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Introduction

Polio otherwise known as poliomyelitis is a disabling life-threatening disease contracted by the poliovirus. The virus is spread from person to person normally via contact with the faeces of a contaminated person example by avoiding rinsing your hands accordingly and placing them in mouth, or via a pollute food or water. Most people will not have visible symptoms and one out of four people will have flu-like symptoms, the virus can invade the spinal cord of an individual

causing paralysis. Polio can be prevented by a safe and effective vaccines otherwise there is no cure.

Measure:

The public in general believed that the government ought to provide polio vaccination to its people. Universal polio vaccination was a symbol of a modern, rational state. Politically, therefore, the vaccination programme was created and expanded not entirely due to administrative or epidemiological measurement, but on what various branches of government believed would be popular with the wider public. In addition to meeting a need, the rhetoric surrounding the polio vaccine exposed other themes that had already been encountered in the vaccination programs of the 1950s and 1960s. The general climate of demand is welcome but persuading the public to sign up for the scheme was very challenging to the government due to the parents not being in favour of the polio vaccine. A statistical ruin might play a role, by measuring the amount of people who have applied for the polio vaccine. A registration system established in 1956 through a gauged demand and various requests by local health authorities for vaccine supplies when demand spikes in any given area. (Hopkins et al., 2022).

Monitor

As part of the United Kingdom commitment to the World Health Organisation Global Polio Eradication Programme, wild-type and vaccine-like polioviruses are routinely tested in the WHO Global Polio Expert Laboratory at the National Institute for Biological Standards and Control monitor. Vaccine-like poliovirus type two was isolated from multiple sewage samples collected from the Beckton Sewage Treatment Works in London between February 2022 and June 2022. The sewage treatment works cover a large catchment area in north and east London with a population of nearly four million. During this time, the virus has evolved and now meets the classification of vaccine-derived poliovirus which means it can cause unspecified polioviruses. An average of one to three poliovirus isolates have been detected per year in United Kingdom sewage samples in recent years. However, these are single assessment independent of each other. In this case, the isolates identified were genetically related, prompting the need to investigate the extent of the virus spread in north-east London. Regulations of the Health Protection (Notifications) Regulations 2010 imposes an obligation on Registered Medical Practitioners to report any suspected infection which presents or may present a significant risk to human health. This includes reports of acute flaccid paralysis and acute flaccid myelitis unexplained by non-infectious causes. In addition, suspected cases of acute poliomyelitis are notifiable under

Schedule one of the Health Protection (Notifications) Regulations 2010. Furthermore, a booster campaign of inactivated polio vaccine has been launched for children aged one to nine years. (Commons Library, 2022).

Control

At the most challenging environments in the world, the world Health Organisation remains dedicated to eradicating polio worldwide and believes that this goal is achievable. Any decision that must be made to stop the mass immunization against polio, will be done once elimination has been achieved and all countries have proven free of poliovirus transmission. Certification of a country or area as polio-free requires demonstration of the adequacy of surveillance systems to detect any endemic poliovirus infection. Public health laboratories were asked to prepare parts of the United Kingdom submission to a World Health Organization committee attesting that polio had been eradicated from Europe in 1997 and 1998. This target to exhibit that prevailing clinical and laboratory practice is sufficient to identify cases of paralytic disease, aseptic meningitis and asymptomatic infection caused by wild poliovirus. Continued strengthening of poliovirus surveillance is critical, as poliovirus importation from the remaining affected countries remains a possibility. In addition, polio outbreaks caused by vaccine-derived strains have occurred in countries that have been certified polio-free and where vaccination rates have declined. In 2013, The World Health Organization published its five-year Global Polio Eradication and Endgame Strategic Plan 2013 to 2018, which called for an enhanced review of national polio surveillance to ensure elimination status. Based on vaccine coverage, acute flaccid paralysis case surveillance, and improve enterovirus surveillance and identification, the United Kingdom has been polio-free for twenty consecutive years. An environmental approach to polio surveillance and a range of indicator organisms have been developed and evaluated to add value to national polio surveillance to help control the virus.

Conclusion

In summary, the European Union and the Eastern European Association countries must have a system which will review their polio vaccination coverage data and make sure there are no immunity voids in the community and through a well-established surveillance system the circulation of the virus can be identified. In the United Kingdom efforts are being made to ensure that the poliovirus vaccine is up to date and to stop the spread of the virus and keep everyone safe.

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