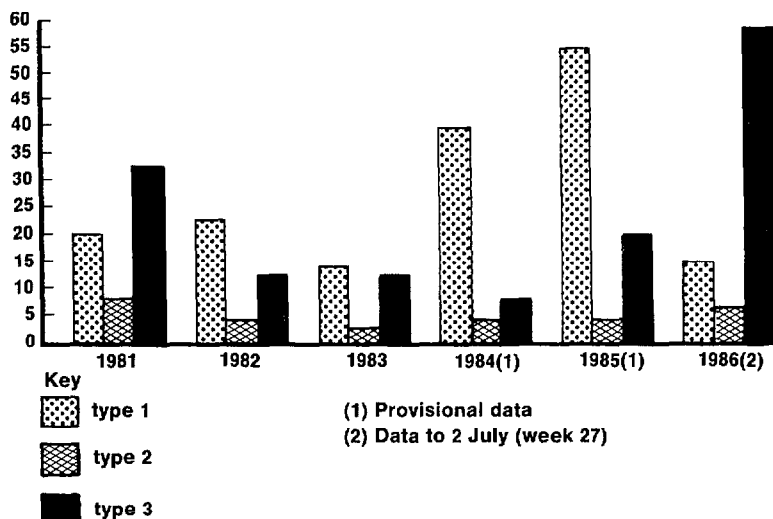


FIGURE 1. The annual number of poliomyelitis cases in Brazil, by type of virus isolated, in 1981–1986.



low efficacy could be due to a low concentration of type 3 in the vaccine, to the three doses of vaccine being insufficient to provide a satisfactory immunologic response, or to cold chain problems that could affect vaccine stability.

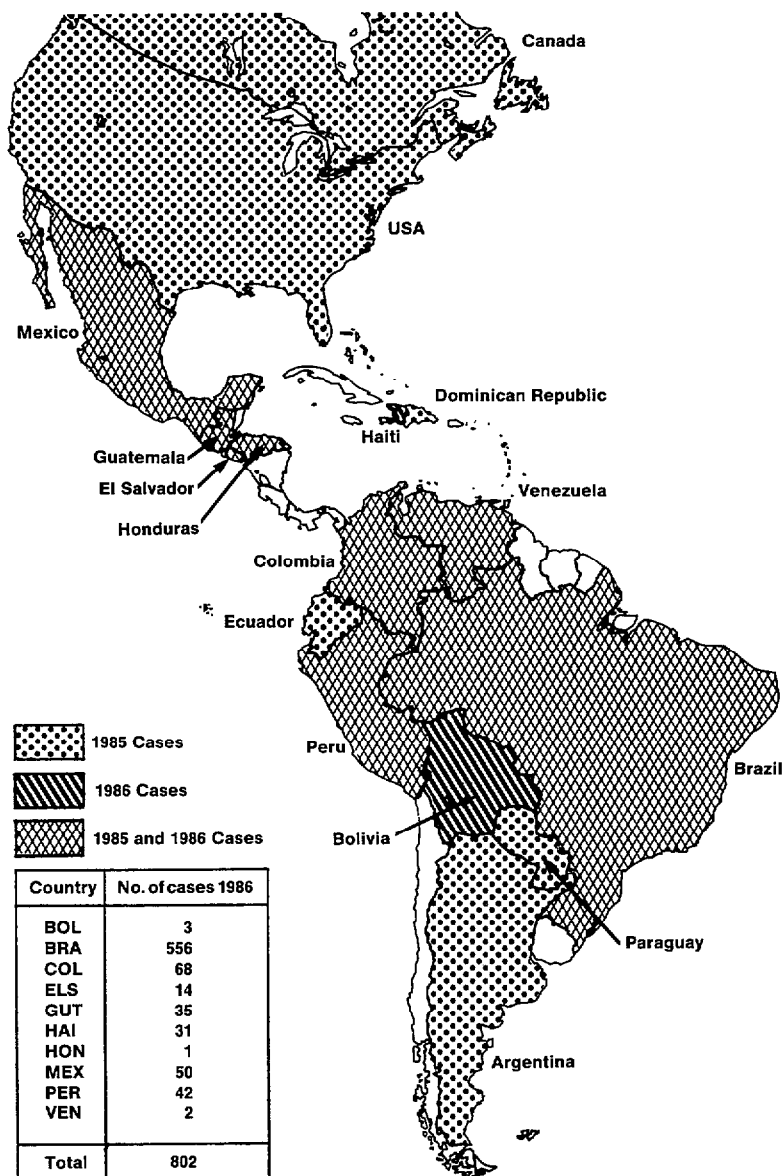
Brazil's Ministry of Health used two special polio vaccines in selected areas during the national vaccination day on 16 August—one a monovalent type 3 vaccine with the usual titer (300,000 TCID₅₀) and the other a trivalent vaccine containing double the titer for type 3 (600,000 TCID₅₀). A clinical-serologic trial was carried out to evaluate the advantages of these preparations in relation to the one currently being used, and results are expected by December 1986.

Source: Brazil, Ministry of Health, *Poliomyelitis Informe Semanal* 1(29), 19 July 1986, as reported in the PAHO EPI Newsletter, vol. 8, no. 4, 1986, pp. 3–4.

UPDATE ON POLIO IN THE AMERICAS, 1986

During the first 40 weeks of 1986 ending 4 October, a total of 802 poliomyelitis cases were reported from 10 countries in the Region of the Americas (Figure 1). For the same period in 1985, 517 cases were reported from 11 countries. Six countries that had cases in

FIGURE 1. Countries reporting poliomyelitis cases in the Americas, weeks 1-40, 1986.



calendar year 1985 have reportedly been polio-free during the first 40 weeks of 1986; these countries are Argentina, Canada, the Dominican Republic, Ecuador, Paraguay, and the United States. One country (Bolivia) that reported no cases in 1985 has reported three cases during the first 40 weeks of 1986.

Since week 32, which ended on 9 August, a total of 18 cases have been reported—14 from El Salvador, three from Bolivia, and one from Honduras.

Laboratory results obtained with specimens taken from cases in Bolivia and Venezuela indicate that these cases were caused by type 3 poliovirus. Type 3 has also proved responsible for 71 % of the cases in Brazil for which laboratory data are available (see page 403). These findings strongly suggest an increase in the circulation of type 3 poliovirus in the Region.

Source: Pan American Health Organization, *EPI Newsletter* 8(5):1, 1986.

PARAQUAT POISONING IN THE CARIBBEAN

Paraquat, one of over 150 pesticides currently in use in the English-speaking Caribbean, has been gaining importance as the main agent responsible for accidental or intentional poisoning since its introduction in the 1970s. To date, pesticide poisoning has been documented in at least seven Caribbean countries. However, pesticide-related illnesses are often unrecognized and are consequently underreported. Despite that shortcoming, it seems worthwhile to summarize reports recently received from Suriname and Dominica on the paraquat problem.

Suriname

Before 1979, hanging and drinking of full-strength "vinegar" (acetic acid) were the most commonly used suicide methods in Suriname. Beginning in 1980, however, the ingestion of herbicides (especially paraquat, also known as Gramoxone) and pesticides increased, and in 1981 it became the most frequently used method. During this period suicide by vinegar ingestion dropped sharply—from eight cases in 1979 to three in 1980 and two in 1981—partly because of a government decision to forbid the sale of undiluted acetic acid in stores.

As Table 1 shows, the number of suicides recorded in Suriname showed a rising trend through 1982, and in this latter year the total number of deaths (64) was notably higher than in previous years. In most (35) of these 1982 deaths, however, paraquat was responsible. There is thus a possibility that the increase through 1982 was caused