

Medscape General Medicine Publishes Paper That Explores Policy Options For Future Management Of Polio Risk

New York, NY (December 19, 2003) — Medscape General Medicine (www.medgenmed.com) today announced it has published a paper that lays out the policy options that decision makers will face in their efforts to maintain a polio-free world following the anticipated success of the global polio eradication initiative. Led by Naline Sangrujee, PhD MPH, Economist, Centers for Disease Control and Prevention, the paper, entitled Policy Decision Options During the First Five Years Following Certification of Polio Eradication, represents the first effort of its kind to comprehensively describe the categories of decisions and choices that national policy makers will address.

In the paper (<http://www.medscape.com/viewarticle/464841>), Dr. Sangrujee et al emphasize the importance of utilizing analytical tools to help policy makers develop global policies for the time when the world is certified as free of wild polio. Dr. Sangrujee stated: "In order to understand the risks, costs, and benefits of the policy options at the global and national level, you must begin with a shared vision of the realistic options at hand. Then policy makers will be able to have a dialogue on the strategies and resources needed to manage risks and maintain a polio-free world."

Collaboration is also a key issue when managing potential polio risks post-eradication. "We view the challenge as one of helping decision makers deal with the complexity of the decisions by helping them place the choices in the context of overall national and global strategies," said Kimberly Thompson, ScD, Associate Professor of Risk Analysis and Decision Science, and Director of the Kids Risk Project at the Harvard School of Public Health and Principal Investigator of the CDC-funded project.

She continued: "In the case of polio, the decisions include choices related to routine and supplemental immunization, outbreak response (including whether to create a vaccine stockpile), laboratory containment, and surveillance. This paper discusses how countries of different income levels might view different decisions based on their current vaccine choices and concern about the risks of reintroduction. The paper should help explain why countries may see the options differently and, more importantly, the opportunities to work together."

The paper provides a framework for managing disease at a national level and therefore could extend broadly beyond polio. For example, those working on bioterrorism risk management might find the decision tree structure in the paper helpful in showing the interactions between the complex choices related to managing other disease threats.

In a related editorial published by Medscape General Medicine at <http://www.medscape.com/viewarticle/466027>, former CDC Director William Foege, MD, MPH, Professor Emeritus, Emory University School of Public Health, explores the concerns facing policy makers as they examine options for eradicating polio: 1) interruption of transmission won't be achieved because resources are insufficient or something goes wrong; 2) vaccine virus entering communities during a period of waning immunity due to declining coverage could lead to vaccine derived virus outbreaks; and 3) reintroduction of wild virus after eradication is achieved. He proposes that the elimination of wild polio virus from all populations is feasible, and states that the decision a decade ago to withhold vaccine (IPV) from poor countries was wrong but can now be corrected.

The Harvard researchers were funded by a grant from the US Centers for Disease Control and Prevention.

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