

**[DOH ADMINISTRATIVE ORDER NO. 1, s. 1992,
August 03, 1992]**

**GENERAL POLICIES AND PRINCIPLES GOVERNING THE
POLIOVIRUS ERADICATION PROJECT**

In 1988, a global effort was launched to eradicate poliovirus from the world by the year 2000. This decision was reached following the unprecedented increase in immunization coverage and sharp decline in poliomyelitis incidence worldwide.

The Latin American countries showed that polio can be eradicated. They are now down to the last cases of polio in their Region. On the other hand, many countries in the African and the Southeast Asian Regions are still highly endemic.

In the Western Pacific Region (WPR), only six countries are still reporting cases of poliomyelitis: China, Vietnam, Laos, Papua New Guinea, Cambodia, and the Philippines. Thus, a Western Pacific Regional goal was set to have zero poliomyelitis due to wild virus reported by 1995.

Of the six polio endemic countries in the WPR, the Philippines is among those with the lowest number of cases. In 1990, there were only eighty five reported cases. When these were counterchecked, fifty four cases might have been due to other diseases. Thus, the Philippines can join the global target of poliovirus eradication by the year 2000.

There is a big chance that the Philippines will be able to reach this goal because of the very high coverage reached by EPI in the past five years. The Department of Health (DOH) is thus adopting a nationwide Poliovirus Eradication Project.

The following shall be the general policies and principles which shall guide the project:

**1.0
Targets**

The Philippines shall target zero poliomyelitis due to wild virus by 1993 and the eradication of indigenous wild poliovirus from its environment by 1995.

**2.0
Integration with EPI**

The Polio Eradication Project (PEP) shall be an integral part of the EPI and shall thus follow the basic policies, principles, objectives, and procedures of EPI. The PEP must promote the expansion of EPI and not hinder it.

The foremost objective of EPI which is to achieve full immunization of children (FIC)

and mothers (FIM) must continue to be pursued in all Polio Eradication activities. A situation, for instance, where OPV3 coverage is 100% but the measles coverage is 50% and TT2 is 30% in a barangay or municipality cannot be allowed.

This means that, except during case containment procedures where only OPV is given, all antigens available in EPI must also be administered during all Polio Eradication special campaigns.

Routine immunization of infants with the primary vaccine series shall also continue in all health facilities. In some special Polio Eradication strategies, the target age groups may be increased in pockets of low performing areas and during National Vaccination Days (NVDs).

The DOH shall continue to increase FIC coverage by continuing to follow the five basic steps which are essential in achieving a high EPI coverage namely:

- 2.1 complete masterlisting of all newborns immediately after birth;
- 2.2 conduct of regular immunization sessions, as much as possible on Wednesday;
- 2.3 assurance that the necessary vaccines, needles and syringes and other supplies are available at the barangay where these are needed.
- 2.4 wide dissemination of information on the time and place of immunization sessions especially the day before the vaccination day; and
- 2.5 efficient follow-up of drop-outs through various means of reminding the mothers of their children's vaccination schedules.

3.0

Integration with Comprehensive Maternal and Child Care

The basic policies and principles of integrated comprehensive maternal and child case must be followed in designing EPI and Polio Eradication strategies and activities.

4.0

Adoption of Special Vaccination Strategies

To eradicate the poliovirus, special immunization activities above and beyond the routine immunization efforts must be started. These are: mop-up operations in areas of low coverage; case containment procedures whenever a case of acute flaccid paralysis is detected; and simultaneous country-wide vaccination of children during National Vaccination Days (NVDs).

It is important to understand the differences between these special strategies and that of routine EPI in order not to get confused. Remember: *routine EPI remains the same*. These special strategies are for special places or special occasions only.

5.0

Supplemental Polio Surveillance System and Case Containment