Dear Dr Okwo-Bele,

We have recently celebrated 30 years without small pox. This occasion brought to memory the continued use of small pox vaccine in the post eradication era, which was responsible for many adverse events and sufferings until it was stopped.

The history seems to be repeating itself in polio eradication. Type 2 wild polio virus has been eradicated from the world since over 10 years (last case reported in 1999) and we are still immunizing against it. The world now is witnessing cases of paralysis due to CVDPVs mostly due to type 2 vaccine virus, which is no more needed.

I have been thinking that, actually, there is no justification to continue to give type 2 antigen, particularly, with the observed adverse events and consequences we are witnessing.

Moreover, we have been suffering from type 2 antigen in the trivalent vaccine because of its capability to compete with the other two antigens, which are needed to protect against WPV1 and WPV3.

The production of monovalent vaccines, and later on bivalent vaccine has been an excellent idea. Clinical trials with the bivalent vaccine has shown that it is a more effective immunogenic vaccine producing better results than the trivalent vaccine with respect to immunity against type 1 and type 3 polio viruses.

I, therefore, believe that it is now timely that routine immunization against polio be made with bOPV. By this we will eventually prevent cases of polio due to VDPVs. As well, it may have another benefit of increasing production of bOPV since the production lines of type 2 antigen will no more be needed and can be used to augment production of the other two antigens.

I, strongly, recommend that you put this idea to the SAGE, in their next meeting, for their consideration. The SAGE may also be requested about the modality and time frame to shift from tOPV to bOPV in the routine immunization programme.

I look forward to your views.

With best regards.