On the cusp of eradication

Polioomyelitis (polio) is a highly infectious disease caused by a virus that can invade the nervous system and cause permanent paralysis. Thanks to vaccination efforts, the number of polio cases per year is down by more than 99 percent since the inception of the Global Polio Eradication Initiative in 1988. The type 2 strain has been eradicated, and the last appearance of type 3 was in 2012. Type 1 is the only wild type strain still circulating, paralyzing 19 children in 2017: fewer children than in any other year.

As the world narrows its focus on stamping out the virus in the last polio-endemic countries—Afghanistan and Pakistan—global stakeholders are also laying a necessary foundation for tools that will enable complete eradication and minimize the risk of polio making a comeback.

Polio vaccines: the state of the field

Improvements in hygiene and sanitation have helped minimize exposure to the polio virus and thus the number of polio cases, but the only way to truly prevent the disease is through vaccination.

Inactivated polio vaccines (IPV) and oral polio vaccines (OPV) have propelled us to historically low levels of polio incidence, but new tools are needed for the last mile of disease eradication.

OPV is highly effective in high-burden regions and during disease outbreaks because it protects the individual and halts person-to-person disease transmission. However, on very rare occasions in under-immunized populations, the live, attenuated (weakened) virus used in OPV can mutate and circulate in a community. This is known as circulating vaccine-derived poliovirus (cVDPV). cVDPVs that develop from the use of currently available OPV add a complicating factor to ending polio transmission for good, due to the potential of cVDPVs to cause future outbreaks.

IPV is highly effective at preventing disease and does not carry the risk of generating cVDPVs, but it also does not confer the same type of immunity that prevents person-to-person transmission, necessary in controlling outbreaks. It is also much more expensive than OPV and more difficult for untrained health workers to deliver in settings where the vaccines are needed most.

Novel oral polio vaccines: closing polio’s last loophole

To stamp out the last pockets of polio and to protect against potential outbreaks, PATH and partners are advancing novel oral polio vaccine candidates (nOPVs) against poliovirus types 1, 2, and 3. Like the currently available OPVs, the nOPV candidates are designed to prevent person-to-person disease transmission, but without carrying the same risk of seeding new vaccine-derived polio cases. The hope is that, if successful, nOPV can serve as an improved tool to respond to outbreaks.

The live, attenuated (weakened) type 2 strain in the currently available OPV causes the majority of cVDPV, so early efforts are focused on novel oral polio vaccine candidates against type 2 (nOPV2). Phase 2 clinical trials are underway to assess the safety and immunogenicity of two nOPV2 candidates. Novel oral polio vaccine candidates against types 1 and 3 are in preclinical development in preparation for forthcoming clinical trials.
Ending polio—and maintaining long-term protection

If the global community succeeds in ending polio, it will mark only the second time in history that an infectious disease in humans was fully eradicated, the first being smallpox in 1979. We are very close, but we will succeed only if we invest in the tools necessary to completely stamp out the virus, without the risk of planting seeds for future outbreak opportunities. nOPVs hold great promise for ensuring that we can make polio a thing of the past—and make certain it stays there.

nOPV2 program partners:

The University of Antwerp and Fighting Infectious Diseases in Emerging Countries sponsor nOPV2 program clinical trials.

Bio Farma manufactures the nOPV2 candidate vaccines for clinical trials.

University of California, San Francisco, the UK National Institute for Biological Standards and Control, the US Centers for Disease Control and Prevention (CDC), and the US Food and Drug Administration developed the nOPV2 candidates being tested in the program clinical trials.