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Poliovirus Infection, Nonparalytic  
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NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
Clinical Description  
Most poliovirus infections are asymptomatic or cause mild febrile disease. Poliovirus infections occasionally cause aseptic meningitis and one out of 200 infections from poliovirus type 1 results in paralytic poliomyelitis, characterized by acute onset of flaccid paralysis that is typically asymmetric and associated with a prodromal fever. Poliovirus is spread through fecal material, oral secretions, some aerosols and fomites.  
Note that this case definition applies only to poliovirus infections found in asymptomatic persons or those with mild, nonparalytic disease (e.g., those with a nonspecific febrile illness, diarrhea, or aseptic meningitis). Isolation of polioviruses from persons with acute paralytic poliomyelitis should continue to be reported as "paralytic poliomyelitis."  
Case Classification  
Confirmed  
Poliovirus isolate identified in an appropriate clinical specimen (e.g., stool, cerebrospinal fluid, oropharyngeal secretions), with confirmatory typing and sequencing performed by the CDC Poliovirus Laboratory, as needed.  
Comments  
In 2005, a vaccine-derived poliovirus (VDPV) type 1 was identified in a stool specimen obtained from an immunodeficient Amish infant and, subsequently, from 4 other children in 2 other families in the infant’s central Minnesota community.  
1  
Epidemiological and laboratory investigations determined that the VDPV had been introduced into the community about 3 months before the infant was identified and that there had been virus circulation in the community. Investigations in other communities in Minnesota and nearby states and Canada did not identify any additional infections or any cases of paralytic poliomyelitis.  
Although oral poliovirus vaccine (OPV) is still widely used in most countries, inactivated poliovirus vaccine (IPV) replaced OPV in the United States in 2000.  
2  
Therefore, the Minnesota poliovirus infections were the result of importation of a vaccine-derived poliovirus into the United States and the first time a VDPV has been shown to circulate in a community in a developed country.  
3  
Circulating VDPVs commonly revert to a wild poliovirus phenotype and have increased transmissibility & high risk for paralytic disease; they have recently caused polio infections and outbreaks of paralytic poliomyelitis in several countries.  
3  
Contacts between persons in communities with low polio vaccination coverage pose the potential for transmission of polioviruses and outbreaks of paralytic poliomyelitis.  
Because of the success of the routine childhood immunization program in the U.S. and the Global Polio Eradication Initiative, polio has been eliminated in the Americas since 1991. Because the U.S. has used IPV exclusively since 2000, the occurrence of any poliovirus infections in the U.S. is a cause for concern. Reflecting the global concern for poliovirus importations into previously polio-free countries, the World Health Assembly (WHO) has added circulating poliovirus to the notifiable events in the International Health Regulations (IHR).  
4  
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