



BRIEF REPORT

Revision of the National Action Plan in Response to Poliovirus Importation in Korea

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Abstract

The polio outbreak in China in 2011 makes it necessary to revise the 2010 polio National Action Plan (NAP) in Korea. The revised plan was provided after evaluation of the 2010 NAP, literature reviews, and expert advice. It was discussed and confirmed by the Polio National Certificate Committee (NCC).

The revised NAP (2012 NAP) has structured the action to take by patient phase and the role of each institution. It also provides the specified classification and management actions on the contacts. It includes a new recommendation of one-time additional immunization for the contacts regardless of the immunization history. The 2012 NAP could provide an effective countermeasure if there are imported poliomyelitis patients in Korea.

1. Introduction

In 2010, polio outbreaks occurred in countries in Central Asia that had had no previous outbreaks (e.g., Tajikistan, Kazakhstan, and the Russian Republic) [1]. Korea has no report of patients infected with wild poliovirus since 1984 [2], but the possibility of outbreak due to imported cases has prompted establishment of the National Action Plan (NAP) for response to poliomyelitis importation [3]. Since then, there was an outbreak

in the province in China which borders Pakistan in 2011 [4]. Concerns about imported poliomyelitis and the response plan in Korea has led to the 2010 NAP being reconsidered. As a result, more concrete and systematic contents are necessary to enhance the 2010 NAP.

The revision of the 2010 NAP with consideration of foreign cases was arranged and discussed by the Polio National Certificate Committee (NCC). This paper aims to introduce the NAP revision process with this background.

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2. Process of the Revision of the NAP

The 2010 NAP cannot be evaluated and revised based on performance with real patients, therefore we have selected the items for revision through literature reviews, field health workers comments, and experts' advice. In this revision we aim to provide specific guidelines to each agency and agent for systematic responses on a case-by-case basis in the event of an epidemic in Korea. The revision was discussed and confirmed by the first polio NCC.

3. Results

3.1. 2010 NAP evaluation

The 2010 NAP is composed of five category: surveillance, investigation, risk assessment, outbreak response, and evaluation/documentation. Outbreak response, the key domain, is divided and described into six subgroups and includes the work sheet to characterize the patient's epidemiology and trace the contacts.

The 2010 NAP includes a basic principle for management of infectious disease epidemics and the

laboratory diagnosis, duration of isolation, classification of the contacts, and immunization proposed on a medical basis. Furthermore, it includes the advisory committee's review and risk of communication to consider the impact one patient might make when there has been no case in Korea since 1984.

However, management and surveillance could be fortified by patient phase but it is not suggested because we do not have a specific standard between suspected and confirmed patients. Also, the level of management of the contacts should change by intensity of contact. We intended to minimize possible overreactions in cases of low transmission. Outbreak response should be simultaneous and comprehensive by related agencies, and it is necessary to provide comprehensive reactions by agency countermeasures for prompt and systematic responses (Table 1).

3.2. Major revision

3.2.1. Countermeasures by patient phase

Polio case is a significant matter in public health and society, so that an active rapid containment strategy in the early stage is necessary, but over-countermeasures in the low transmission stage should be minimized. In this

Table 1. 2010 National Action Plan key contents and result of evaluation

Category	Key contents	Result of evaluation
1. Reporting suspected case	NIDS, AFP surveillance system	Adequate
2. Case investigation	Within 24 h of case reported Identify source of infection, *Include work sheet	Adequate
3. Expert meetings	Advisory board, review agenda, role	Need to change advisory board
4. Outbreak response		
(i) Case isolation	Confirmed, suspected case isolation Isolation duration Contact precaution	Need to specify the classification criteria for suspected cases and confirmed cases. Need to classify roles of agencies by case stage (suspected or confirmed)
(ii) Management of potential contacts	Contact classification (household, HCW, public) Quarantine duration Immunization	Need to provide the contact classification and management.
(iii) Immunization	Case contact immunization	Need to recommend immunization by case stage
(iv) Cleaning and disinfection	Disinfect the toilet and materials used by the case during his/her infectious period Stool management of the case during isolation	
(v) Enhanced surveillance	Laboratory surveillance fortified for all virus laboratories Enhanced period: at least 6 mo after the last case	Need to fortify surveillance area by case stage
(vi) Risk communication	Basic principle *Sample notification letter includes documentation	
5. Lessons learned and revision of the plan	Revise national action plan	Adequate

AFP = acute flaccid paralysis; HCW = health care workers; NAP = National Action Plan; NIDS = National infectious disease surveillance.

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