

Polio Immunisation Drive

Why in News?

The Indian Expert Advisory Group (IEAG) has decided to include six Haryana districts in the <u>Sub-National Immunisation Day (SNID)</u> round for <u>polio</u>, scheduled to begin on 8th December 2024. These districts are **Kaithal, Jhajjar, Gurugram, Faridabad, Sonipat, and Nuh**.

The IEAG is a group of experts that advises the Government of India on polio eradication and provides strategic guidance.

Key Points

Polio SNID Round:

- The Director of <u>Maternal and Child Health (MCH)</u>, chaired the <u>State Task</u> Force meeting to review the preparations for the upcoming <u>SNID round</u>.
- Attendees included the State Immunisation Officer, officers from the state headquarters,
 District Immunisation Officers, and representatives from key stakeholder departments such
 as <u>Women and Child Development</u>, <u>Education</u>, Labour, <u>Urban Local Bodies</u>,
 <u>Panchayati Raj</u>, Public Relations, <u>Ayush</u>, <u>Medical Education and Research</u>, <u>Indian</u>
 <u>Medical Association</u>, and <u>Indian Academy of Paediatrics</u>.

Polio-Free Status and the Need for Vigilance:

- It was highlighted that Haryana and India have remained polio-free since 2011, a significant achievement due to consistent efforts.
- He emphasized the importance of covering all eligible children aged 0-5 years in the upcoming SNID round, especially in light of polio virus cases reported in Malawi and Mozambique with links to Pakistan.

• Focus on High-Risk Areas:

- Officials were directed to ensure comprehensive enlisting and micro-planning to achieve 100% coverage of vulnerable populations in high-risk areas such as:
 - Urban slums
 - Nomadic sites
 - Construction sites
 - Brick kilns
 - Poultry farms
 - Factories
 - Sugarcane crushers
 - Stone-crushing zones

Training and Supervision:

- All vaccinators will undergo training to ensure **effective immunisation** delivery.
- State headquarters officials will supervise and monitor activities at the district level.
 - A district-level supervision plan will be prepared for real-time feedback and to implement multi-tier supervision across all districts.

Polio

About:

• Polio is a crippling and potentially deadly viral infectious disease that affects the

nervous system.

- There are three individual and immunologically distinct wild poliovirus strains:
 - Wild Poliovirus type 1 (WPV1)
 - Wild Poliovirus type 2 (WPV2)
 - Wild Poliovirus type 3 (WPV3)
- Symptomatically, all three strains are identical, in that they cause irreversible paralysis or even death. However, there are genetic and virological differences, which make these three strains separate viruses which must each be eradicated individually.

Spread:

- The virus is **transmitted person-to-person mainly through the faecal-oral route** or, less frequently, by a common vehicle (for example, through contaminated water or food).
- It **largely affects children under 5 years of age**. The virus multiplies in the intestine, from where it can invade the nervous system and can cause paralysis.

Symptoms:

- Most people with polio do not feel sick. Some people have only minor symptoms, such as fever, tiredness, nausea, headache, pain in the arms and legs, etc.
- In rare cases, polio infection causes permanent loss of muscle function (paralysis).
- Polio can be fatal if the muscles used for breathing are paralysed or if there is an infection of the brain.

Prevention and Cure:

• There is no cure, but it can be prevented through **Immunisation**.

Vaccines:

- Oral Polio Vaccine (OPV) is given orally as a birth dose for institutional deliveries, then primary three doses at 6, 10 and 14 weeks and one booster dose at 16-24 months of age.
- Injectable Polio Vaccine (IPV) is introduced as an additional dose along with the 3rd dose of <u>DPT (Diphtheria, Pertussis and Tetanus)</u> under the <u>Universal Immunisation</u> <u>Programme</u> (UIP).

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