Recommendations for Reporting on Poliovirus Outbreaks

A media guide for journalists writing about variant poliovirus and polio eradication.

OVERVIEW

The media have an important role to play in communicating about one of the most complex challenges facing global polio eradication efforts: the spread of variant poliovirus outbreaks in areas where immunization rates are low. This guide is intended to support media reporting on variant polioviruses to ensure coverage does not inadvertently cause vaccine hesitancy, mistrust, or other unintended adverse consequences to public health and use of polio vaccines. Vaccination efforts that achieve and maintain a high level of coverage (85% or higher) within at-risk populations are critical to stopping all forms of polio and finally achieving eradication of the disease.

VARIANT POLIOVIRUS: ASKED AND ANSWERED

What is variant poliovirus? Variant poliovirus is a rare form of the virus that can occur if the weakened strain of poliovirus contained in the oral polio vaccine (OPV) circulates among under-immunized populations for a prolonged period. If allowed to pass among enough under-immunized people, the virus can regain its ability to paralyze. While there are three types of variant poliovirus – types 1, 2, and 3 – type 2 variant poliovirus is the most prevalent form paralyzing children today.

What causes variant poliovirus outbreaks? Variant poliovirus outbreaks are caused by community-level immunity gaps, where both routine immunization and door-to-door campaigns have failed to reach some children for many years. These gaps could be due to several factors, such as weak routine immunization programs, poor campaign quality, insecurity and conflict, vaccine hesitancy due to misinformation, and issues accessing high-risk groups such as mobile populations.

KEY TERMS AND DEFINITIONS

Wild Poliovirus (WPV)

The wild form of polio, a highly infectious viral disease that can invade the nervous system to cause paralysis. Wild polio is endemic in just two countries – Pakistan and Afghanistan.

Variant Poliovirus

Variant poliovirus, also known as circulating vaccine-derived poliovirus (cVDPV)*, can emerge if the weakened live virus contained in an oral polio vaccine, shed by vaccinated children, is allowed to circulate in under-immunized populations for long enough to genetically revert to a version that causes paralysis.

Oral Polio Vaccine

A safe and effective vaccine that contains a combination of one, two or three strains of live, weakened poliovirus. It protects against paralysis, is easily delivered via two oral droplets and has the unique ability to stop person-to-person transmission of the virus.

Novel Oral Polio Vaccine Type 2 (nOPV2)

nOPV2 is a next-generation polio vaccine that is being used to more sustainably stop type 2 variant poliovirus (cVDPV2) outbreaks, the most prevalent form of the virus.

Inactivated Polio Vaccine (IPV)

A safe and effective vaccine that contains inactivated versions of all three poliovirus strains. It protects against paralysis and is delivered via an injection by a trained health worker. *See "Fiction vs. Fact" on page 2 or GPEI Media Centre for more definitions*

A note on terminology: The GPEI strongly recommends using the term "variant poliovirus**", as without significant context, the technical term may cause confusion and undermine public health efforts, notably uptake of polio vaccines in high-risk communities.*

Where are outbreaks happening? Most variant poliovirus outbreaks are in Africa, although there are also cases in parts of Asia and the Middle East. For the latest variant poliovirus case counts, see the GPEI's variant poliovirus page.

How are outbreaks stopped? As with wild poliovirus, outbreaks of variant poliovirus are stopped by ensuring every child is reached with polio vaccines through high-quality door-to-door vaccination campaigns. nOPV2 is now the preferred tool to sustainably stop type 2 variant poliovirus outbreaks. Following its prequalification by the World Health Organization (WHO) in December 2023, nOPV2 has become more readily available to countries. As of November 2025, over 2 billion doses of nOPV2 have been administered in over 40 countries globally.

FICTION VS. FACT

There are several common misconceptions about variant poliovirus, leading to the proliferation of misinformation that can reduce vaccine confidence and contribute to hesitancy and refusals. Journalists who are writing about polio can help to be a part of the solution and address these misconceptions in their stories.

✖ FICTION	✔ FACT
A child can be infected by variant poliovirus through receiving OPV.	**A child cannot get variant polio from receiving OPV.** A child can be infected by variant poliovirus if they are not immunized against polio and live in an area where the variant virus is circulating. Full vaccination against polio will protect an individual from polio paralysis.
OPV is inferior to IPV.	**OPV is a safe, inexpensive, easy to administer and extremely effective vaccine.** It has been the backbone of polio eradication efforts in around 150 countries due to its unique ability to stop the spread of the virus from person to person. OPV offers great personal protections and gives children strong gut immunity, which they excrete into the environment in their stool, resulting in 'passive' immunization of unvaccinated people who encounter it. However, if not enough people in a community are vaccinated, over time, the weakened virus can revert to a form that can cause paralysis. IPV prevents paralysis too but is less effective at stopping virus spread, especially in challenging settings where the virus remains. It is more expensive and requires a trained health worker to deliver it via injection. It is mainly delivered through routine immunization systems and cannot stop outbreaks alone.
Children living in certified polio-free areas no longer need to be vaccinated against polio.	**Children living in places certified to be wild poliovirus-free must continue to receive vaccination against polio** until it is eradicated everywhere. Maintaining a high level of immunity in the population prevents outbreaks of all forms of the virus.

EXAMPLES OF COMPREHENSIVE EDITORIAL EXPLANATIONS OF VARIANT POLIOVIRUS

These examples from published stories clarify that variant polioviruses can only mutate from the weakened virus used in OPV in under-immunized populations. They also help underline that children cannot contract variant poliovirus from receiving the vaccine.

> "Vaccinated children can shed the weakened virus in feces, and from there it can sometimes find its way back into people, occasionally setting off a chain of infections in communities with low immunization rates. If the weakened virus circulates for long enough, it can slowly mutate back into a more virulent form that can cause paralysis."
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> *– Apoorva Mandavilli, The New York Times, August 18, 2022*

> "The viruses Sabin modified for his vaccine can spread from child to child. If they continue to find children they can infect — if they passage through enough intestinal tracts — they can regain the power to paralyze. This phenomenon is seen in places where there are too many unvaccinated children."
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> *– Helen Branswell, STAT, July 26, 2022*

More Resources

- Global Polio Eradication Initiative website
- GPEI Media Centre
- Africa Kicks Out Wild Polio website
- GPEI Outbreak countries

For the latest updates on polio outbreaks

- Variant poliovirus outbreaks: GPEI variant poliovirus
- All outbreaks: GPEI "Polio Now" & GPEI Weekly Reports
- US CDC Mortality & Morbidity Weekly Report
- WHO Disease Outbreak News - Variant poliovirus

For more information on polio vaccines

- OPV
- IPV
- Variant Poliovirus Outbreaks and the Type 2 Novel Oral Polio Vaccine (nOPV2)