

Review of: "Relevance of Medical Ethics in Public Health: Case Study of Polio Eradication"

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Potential competing interests: No potential competing interests to declare.

The article addresses the highly relevant issue of withdrawal of oral polio vaccine (OPV) and introducing inactivated polio vaccine (IPV) across the countries covered by the Global Polio Eradication Initiative (GPEI). Furthermore, the authors raise a relevant issue of the responsibility for the results of health policies choice and implementation, which the authors attribute to the GPEI, a multistakeholder international initiative.

Vaccination programs need periodical review and adaptation to changing situations. The necessity of switching from OPV to IPV has been widely recognized and implemented by many governments and international organizations.

Despite a thorough analysis of disadvantages of vaccination with OPV in comparison with IPV, the authors did not mention the advantages of OPV and the achievements of polio elimination initiatives across different countries accomplished through the implementation of massive vaccination campaigns using OPV. Adding such analysis could help making the article less biased and explaining the reasons for the use of OPV in vaccination programs.

OPV has been used in many countries since 1960s until recently. The list of such countries includes the countries with sufficient resources to ensure the supply of necessary vaccines for their population, such as Russia, China, India. For example, in Spain and the UK, OPV was withdrawn in 2004. Furthermore, it is difficult to think of such an important international actor as India to be forced into some vaccination initiatives that harm its own population, against the opinion or without consultation with the local scientists. As mentioned by the previous reviewer, the international bodies can provide recommendations to the governments, but they are not decision makers.

The authors argue: "Polio epidemiology is inconsistent with fecal-oral transmission but consistent with respiratory transmission; oral-oral theory is weird, as it involves mouth-kissing" and "The faecal-oral transmission theory was Sabin's own idea, all contrary epidemiological evidences notwithstanding". More evidence/explanation is needed as these are controversial statements.

Furthermore, the authors state "GPEI attempted to eradicate them by repetitive tOPV campaigns, giving 40 and more doses per child". Can the authors provide a reference for this information, as the source provided does not confirm this data.

