

High Commission of India

Abuja

UP-DATED ADVISORY ON MANDATORY REQUIREMENT OF OPV

The mandatory requirement of Oral Polio Vaccination (OPV)/Inactivated Polio Vaccination (IPV) has been put in place for individual protection of travellers as well as for reducing the risk of importation of polio virus into India as India has completed three years without wild polio virus being detected:

The OPV/IPV is mandatory only for the residents of the seven Polio-affected nations namely Afghanistan, Ethiopia, Kenya, Nigeria, Pakistan, Somalia and Syria.

The cut off date for implementation of OPV mandatory is now 1st March, 2014.

All resident travellers from these seven countries are required to receive a dose of OPV/IPV at least four weeks prior to departure, regardless of age and vaccination status.

The Certificate of Vaccination with OPV should accompany other documents when applying for visa, as required, and at the time of travel along with the Yellow Fever Card.

A specimen Polio Vaccination Certificate is enclosed.

It is not mandatory for Indian nationals/foreign nationals residing in the seven polio-infected countries to receive vaccination with OPV before travel to India.

Indian nationals travelling from India to the seven polio-infected countries are required to receive a dose of OPV at least four weeks prior to departure regardless of age and vaccination. Each district in India has designated at least one Centre where vaccination with OPV will be provided to travellers and OPV vaccination certificate will be issued. The District Immunization Officer is the designated official for issuance of OPV vaccination certificate to travellers.

It is not mandatory for foreign nationals residing in India to receive vaccination with OPV before travelling to these seven polio-infected countries. However, they are advised to receive a dose of OPV four weeks prior to travel in their own interest.

\*\*\*\*

Certificate of Oral Polio Vaccination for International Travellers

(Valid for one year from date of vaccination)

Name: -----Sex -----

Passport No. ....Date of Birth/Age-----

Address .....

Date of Vaccination	Name of Manufacturer	Batch number of vaccine	Name, signature and stamp of designated officer