

Polio taking over the world!!

Suzanne Humphries, MD

CHD March 6, 2026

The U.S. Centers for Disease Control issued a level 2 alert, cautioning travelers to “practice enhanced precautions” before visiting 32 countries. The agency is advising people to make sure they’re up to date on their polio vaccines, adding that people who plan to travel to the listed countries are eligible for a single-dose booster of the vaccine.

The countries include European travel destinations like Spain, Finland, Germany, and Poland — as well as the U.K.



Here are key outlets that ran versions of this story (based on recent reports from early March 2026):

- **USA Today:** "CDC warns travelers of polio before trips to Spain, UK and more" – Highlights detections in multiple destinations across Africa, Middle East, and Europe.
- **Fox News:** "CDC warns of polio risk in over 30 countries as spring break travel ramps up" – Frames it as a spring break concern, noting the crippling potential of polio.
- **AL.com (Alabama News):** "CDC travel warning: Advisory issued for 32 countries over spread of paralyzing disease" – Lists affected countries including Germany, Spain, and the UK.
- **LiveNOW from FOX:** "CDC issues travel advisories for 32 countries over spread of polio: What we know" – Provides a summary of precautions and the advisory level.
- **Yahoo News:** Multiple articles, e.g., "CDC Issues Urgent Travel Warning: Polio Spreading in 32 Countries" and "CDC Issues Travel Advisory for 32 Countries, Including 5 in Europe, Over Spread of Polio" – Emphasizes rising cases and booster recommendations.
- **WAVY-TV / WJW (Fox affiliates):** "Travel advisory: CDC issues 'circulating poliovirus' alert for dozens of countries" – Urges enhanced precautions for popular spots like Germany, Spain, and the UK.
- **TravelPulse:** "CDC Issues Travel Warning for 32 Countries Ahead of Spring Break" – Focuses on travel impacts.
- **Newsweek:** "Travel Advisory Issued for 32 Countries Ahead of Spring Break" – Notes the Level 2 alert and enhanced precautions.
- **iHeartRadio / various affiliates (e.g., WVOC, Real Radio):** "CDC Issues Travel Advisories To Tourist Destinations Over Spread Of Polio" – Mentions additions like Finland, Germany, Spain, UK, and Kenya.



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NEXSTAR MEDIA WIRE

Travel advisory: CDC issues 'circulating poliovirus' alert for dozens of countries

by: Jordan Unger
Posted: Mar 5, 2026 / 10:36 AM EST
Updated: Mar 5, 2026 / 10:36 AM EST

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[\(WJW\)](#) — The Centers for Disease Control and Prevention is urging U.S. travelers to take extra precautions when traveling to any of more than 30 countries, including popular tourist destinations like Germany, Spain and the United Kingdom, due to “circulating poliovirus.”

The CDC issued a “[Level 2](#)” advisory for travelers this week, urging visitors to “practice enhanced precautions” before visiting any of dozens of destinations.

Vaccine hesitancy ON THE RISE

Federal Register / Vol. 49, No. 107 / Friday, June 1, 1984 / Rules and Regulations

or the agency otherwise finds for the earlier effective date. It is the policy of the agency that delaying the change in the amendment to § 630.11 is contrary to the public interest. In the event, questions have arisen in litigation about whether the vaccine should be used in the clinical trials in 1982 for the approval of the

jeopardy, any possible doubts, whether or not well founded, about the safety of the vaccine cannot be allowed to exist in view of the need to assure that the vaccine will continue to be used to the maximum extent consistent with the nation's public health objectives.

Accordingly, because of the importance of the vaccine to the public health, it is

granted a waiver under § 56.1 of this chapter with Part 50 of this chapter. Such clinical trials shall be conducted in five lots of poliovirus vaccine have been manufactured by the same methods. Type specific neutralizing antibody shall be induced in 90 percent or more of susceptibles when administered as follows:

Level 2



Travelers Health

Destinations

Travel Notices

Global Polio

Advice for Travelers

Find a Clinic

Clinician Resources

CDC Yellow Book

Global Polio

Level 4 - Avoid All Travel

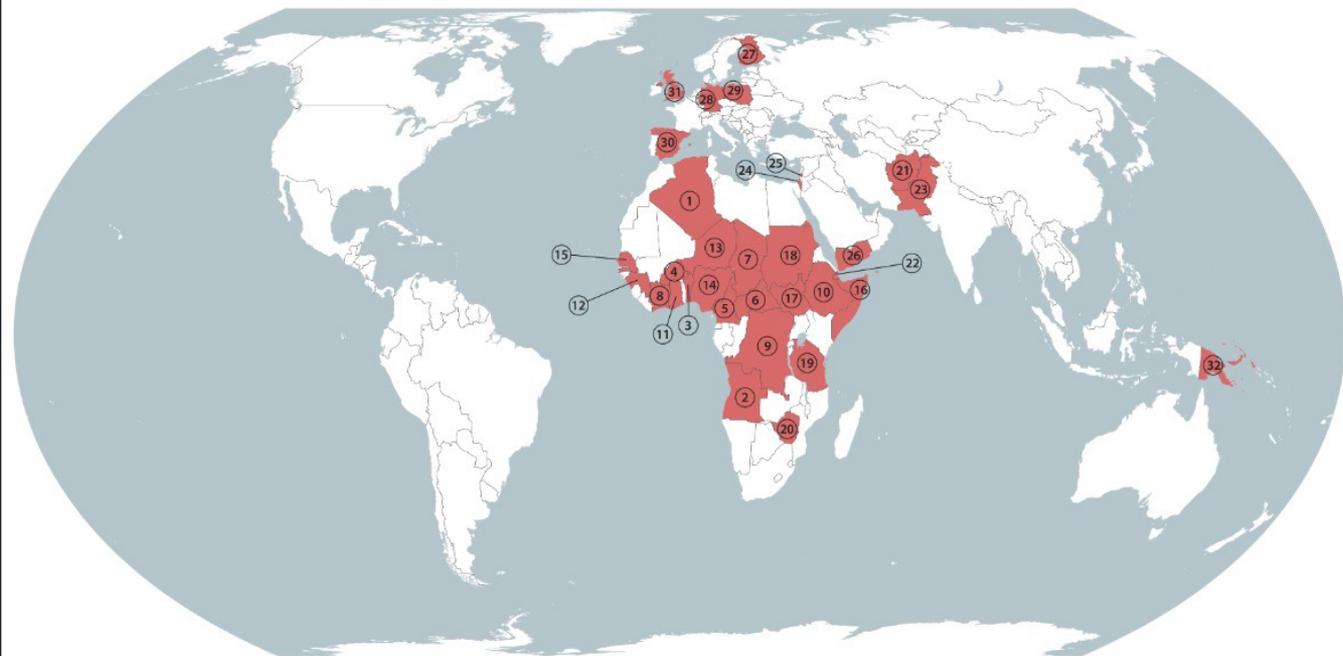
Level 3 - Reconsider Nonessential Travel

Level 2 - Practice Enhanced Precautions

Level 1 - Practice Usual Precautions

Key points

- Some international destinations have circulating poliovirus (listed below and shown in map).
- Before any international travel, make sure you are [up to date](#) on your polio vaccines.
- Before travel to any destination listed below, adults who previously completed the full, routine polio vaccine series may receive a single, [lifetime booster dose of polio vaccine](#)



Polio THN

AFRICA

- 1. Algeria
- 2. Angola
- 3. Benin
- 4. Burkina Faso
- 5. Cameroon
- 6. Central African Republic
- 7. Chad
- 8. Côte d'Ivoire
- 9. Dem. Rep. of the Congo
- 10. Ethiopia
- 11. Ghana
- 12. Guinea
- 13. Niger
- 14. Nigeria
- 15. Senegal
- 16. Somalia
- 17. South Sudan
- 18. Sudan
- 19. Tanzania
- 20. Zimbabwe

EASTERN MEDITERRANEAN

- 21. Afghanistan
- 22. Djibouti
- 23. Pakistan
- 24. Gaza
- 25. Israel
- 26. Yemen

EUROPE

- 27. Finland
- 28. Germany
- 29. Poland
- 30. Spain
- 31. United Kingdom

WESTERN PACIFIC

- 32. Papua New Guinea

 Poliovirus detected within the last 12 months

Based on data from the Finnish Institute for Health and Welfare (THL) and the European Centre for Disease Prevention and Control (ECDC), there have been **zero reported cases** of polio infection in Finland in the last 10 years.  Terveysten ja hyvinvoinnin laitos - THL +4

- **Last Case:** The last, and only, polio case in Finland was diagnosed in 1985.
- **Wastewater Detections:** While there have been no clinical cases, environmental surveillance has detected mutated vaccine-derived poliovirus type 2 (VDPV2) in wastewater samples, including in the Tampere region in late 2024, which is not unexpected and indicates surveillance is working.
- **Vaccination Coverage:** Finland maintains a very high vaccination coverage (>98% in children) using the inactivated polio vaccine (IPV), which cannot cause the disease.
- **Risk Status:** The risk of a polio epidemic in Finland is considered low.  Terveysten ja hyvinvoinnin laitos - THL +5

Exclusive: Wild form of polio found in German sewage sample, health institute says

By Jennifer Rigby and Ludwig Burger

November 13, 2025 7:23 AM GMT+13 · Updated November 13, 2025



<https://www.reuters.com/business/healthcare-pharmaceuticals/wild-form-polio-found-german-sewage-sample-health-institute-tells-reuters-2025-11-12/>

The World Health Organization said it was the first such detection in Europe since 2010 and reinforced the message that no country is immune to the spread of polio, although the threat of disease in Germany remained very low, largely because polio vaccination rates are high in the country.

"Wild poliovirus type 1 (WPV1) has been detected in a sewage sample in Germany," the Robert Koch Institute said in a statement to Reuters, adding that no infections in people had been reported.

LOW RISK

The institute added on Wednesday that the risk to Germany's general population from either form of poliovirus was very low due to widespread vaccination coverage and because **cases** of virus detection in wastewater were only "isolated".

For the last 10 years (2016–2026), there have been **zero reported cases** of human polio infection in Poland. [+ Vax-Before-Travel +1](#)

Poland has remained polio-free since the last cases of wild poliovirus were registered in the 1980s. However, recent surveillance has identified the virus in the environment. [🌐 European Centre for Disease Preventio... +1](#)

Key Findings for Poland (2016–2026):

- **Human Infections:** 0 cases.
- **Environmental Detections:** In late 2024, vaccine-derived poliovirus type 2 (VDPV2) was detected in wastewater samples in Warsaw.
- **Significance:** While no human cases were reported in connection with the sewage findings, the detections indicate the importation of the virus, triggering alerts to maintain high vaccination rates.
- **Vaccination Coverage:** As of 2023, the vaccination rate among 3-year-olds was approximately 86%, which is below the 95% threshold recommended by the World Health Organization (WHO) to prevent community spread. [+ Vax-Before-Travel +4](#)

◆ AI Overview

Spain has had **no confirmed indigenous cases of wild poliovirus in the last 10 years** (2016–2026), as the country has been part of the polio-free European Region since 2002. [National Institutes of Health \(.gov\) +3](#)

However, the following surveillance data is relevant for this period:

- **September 2024:** Circulating vaccine-derived poliovirus type 2 (cVDPV2) was detected in wastewater samples in Barcelona, Spain. This was an environmental detection, not a human infection.
- **2021:** An imported case of vaccine-derived poliovirus type 2 (VDPV2) was identified in a child from Senegal who was in Murcia for treatment, though this was not an indigenous infection.
- **Vaccination Coverage:** Primary polio vaccination coverage in Spain is high, reaching approximately 98.2% in 2022. [National Institutes of Health \(.gov\) +5](#)

Based on data from the UK Health Security Agency (UKHSA) and the Global Polio Eradication Initiative (GPEI), the UK has remained free of naturally occurring (wild) polio for the last 10 years, with the last indigenous case occurring in 1984. [GOV.UK +1](#)

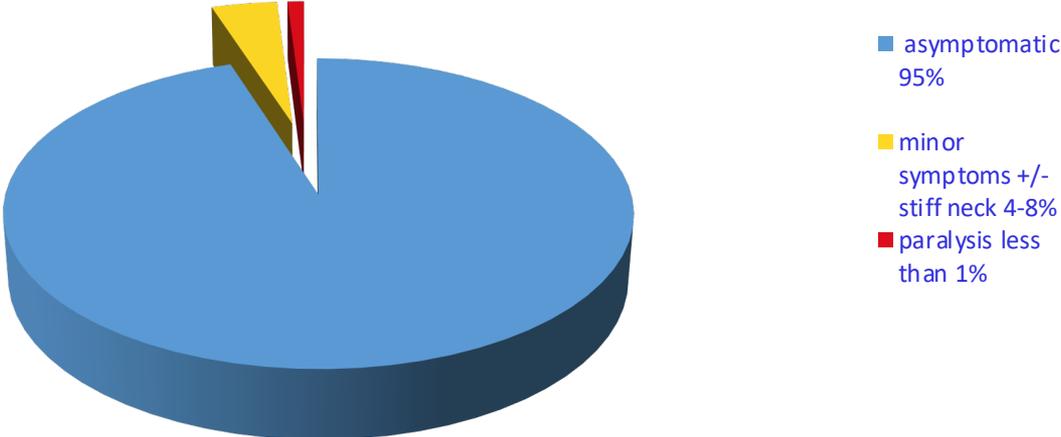
However, the UK has experienced significant detections of **Vaccine-Derived Poliovirus Type 2 (VDPV2)** in wastewater surveillance, particularly starting in 2022, which indicates the virus was circulating in some communities. [GOV.UK +1](#)

Polio Statistics and Detections (Approx. 2016–2026):

- **Wild Polio (WPV):** 0 cases reported in the UK.
- **Vaccine-Derived Polio (VDPV2):**
 - **2022:** VDPV2 was detected in sewage in North and East London, leading to a national enhanced incident declaration and a booster campaign for children.
 - **2023–2024:** Routine surveillance continued to detect VDPV2 in London and other areas, including Leeds and East Worthing.
 - **2025:** As of November 2025, VDPV2 was again detected in environmental sewage samples in Northern England.
 - **2026:** Continued detection of cVDPV2 in wastewater was reported in January.
- **Paralytic Cases:** There have been **no confirmed cases of paralytic polio** in the UK population despite these environmental detections.

Center For Disease Control and Prevention. Department of Health and Human Services, USA. "Polio disease in short." <http://www.cdc.gov/vaccines/vpd-vac/polio/in-short-both.htm>

Polio Virus Morbidity



Polio, a paralyzing disease is “spreading?”

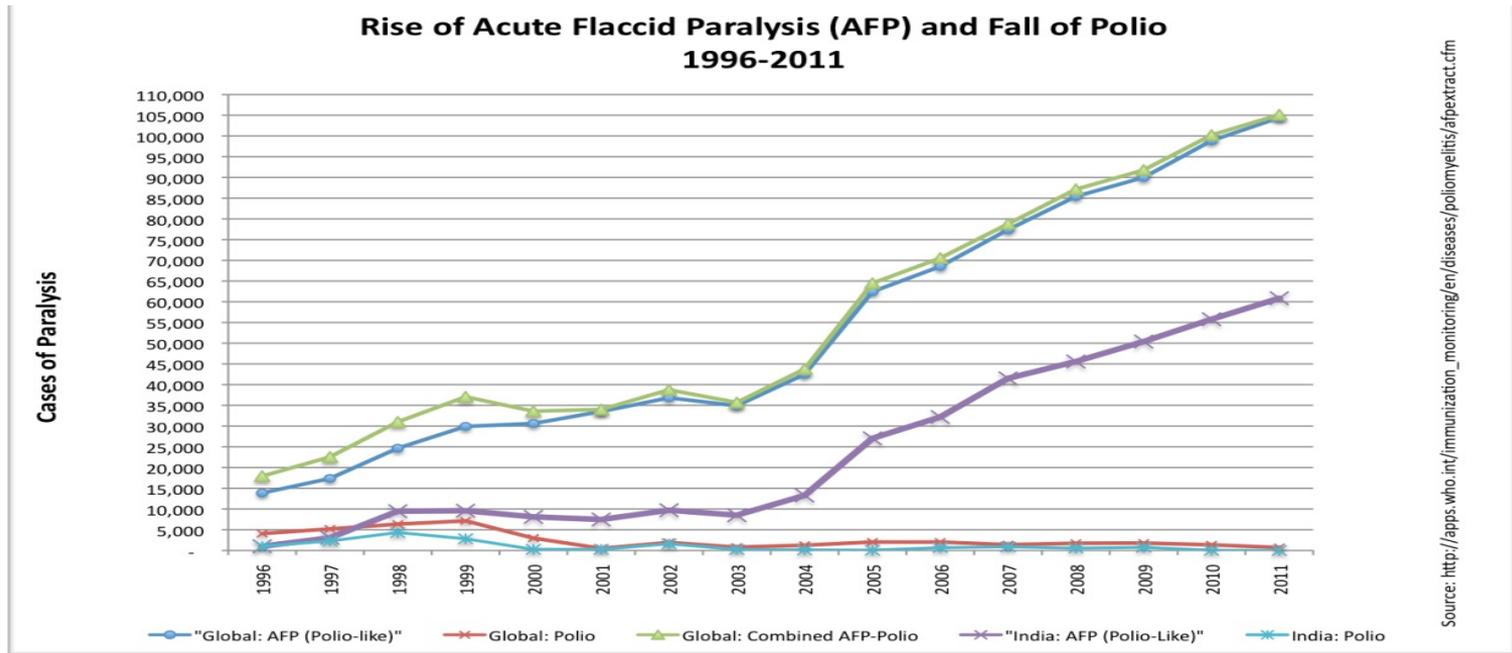
Why Statements Describe It as "Rising" or a Growing Concern

Public health bodies use terms like "upward trend," "resurgence," "increasing risk," or "on the rise" for specific aspects:

- 1. Upward trend in certain cVDPV types** — WHO's March 2026 Emergency Committee noted an "upward trend" in 2025 for cVDPV1 and cVDPV3 (though still lower than cVDPV2 dominance), plus risks of new/expanding outbreaks. cVDPV2 remains the main driver of most paralytic cases globally (~80–90% in recent years), emerging in under-vaccinated areas where the oral polio vaccine (OPV) strain mutates and spreads.
- 2. Resurgence in endemic countries** — WPV1 transmission increased in Afghanistan and Pakistan in 2024–2025 due to access issues (e.g., bans on house-to-house campaigns in southern Afghanistan, conflict/displacement in border areas). This led to more cases and environmental detections, raising fears of export to previously polio-free regions.
- 3. Detections in previously polio-free areas** — Sensitive wastewater/environmental surveillance (improved post-COVID) detected poliovirus (mostly cVDPV2 linked to African/Nigerian lineages) in places like Gaza, Israel, and European countries (Finland, Germany, Poland, Spain, UK) in 2024–2026. No widespread paralysis cases there, but these trigger alerts (e.g., CDC's expanded Level 2 notices for ~30–32 countries/territories) because they show the virus can still spread internationally via travel or imports.

- *Jacob John an eminent public health specialist, had made an estimate based on the probable chances of developing VAPP according to data available from other countries **that every year 60 children could develop VAPP, i.e., polio because of the vaccine. This was considered a “price” to be paid for polio eradication and the information was guarded as a secret from the public, because doctors had been advised to restrict the discussion regarding VAPP to academic circles only, so that pulse polio immunisation may not be affected...** Later this figure was revised to 202... **the incidence of VAPP was indeed more than three times the projected figure of 60 cases per year.***
- Yash Paul, “Polio Eradication Programme: A Failure,” *Economic and Political Weekly*, vol. 41, no. 43/44, November 4-10, 2006, pp. 4538–4540.

India 1996 to 2011. “Better detection, not really a rise in paralysis.”



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Is the Pulse Polio campaign failing?



Mohyja Chaudhuri

Wednesday, April 9, 2008 (New Delhi)

It is one of the most high profile public health campaign the country has seen, but 20 years after it was launched, the Pulse Polio campaign is now raising more questions than answers.

There has been a sharp increase in P3 type polio cases and P1 too is not quite wiped out. Now, Dr Anbumani Ramadoss, the Union Health Minister, said he wants a review.

One case of P1 polio has been detected in Bhubaneswar and the person is not from Uttar Pradesh or Bihar but West Bengal.

The challenge has just got bigger.

It's about two drops of life but is the polio vaccine effective? Four years ago, the government introduced a vaccine carrying P1, the deadliest strain of the virus.

But experts said, though most children have been repeatedly vaccinated, polio-related paralysis has been on the rise.

"Children are getting more than 25 doses. There are studies to show that in malnourished children, the vaccine can be fatal. It actually causes paralysis, so it is contraindicated in undernourished population," said Sathyamala, Epidemiologist.

The government's own data shows that in Uttar Pradesh, the cases of polio related paralysis rose from 3789 cases in 2004 to 10,055 after the P1 vaccine was introduced and six doses were given the next year.

The number had risen to 11,538 after children received nine doses.

The potency of the vaccine seems to be a possible reason. Unlike the older one that had all three strains, the P1 vaccine is five times more powerful and it was not tested before being used.

"The article published by National Polio Surveillance Project in Lancet clearly says that they have got a new vaccine that is five times more potent than the old vaccine. When you give a new vaccine, you are expected to do some amount of surveillance to see what the adverse effects are. This is unethical and disturbing. The rates of flaccid paralysis has gone up," said Dr Jacob Puliyel, Department of Paediatrics, St Stephen's Hospital.

Epidemiologists said the government has changed the parameters of identifying polio. Doctors rely on stool tests instead of physical signs of paralysis.

But if the virus is not kept in a cold chain, it dies. It means that even though the child is paralysed, he cannot be declared polio-affected.

"I have asked for a review of the polio programme. All these cases of children getting polio after vaccination is a cause for concern," said Dr Anbumani Ramadoss, Union Health Minister.

Faced with enormous pressure from WHO, the government spends over Rs 1000 crore every year on Pulse Polio. But with the vaccine coming under scrutiny, the programme is facing its biggest challenge ever.

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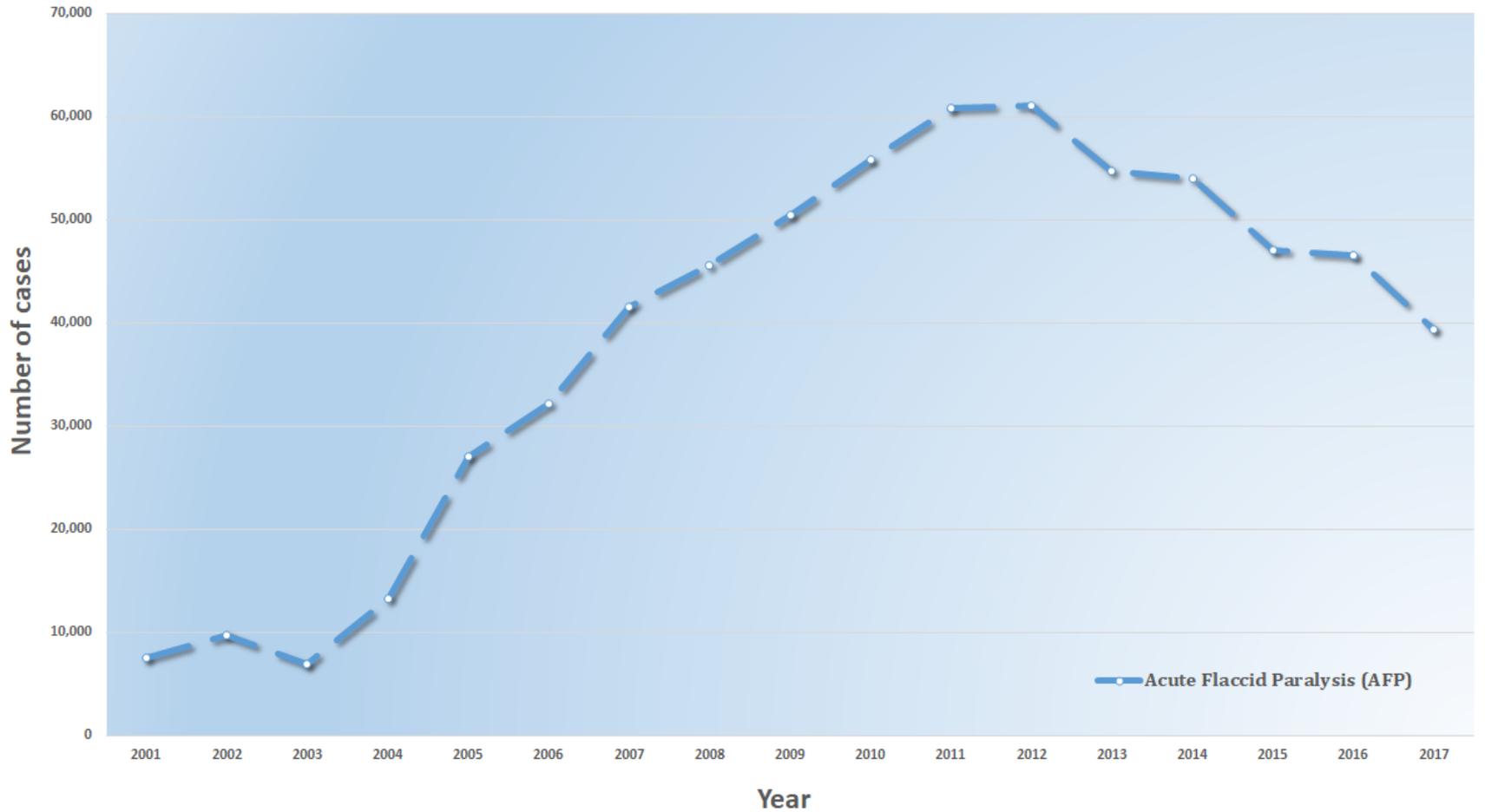
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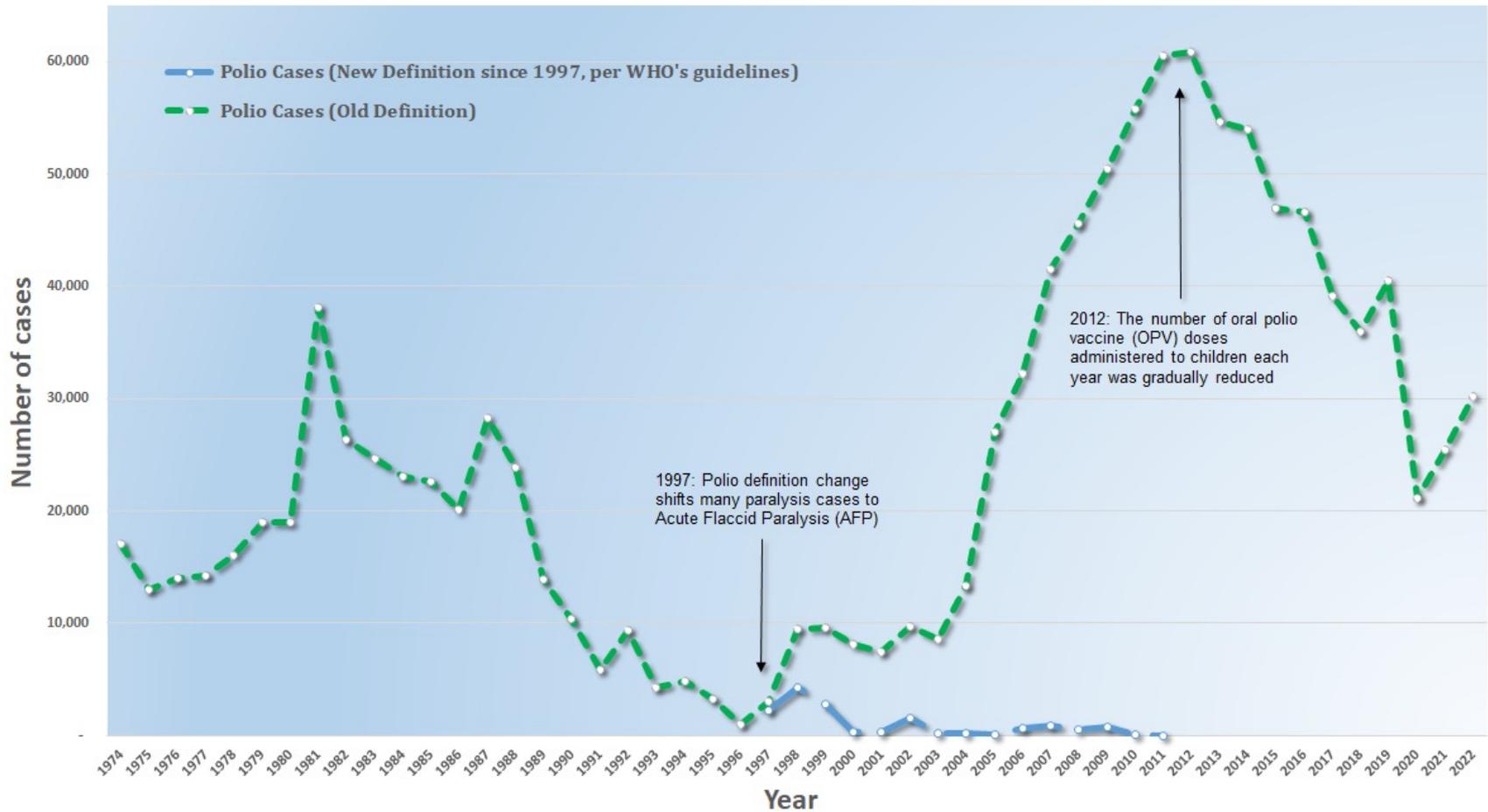
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Acute Flaccid Paralysis in India



Polio cases in India, if AFP cases are reverted to pre-1997 polio definition change



FDR?



Did FDR have polio?

- According to a team of modern doctors who analyzed FDR's extensive medical records assessing the likelihood of FDR having polio. They determined the paralysis was Guillain-Barre Syndrome, not polio.

Goldman.2003."What was the cause of Franklin Delano Roosevelt's paralytic illness?" J Med Biog, 11:233-240

However, vaccination hesitancy is on the rise, contributing to the spread of these once-nearly eliminated diseases. [Health and Human Services](#) head [Robert F. Kennedy Jr.](#)'s lawyer and ally Aaron Siri [petitioned the FDA](#) in 2022 to revoke approval of the polio vaccine, which eradicated the disease in the US. And in January, Dr. Kirk Milhoan, a pediatric cardiologist who leads the Advisory Committee on Immunization Practices, suggested vaccinations against polio and other diseases should [be optional](#). "If there is no choice, then informed consent is an illusion," Dr. Milhoan told [The New York Times](#). "Without consent it is medical battery."

- NY Times misinfo article relating to a petition from 2022
- Petition had nothing to do with Kennedy
- Was for a specific polio vaccine, the stand alone IPOL Sanofi
- Would still have been avail for adults and off label for children
 - Withdraw or suspend approval of IPOL for use in infants, toddlers, and children until a proper trial was done and amendment to the label.
- *Vero cell line because of potential virus infection of cells.
- Trace elements neomycin etc.
- **Licensed based on a clinical trial that reviewed safety for only three days after injection, with no control group.
- The petition remains pending with no public indication of a final decision.

The immortal cell line IPOL polio vax, Sanofi

The mutation (or genetic changes) that caused Vero cells to become an immortal/continuous cell line occurred through spontaneous transformation during extended in vitro culturing after isolation.

Vero cells were originally derived in 1962 from normal kidney epithelial cells of a healthy adult African green monkey (*Chlorocebus sabaeus*, formerly *Cercopithecus aethiops*). They were not cancerous or deliberately immortalized (unlike HeLa cells from a tumor). Instead, over serial passages in culture, the cells underwent spontaneous genetic alterations that allowed indefinite proliferation without entering senescence (the normal "aging" limit for primary cells).

Key genetic features identified from whole-genome sequencing (e.g., Osada et al., 2014, in DNA Research):

- A large homozygous ~9 Mb deletion on chromosome 12, which removed:
 - The entire cluster of type I interferon genes (explains why Vero cells don't produce interferon and support high viral replication).
 - Cyclin-dependent kinase inhibitors CDKN2A and CDKN2B (p16INK4a and p15INK4b), which are tumor suppressors involved in cell cycle regulation. Loss of these helps bypass normal growth controls and contributes to immortalization.
- Overall aneuploidy (abnormal chromosome number), a common feature in continuous cell lines.

This spontaneous immortalization is a rare but documented event in mammalian cell cultures, often involving accumulated mutations, chromosomal rearrangements, or epigenetic changes during prolonged passaging. It wasn't caused by a specific external agent (e.g., no known virus, chemical, or radiation induced it deliberately). Studies show that high passage numbers in vitro can drive further transformation, with changes in karyotype, gene expression, and sometimes increased neoplastic potential at very high passages—but at the controlled, qualified passage levels used for vaccine production (like in Sanofi Pasteur's IPOL), Vero cells remain non-tumorigenic in regulatory animal models and are approved as safe by FDA, WHO, and EMA.

Risk of using immortal cell lines?

1. Extremely Low Amounts of Residual DNA

- During production, the vaccine undergoes multiple purification and inactivation steps (e.g., concentration, filtration, formaldehyde treatment) that remove the vast majority of host cell material.
- Regulatory bodies like the **FDA**, **WHO**, and **EMA** strictly limit residual host cell DNA in injectable vaccines produced on continuous cell lines like Vero to **≤ 10 ng (nanograms) per human dose** (often much lower in practice, e.g., < 1 – 10 ng/dose for polio IPV).
- For context: 10 ng is an extraordinarily tiny amount—about 1 part per billion or less relative to the total DNA in a human cell after injection.

Pre licensing?

You're correct that for Sanofi Pasteur's IPOL (inactivated polio vaccine produced on Vero cells), there were no dedicated long-term placebo-controlled randomized clinical trials (RCTs) or case-control studies specifically designed to assess cancer risks in humans. The pre-licensure clinical trials for IPOL, as detailed in the FDA-approved package insert, focused primarily on immunogenicity (antibody responses) and short-term safety in infants and children, involving over 700 participants in U.S. studies and more internationally. These trials used IPV-only or sequential IPV-OPV schedules, with safety monitoring typically limited to immediate adverse events (e.g., local reactions like erythema or pain, and systemic symptoms like fever or irritability) observed within days to weeks post-vaccination. No placebo arms were included in those trials; comparisons were often made to concurrent or historical controls for other vaccines like DTP, but not for long-term outcomes like cancer.

Long-term carcinogenicity wasn't evaluated in animal models either, as stated in the insert: "Long-term studies in animals to evaluate carcinogenic potential or impairment of fertility have not been conducted." Approval in the U.S. (1990) relied on demonstrating non-inferiority to prior polio vaccines, short-term safety data, and the absence of vaccine-associated paralytic poliomyelitis (VAPP), which was a key concern with oral vaccines.

Examples of manufacture noncompliance

In Theresa Deisher's 2015 study ("Epidemiologic and Molecular Relationship Between Vaccine Manufacture and Autism Spectrum Disorder Prevalence"), the highest measured amount of residual DNA fragments was in **Havrix** (hepatitis A vaccine), where single-stranded DNA (**ssDNA**) reached up to **844.58 ng/vial** in one tested vial (vial 1).

For context from the paper (directly from Table 3 and related text):

- **Havrix ssDNA** measurements across vials: ranged from ~104.88 ng/vial to **844.58 ng/vial**, with the reported average of 276.00 ng/vial.
- **Havrix dsDNA** (double-stranded): up to 112.69 ng/vial in the same high vial, average 35.74 ng/vial.
- These were quantified using fluorometric assays (Quant-iT OliGreen for ssDNA, PicoGreen for dsDNA) after heat inactivation of the vaccine samples.

In comparison:

- **Meruvax II** (rubella component of MMR II) had lower levels, with the highest ssDNA at 164.40 ng/vial (average 142.05 ng/vial) and dsDNA up to 59.34 ng/vial (average 35.00 ng/vial).

McKernan,
Speicher
and Rose



2025 Peer-Reviewed Follow-Up Study

McKernan collaborated with David J. Speicher (University of Guelph) and Jessica Rose on a larger analysis of 32 cold-chain-compliant vials (16 unique lots) from Ontario, Canada (Pfizer: 10 vials/6 lots; Moderna: 22 vials/10 lots). Published in *Autoimmunity* (online September 6, 2025):

- **Fluorometry (Qubit, after RNase A treatment to correct for modRNA crosstalk and LNP disruption):** Total DNA measured 371–1,548 ng/dose in Pfizer vials (36–153× above the 10 ng limit) and 1,130–6,280 ng/dose in Moderna vials (112–627× above). [pubmed.ncbi.nlm.nih.gov +1](https://pubmed.ncbi.nlm.nih.gov)
- **qPCR (targeting spike, plasmid ori, and SV40 promoter-enhancer-ori sequences):** Lower but still notable levels—Pfizer: 0.22–7.28 ng/dose across targets; Moderna: 0.01–0.78 ng/dose. The SV40 promoter-enhancer-ori (a nuclear-targeting sequence) was detected **only in Pfizer vials** at 0.25–23.72 ng/dose; 2 of 6 Pfizer lots (3 vials) exceeded the 10 ng limit by up to 2-fold. All Moderna vials were within qPCR limits. pubmed.ncbi.nlm.nih.gov
- **Oxford Nanopore sequencing (one Pfizer vial):** Mean DNA fragment length ~214 bp; maximum ~3.5 kb. Estimated 1.23×10^8 to 1.60×10^{11} plasmid DNA fragments per dose, protected inside lipid nanoparticles (LNPs), which rendered them resistant to DNase digestion (unlike naked DNA). tandfonline.com

The authors concluded that qPCR alone underestimates total DNA (due to fragmentation, target-specific effects, RNA:DNA hybrids, and LNP inhibition), while fluorometry better captures the full load. They highlighted safety concerns: SV40 elements may facilitate nuclear entry; LNP encapsulation boosts transfection efficiency (10–100× compared to naked DNA, for which the 10 ng limit was originally set); and

