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Reply

We appreciate certain points raised by Dr. Wyatt in the context of our report on the explosive outbreak of poliomyelitis in an orphanage in Delhi in 1992. He has mentioned about a few more outbreaks in the literature which were equally or perhaps more explosive than the present outbreak. Nevertheless, these outbreaks were recorded when polio vaccine was not available. In this era of global eradication of poliomyelitis, such an outbreak is totally unacceptable.

When a susceptible individual is exposed to poliovirus, one of the following responses may occur: (i) inapparent infection, (ii) minor illness (abortive poliomyelitis), (iii) aseptic meningitis (non-paralytic poliomyelitis), and (iv) paralytic poliomyelitis. Since the diagnosis of poliomyelitis was reasonably certain in children who had only acute febrile illness (but no paralysis) during the outbreak, they were not subjected to the diagnostic lumbar puncture and were treated in the orphanage itself.

Recognition of the nonparalytic and the abortive forms is usually very difficult especially in infants and on the basis of merely clinical data. We therefore, used the term "nonparalytic poliomyelitis" in a broad sense to include all clinical forms other than paralytic poliomyelitis for the simplicity of description. Nevertheless, some of these cases were definitely showing stiffness and tenderness of the muscles of back, neck and limbs. It is perhaps sufficient to keep the records straight.

We however, do not attribute the occurrence of febrile illnesses in 21% of children in the orphanage to the inflammation from the DPT. The report provides enough evidence to suggest that these cases were indeed due to poliovirus infection. The epidemic curve (*Fig. 1*) also supports this inference; DPT was given on 24 July. Incidentally, disposable sterilized syringes were used to administer DPT to the children.

Finally, we believe that inapparent infections and pre-paralytic illnesses outnumber the paralytic cases in all settings;

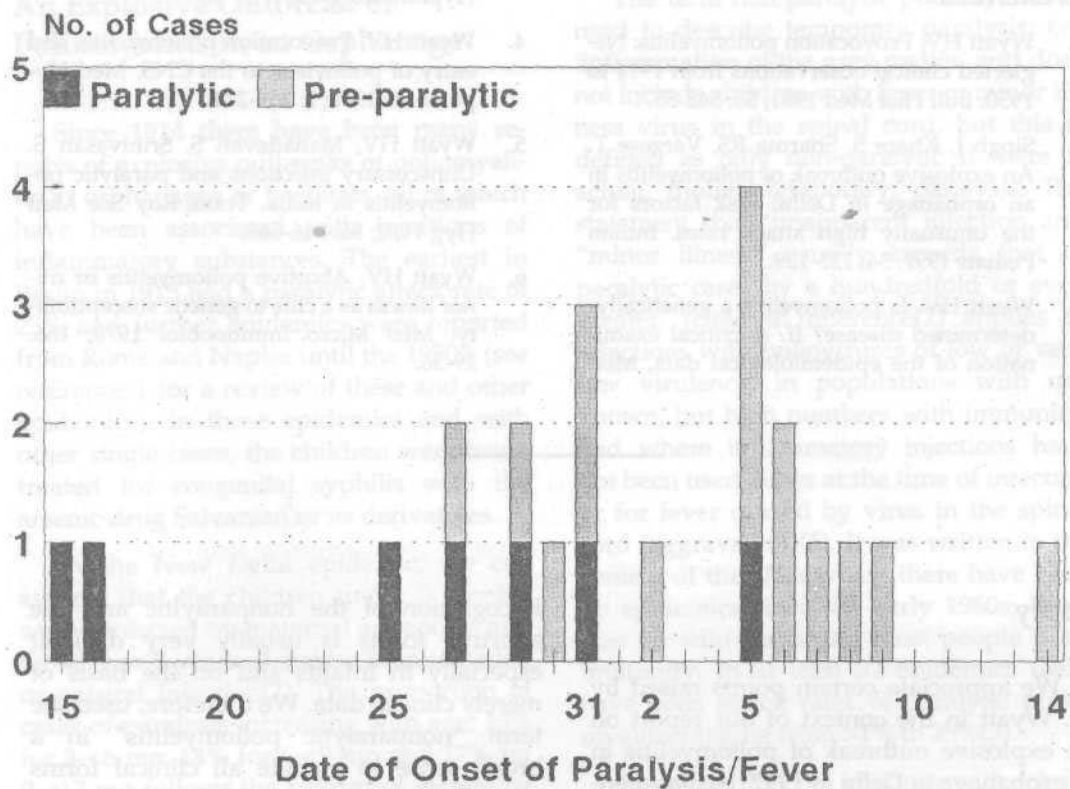


Fig. 1. Epidemic curve of poliomyelitis in an orphanage, Delhi, July-August 1992

only the degree to which they outnumber the latter may differ in varied settings. The present outbreak was also not an exception

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