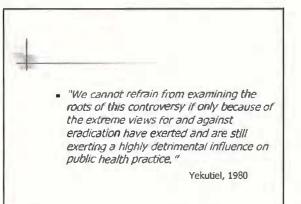
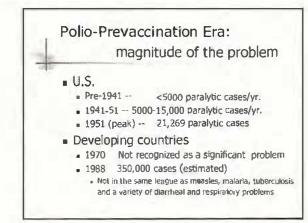
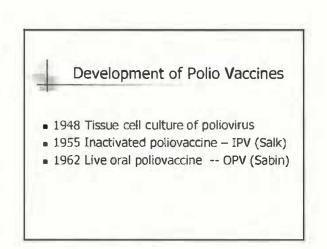
Appreciation - Very different picture formene which is still as optimistically prosted what a be. Very different picture formene which is still as optimistically prosted what a be a picture of the part of the state of the part of the Poland. gregory Ponayo. edu A need to reconsider priorities Polio Eradication 2006 Polio eradication is 20 years old a Faded Dream Began -- 1985 in the Americas and globally in 1988 Expenditures to date International assistance \$4,000,000,000 Mayo Clinic National budget costs \$4,000,000,000+ 20+ times the total cost of smallpox eradication July 11, 2006 Needed for eradication (if all goes well) - At least \$1,500,000,000 in international costs D.A.Henderson, MD, MPH and a comparable national expenditure Center for Biosecurity Original target – 2000; now -- 2010 U. Of Pittsburgh Medical Center



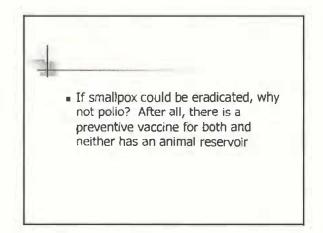
Global Eradication Campaigns

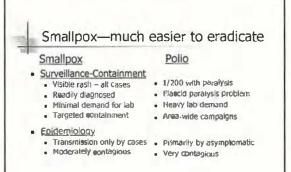
*Hookworm	Sanitary, treatment	1909-22	13
*Yellow Fever	Vector control	1915-32	17
•Yaws	Peniallin	1948-66	18
*Malaria	DDT, treatment	1955-73	18
Smallpox	Vaccine	1967-80	13
Guinea Worm	Water: Rx	1986-	20+
Poliomyelitis *Failed	Vaccine	1988-	18+

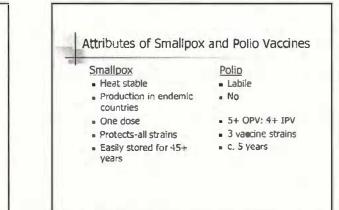


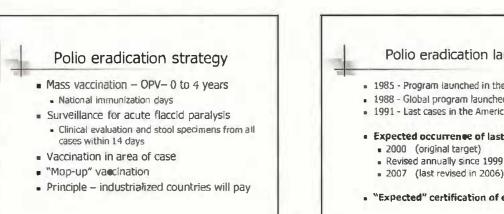


	IPV	OPV
Admin.	Needle	Oral
Cost	\$1 to \$2	8 cents
95% protection	2 (3+)	3 (4-6)
Oral immunity	++++	++++
Intest. immunity	+	++++
Spread in house	0	++++
Use in epidemic	No	Yes





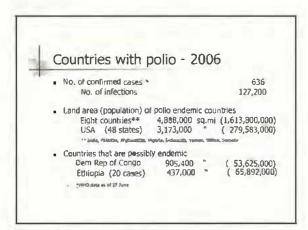


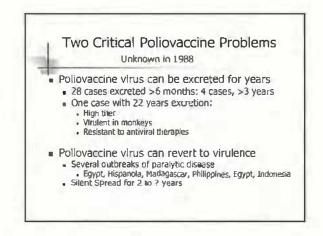


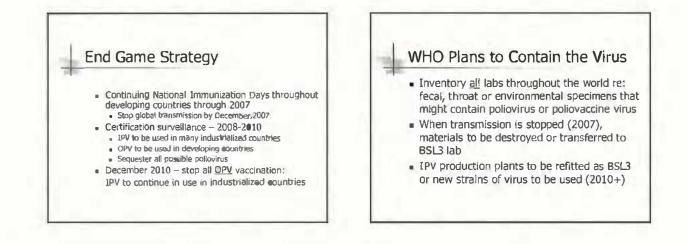


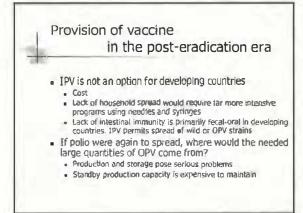
Expected occurrence of last case

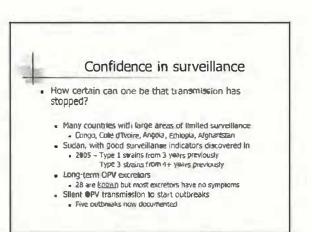
- 2000 (original target)
- 2007 (last revised in 2006)
- "Expected" certification of eradication 2010





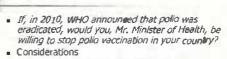




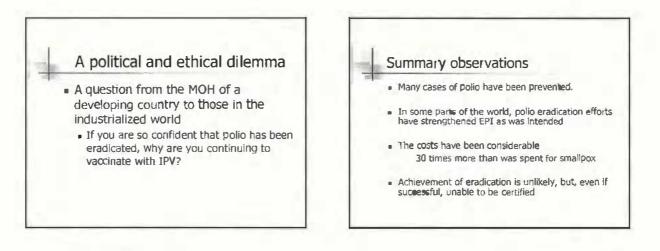




- Polio diagnostic and research laboratories
- Other laboratories with stool specimens
- Areas where surveillance is limited or impossible
- IPV production laboratories
- Revertent OPV Polio Strains
- Long Term OPV Carriers
- Biological weapons laboratories



- Surveillance, at best, would still be incomplete. . Silent excretors or lab escape remain a source
- When vanishabler is stopped, population immunity, in 4 years, would be the same as before vaccination began
- Studies show that policylrus spreads rapidly, making large-scale containment newsary. If an outbraak were to occur, could vaccine be obtained quickly enough? Could the health staff respond rapidly enough?





- Plan now to sustain a long-term control program utilizing both IPV and OPV, as appropriate, in the all but certain circumstance that eradication is not achieved
- Devote both energy and resources to strengthening the Expanded Programs of Immunization in all countries with special emphasis on measles and DPT vaccines

