# POLIOMYELITIS

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| Pongidae, Colobidae   | Fecal - oral | Often symptomless, sometimes fever, gastrointestinal disease, nuchal rigidity, paralytic disease | Rarely | None | In houses
|                       |              |                |               |           | in zoos Live oral vaccines |

**Fact sheet compiled by**
Manfred Brack, formerly German Primate Center, Göttingen / Germany.

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**Fact sheet reviewed by**
W. Rietschel, Wilhelm Zoologischer-Botanischer Garten, Stuttgart, Germany
C. Furley, Howletts Zoo, Bekesbourne, United Kingdom

**Susceptible animal groups**
Pan troglodytes, Pongo pygmaeus, Gorilla gorilla, Colobus abyssicus kikuyensis.

**Causative organism**
Poliomyelitis virus (Picornaviridae – Enterovirus).

**Zoonotic potential**
Theoretically: yes.

**Distribution**
World – wide.

**Transmission**
Poliovirus is faecally excreted and may contaminate food – or water resources. Both man and chimpanzees may be symptomless carriers.

**Incubation period**
7 – 14 days.

**Clinical symptoms**
If present: fever, headache, gastrointestinal diseases, nuchal rigidity, paralytic disease.

**Post mortem findings**
Non purulent myelo – encephalitis with extensive loss of ganglial cells and marked glial cell proliferation. Preferential sites: spinal cord, formatio reticularis, cerebellar nuclei, and diencephalon.

**Diagnosis**

**Material required for laboratory analysis**
Faeces, CNS- tissues. For serology at least two serum samples at 3 – 4 weeks interval.

**Relevant diagnostic laboratories**
Local national medical laboratories

Nationales Referenzzentrum für
Poliomyelitis und Enteroviren am
Robert Koch Institut
Nordufer 20
13353 BERLIN Germany
Tel.: 01888.754 2379 2378
Fax: “ “ “ 2617
e-mail: schreier@rki.de

**Treatment**
None.
Prevention and control in zoos
Inactivated polio-vaccine, followed by live oral vaccination.

Suggested disinfectant for housing facilities
Chlorine – containing disinfectants.

Notification

Guarantees required under EU Legislation

Guarantees required by EAZA Zoos

Measures required under the Animal Disease Surveillance Plan

Measures required for introducing animals from non-approved sources

Measures to be taken in case of disease outbreak or positive laboratory findings

Conditions for restoring disease-free status after an outbreak

Experts who may be consulted
Dr. E. Schreier, NRZ, Berlin

References