

Poliomyelitis: a new old disease. What is the value of continuing education programs for health professionals?

Poliomielite: uma nova velha doença. Qual o valor dos programas de educação continuada para profissionais da saúde?

Dear Editor,

We read with great interest the paper by Laurenti et al.¹ that performed a paper about International Classification of Diseases and post-poliomyelitis syndrome. Poliomyelitis is an acute infectious disease which is caused by the poliovirus. The poliovirus is directly transmitted from person to person, whenever they are in contact with infected mucus and/or phlegm from the nose or mouth, or in direct contact with infected feces. Approximately 90% of the individuals infected do not present any symptoms. However, the affected ones can show a variety of symptoms, after the virus enters the bloodstream¹. In approximately 2% of the cases, the virus reaches the central nervous system, where it preferably infects and destroys motor neurons. This normally results in muscular weakness and acute flaccid paralysis¹. After the introduction of an effective vaccination program more than 50 years ago – the number of new cases dramatically dropped. The wild-type poliovirus was eliminated from the western hemisphere, and the number of cases continually decreases in other parts of the world. Nevertheless, new cases of poliomyelitis have been reported in certain African, Asian, and Middle East countries². For instance new cases of poliomyelitis were registered in Syria, that had not registered any case of poliomyelitis since 1995²; this new register was primarily attributed to the civil war that prevented children to be vaccinated³. Since polio is still a threat in those aforementioned regions, healthcare professionals should be aware of the clinical characteristics of the disease.

In addition, a significant number of patients with history of poliomyelitis report a late-onset of neuromuscular symptoms, followed by decline in their functional capacity. These

symptoms are normally referred to as post-poliomyelitis syndrome (PPS)⁴. PPS is characterized by a new increased muscle weakness, fatigue, muscle and joint pain, muscle cramps, cold intolerance, and severe lung problems⁴.

Recently, we conducted a study that evaluated the knowledge about poliomyelitis and PPS among Brazilian physical education professionals⁵. The knowledge about poliomyelitis and PPS were found to be low among these professionals, especially among those who had not access to previous information about PPS⁵. This situation could compromise the service provided, the services provided by these professionals. Moreover, it is possible that similar levels of knowledge about poliomyelitis and PPS may be present among other health professionals, including nurses, physiotherapists, physicians, and nutritionists. Hence, studies should be conducted to better understand the knowledge of health on poliomyelitis and PPS, as well as public training policies should be implemented to increase knowledge about poliomyelitis and PPS in order to improve the services provided to the patients. Overall, we would like to express our congratulations to Laurenti et al.¹ on their interesting paper.

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