## Qeios

### Peer Review

# Review of: "Oral Polio Vaccine Is Unsafe for the World and Should Be Replaced with Inactivated Poliovirus Vaccine Globally"

#### Arindam Ray<sup>1</sup>

1. Bill & Melinda Gates Foundation, Seattle, United States

The document's concerns about OPV's safety are valid. OPV can cause VAPP in approximately three cases per million doses and lead to cVDPVs in under-immunized populations (8). In 2024, 297 cVDPV2 cases were reported globally, surpassing the 74 WPV1 cases in Pakistan (9). However, OPV's intestinal immunity is crucial for interrupting WPV transmission in endemic areas like Pakistan and Afghanistan, where sanitation challenges facilitate fecal-oral transmission (1).

The call for a global IPV switch overlooks practical challenges. IPV is over five times more expensive than OPV and requires trained healthcare workers for injection, posing barriers in low- and middle-income countries (LMICs) (3). Additionally, IPV's limited intestinal immunity allows poliovirus shedding, risking continued circulation (3). The USA's transition to IPV followed WPV elimination using OPV, a context not yet achieved globally (2).

The document notes OPV's lower efficacy in LMICs (30–65% for three doses), supported by evidence of reduced immunogenicity due to malnutrition and co-infections (5). Yet, OPV's effectiveness in mass campaigns, as seen in India's polio elimination, demonstrates its value (4). The WHO's strategy includes IPV introduction into routine immunization while continuing OPV in high-risk areas, with plans to phase out OPV post-WPV eradication (7). Innovations like novel OPV2 (nOPV2) aim to reduce cVDPV risks (6). The application of nOPV and anti-virals needs to be scoped in.

John et al. (n.d.) raise critical concerns about OPV's safety, supported by evidence of VAPP and cVDPV risks. However, immediate global IPV adoption may be premature given OPV's role in stopping WPV

transmission and logistical challenges in LMICs. The WHO's phased approach, balancing OPV's benefits with IPV integration, is practical, though vigilance is needed to address cVDPVs.

[1] Centers for Disease Control and Prevention (2024). About Global Polio Eradication. Available at: https://www.cdc.gov/global-polio-vaccination/about/index.html

[2] Centers for Disease Control and Prevention (2024). Polio Vaccination. Available at: https://www.

cdc. gov/polio/vaccines/index.html

[3] Global Polio Eradication Initiative (2023). Inactivated Poliovirus Vaccine. Available at: https://polioeradication.org/about-polio/the-vaccines/ipv/

[4] John, T.J. and Vashishtha, V.M. (2013). Eradicating poliomyelitis: India's journey from hyperen-demic to polio-free status. Indian Journal of Medical Research, 137(5), pp.881–894.

[5] Parker, E.P.K., et al. (2018). Causes of impaired oral vaccine efficacy in developing countries. Future Microbiology, 13(1), pp.97–118.

[6] Van Damme, P., et al. (2020). The safety and immunogenicity of two novel live attenuated monovalent (serotype 2) oral poliovirus vaccines in healthy adults: a double-blind, single-centre phase 1 study. The Lancet, 394(10193), pp.148–158.

[7] World Health Organization (2021). Polio Eradication Strategy 2022–2026: Delivering on a promise. Available at: https://www.who.int/publications/i/item/9789240031937

[8] World Health Organization (2024). Polio Vaccine. Available at: https://en.wikipedia.org/wiki/Polio\_vaccine

[9] World Health Organization (2025). Circulating vaccine-derived poliovirus type 2 (cVDPV2). Available at: https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON571

### Declarations

Potential competing interests: No potential competing interests to declare.