



The use of oral polio vaccine (OPV) to prevent SARS-CoV2

There is no evidence that oral poliovirus vaccine (OPV) protects people against infection with COVID-19 virus. A clinical trial addressing this question is planned in the USA, and WHO will evaluate the evidence when it is available. In the absence of evidence, WHO does not recommend OPV vaccination for the prevention of COVID-19. WHO continues to recommend OPV as part of essential immunization services to prevent poliomyelitis and as part of global polio eradication efforts.

There are experimental signals from various studies over the years that OPV has non-specific effects on the immune system. These effects have not been well characterized and their clinical relevance is unknown. Such non-specific effects may not be limited to OPV, as other live vaccines have also been associated with non-specific protective effects (such as BCG vaccine against tuberculosis). Non-live vaccines in contrast do not seem to have the same effects.

The exact mechanism of non-specific protection induced by live vaccines needs to be elucidated further. Clinical studies could begin immediately because the vaccines in question are licensed and have an excellent safety record. Clinical trials involving off-label use of various drugs licensed for other indications are currently underway. The existing scientific rationale suggests that the same should be done for OPV and other live vaccines.

A study is currently being discussed with various partners and vaccine manufacturers, including the US FDA, the outcomes of which will be carefully assessed to determine potential use in the context of the spread of SARS-CoV2 until the time when specific vaccines and antiviral therapies are ready. Studies that generate new data on non-specific effects of OPV in the context of SARS-CoV2 are considered important and should be urgently implemented.