

Polio is a very infectious viral illness which affects the nervous system; it can rapidly cause irreversible paralysis. Polio mainly affects children under 5 years. The majority of infections are completely unapparent. In about 10% of cases the initial symptoms are fever, fatigue, headache, vomiting, and stiffness in the neck and pain in the limbs. One in 200 infections leads to irreversible paralysis, usually affecting the legs. Among those paralysed 5% -10% die when breathing muscles are immobilized.

The World Health Organisation global polio eradication programme has been successful in decreasing the number of polio cases by over 99% since 1988. Unfortunately, the disease is still prevalent in a small number of tropical and developing countries. In 2014 the World Health Organisation declared the international spread of wild poliovirus to be a Public Health Emergency of International Concern (PHEIC) and put vaccination certificate requirements in place for certain countries.

How do you catch Polio?

Polio viruses are spread through the faecal-oral route by contact with contaminated food/drink or orally by human to human contact.

Incubation period

3 to 21 days.

Diagnosis

Diagnosis based on clinical symptoms is confirmed by identifying the virus in a clinical specimen (usually stool). A blood test for antibodies may help confirm the diagnosis, but this is not always available in developing countries.

Prevention

Effective vaccination is available. All travellers should have completed a primary vaccination course according to the UK schedule and receive a booster dose every 10 years if visiting risk areas. Certain travellers to countries reporting and/or exporting polio may be advised to have an additional vaccination and may need to show a certificate- discuss this with your travel health adviser. An injectable form of the vaccine is available in combination with tetanus and diphtheria. Travellers are also advised to practise strict food, water and personal hygiene precautions.

Treatment

There is no cure for polio. Symptomatic treatment is available to control pain and fever. Patients are infectious by close contact and should be isolated for at least a week; extreme care should be taken when disposing of excreta for up to 6 weeks. The development of paralysis which affects breathing muscles is an emergency that requires prompt medical help as artificial means of respiration may be required.

This information is produced by MASTA as a general guide to be used in conjunction with advice from your doctor or nurse. To obtain a health brief tailored to your journey visit a MASTA associated travel clinic or www.masta-travel-health.com