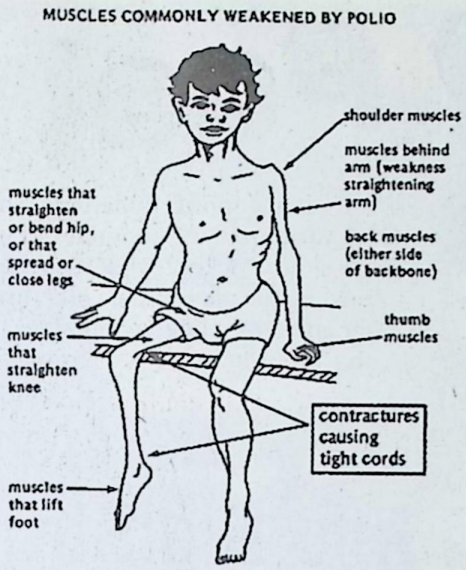
close contacts of a vaccinated person (1 in every 5 million doses).

How can polio be treated?

In the height of the polio epidemic, the standard treatment involved placing a patient with paralysis of the breathing muscles in an "iron lung" - a large machine that actually pushed and pulled the chest muscles to make them work. The damaged limbs were often kept immobilized because of the confinement of the iron lung. In countries where polio is still a concern, ventilators and some iron lungs are still used.

Historically, home treatment for paralytic polio and abortive polio with neurological symptoms wasn't sufficient. However, asymptomatic and mild cases of abortive polio with no neurological symptoms might have been treated like the flu, with plenty of fluids and bed rest.





How can polio be prevented?

Two types of polio vaccine are available: oral polio vaccine (OPV) and inactivated polio vaccine (IPV).

OPV is made with a live but weakened virus. OPV protects vaccinated persons directly. OPV also protects other susceptible persons who are indirectly "vaccinated" as the vaccine virus spreads in the community. Because of wide use of OPV, no cases of paralytic polio caused by naturally circulating poliovirus have been reported in the United States since 1979.

IPV is given by injection. It protects vaccinated persons as well as OPV, but it is not believed to be as effective as OPV in preventing the spread of poliovirus among non-vaccinated persons. However, IPV is not known to cause polio disease.

As of January 1997, the recommended schedule for polio vaccination for children was two doses of IPV at 2 and 4 months of age, followed by two doses of OPV at 12-18 months and 4-6 years. This schedule is expected to reduce the small number of polio cases caused by the oral vaccine.

Schedules containing all OPV or all IPV can still be used, too. IPV can be given at 2, 4, and 12-18 months, and 4-6 years. OPV can be given at 2, 4, and 6-18 months, and 4-6 years. Parents and doctors can choose among the three schedules.

Booster doses of polio vaccine are also recommended for persons travelling to areas of the world where polio is still a problem.

As is the case with all immunisations, there are important exceptions and special circumstances. Health-care providers should have the most current information on recommendations about polio vaccination.

The Future of Polio

The World Health Organization (WHO) is working toward eradicating polio throughout the world. Significant strides have already been made. In 1988, 355,000 cases of polio in 125 countries were reported. By the end of 2004, there were just 1,255 cases.

Bangladesh will vaccinate nearly 18 million children against polio beginning next month after detecting the first case of the crippling disease in nearly six years. Children under the age of five will be vaccinated during three nationwide immunization days - on April 16, May 13 and June 11.

Bangladesh carried out extensive vaccination programs from 1995-2004, with the last polio case reported in August 2000, according to the government and the WHO. But the country's efforts to be declared polio-free were thwarted with the recently identified case of a 9-year-old girl who became paralysed by the disease.

Laboratory tests earlier this month confirmed the disease in the girl in eastern Chandpur district.

A local health official said the girl developed signs of paralysis in January after coming in contact with a family who had recently visited India's Uttar Pradesh state.

She was infected despite taking 12 doses of polio vaccine during previous vaccination drives, said the official.

The planned nationwide immunization drive is meant to prevent the virus spreading to neighbouring areas, officials said.

Source: *The Internet*