In July 2022, CDC was notified of a case of polio in an unvaccinated individual from Rockland County, New York, caused by vaccine-derived poliovirus type 2, and is consulting with the New York State Department of Health on their investigation. Public health experts are working to understand how and where the individual was infected and to provide protective measures, such as vaccinating under- and unvaccinated individuals. In addition, we are aware of the detection of poliovirus (the virus that causes paralytic polio) in wastewater samples (sewage) in several New York locations (including New York City), suggesting likely local circulation of the virus.

As a bordering state, the best way to keep New Jersey residents and children polio-free is to maintain high immunity across the population through safe and effective immunization. All children, adolescents, and adults who are unvaccinated or incompletely vaccinated should be brought up to date with all routine CDC-recommended inactivated polio vaccine (IPV) doses.

At this time, booster doses are not recommended for individuals traveling to the New York City metropolitan area, including Nassau, Orange, Rockland, and Sullivan Counties, merely because of their travel status. We understand that you may have questions or concerns. The purpose of this document is to help explain current polio immunization recommendations.

**Information About Polio**

**What is polio?**

Polio, or poliomyelitis, is a very contagious (easily spread) disease caused by the poliovirus. In its most severe form, it causes nerve injury leading to paralysis (cannot move your body), difficulty breathing and sometimes death. There is no cure, but there are safe and effective vaccines to prevent polio.

**How do people get polio?**

Poliovirus is found in the feces (poop) of infected people. People become infected with polio by swallowing the virus. This can happen when infected people do not wash their hands properly after using the bathroom and then touch food or objects that may be placed in another person’s mouth. This type of spread is called the fecal-oral route. Poliovirus is highly infectious and is most transmissible up to 14 days before and after symptoms occur, but fecal shedding (having poliovirus in
poop) can occur for weeks. In some cases, the poliovirus can be spread after someone sneezes or coughs. If you get droplets of an infected person’s phlegm or mucus in your mouth or nose, you can become infected.

Please also see the NJDOH Polio Frequently Asked Questions.

How can I prevent polio?

The best way to protect yourself and your family against polio is through safe and effective vaccination. Side effects are mild, including soreness of the arm or leg at the injection site. It cannot give you polio or cause paralysis.

In addition to vaccination, access to clean water, proper handwashing (with soap and water), modern sewage systems and wastewater management further prevent germs, including viruses like poliovirus, from spreading.

About Polio Vaccine

What are the types of polio vaccine?

Two types of vaccines protect against polio, or poliomyelitis.

- **Inactivated poliovirus vaccine (IPV)**
  - IPV is the only polio vaccine that has been used in the United States (U.S.) since 2000 (to eliminate the risk of vaccine-derived poliovirus that can occur with OPV).
  - It is given by shot in the leg or arm, depending on the patient’s age.

- **Oral poliovirus vaccine (OPV)**
  - This vaccine is no longer licensed or available in the U.S.
  - It is still used in many parts of the world.
  - Children receive doses of the vaccine by drops in the mouth.

How well does the polio vaccine work?

IPV (the only polio vaccine that has been given in the U.S. since 2000) protects against severe disease caused by poliovirus in almost everyone (99 out of 100) who has received all the recommended doses. Two doses of IPV provide at least 90% protection, and three doses provide at least 99% protection.

Can the IPV vaccine cause polio?

No, the IPV cannot cause paralytic polio because it contains killed virus only.

Where can I find more information about IPV?

CDC has some resources with great information, including:

- Polio Vaccination: What Everyone Should Know
- Polio Vaccine Information Statement (VIS)
• Vaccine (Shot) for Polio for Parents
• Vaccine Information for Adults

Polio Vaccine Recommendations

What are the current polio vaccine recommendations?

Polio immunization has been available since 1955 and has been part of the routine childhood immunization schedule for decades. IPV is the only polio vaccine that has been given in the U.S. since 2000, and protects against all three types of poliovirus, regardless of whether it was given in the U.S. or abroad. For information about OPV, please Q&A below.

Generally, those who attended school in NJ would likely have received polio vaccine as part of school-entry requirements.

Children:

• Four doses of polio vaccine, one dose at each of the following ages:
  o 2 months old
  o 4 months old
  o 6 through 18 months old
  o 4 through 6 years old

Adults:

• Unvaccinated or unknown vaccination status: should receive a series of three doses:
  o Two doses separated by 1 to 2 months, and
  o A third dose 6 to 12 months after the second dose.

• Incompletely vaccinated (completed one or two doses of polio vaccine in the past): should complete the 3-dose series of IPV (doses administered at least 4 weeks apart)

• Fully vaccinated (completed 3-dose series of polio vaccine as children): should receive a one-time booster dose of IPV if at increased risk for exposure to poliovirus
  o At this time, booster doses are not recommended for individuals traveling to the New York City metropolitan area, including Orange, Rockland, and Sullivan Counties, merely because of their travel status.

Who is considered at increased risk?

Higher risk situations include:

• Travelers who have recently traveled or are going to areas or countries where polio is epidemic or endemic (For additional information, see Polio: For Travelers).

• Laboratory and healthcare workers who handle specimens that might contain polioviruses.

• Healthcare workers who are treating patients who could have polio or have close contact with a person who could be infected with poliovirus.

• People who are in contact with or caring for a person who could be infected with polio or has been exposed to polio.
• Unvaccinated adults whose children will be receiving oral poliovirus vaccine (for example, international adoptees or refugees).

I am planning to travel for the holidays, what are the recommendations?

Polio vaccination is recommended for all travelers to countries with wild poliovirus or vaccine-derived poliovirus circulation. People who plan to travel internationally should make sure they and their children are fully vaccinated against polio before departure. For more information see Polio: For Travelers | CDC and CDC Travel Destinations List.

Poliovirus Immunity (Protection)

How do you know if someone is immune to polio?

Polio immunization has been available since 1955 and has been part of the routine childhood immunization schedule for decades. Most adults (people aged >18 years) who live in the U.S. were vaccinated as children and are therefore likely to be protected from getting paralytic polio.

However, adults who are unvaccinated or incompletely vaccinated are at higher risk for disease if exposed to poliovirus and should complete polio vaccination series as soon as possible.

Am I protected if I received OPV?

For individuals with a record of OPV, only trivalent OPV (tOPV) counts toward fully vaccinated status.

• Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent, or as given during a poliovirus immunization campaign.

• Doses of OPV given on or after April 1, 2016, should not be counted.
  o OPV given on or after April 1, 2016, as part of routine immunization regimens outside the U.S. does not protect against type 2 poliovirus, which is the type circulating in New York.
  o If there is uncertainty about whether a dose of OPV should be counted, give a dose of IPV.

I received polio vaccine as a child, should I get a booster?

At this time, booster doses are not recommended for individuals traveling to the New York City metropolitan area, including Nassau, Orange, Rockland, and Sullivan Counties, merely because of their travel status.

If you have already been fully vaccinated, you probably do not need a booster at this time. However, adults who have completed 3 or more doses of polio vaccine in the past AND meet the following criteria, may consider and consult with their healthcare provider about receiving a one-time booster dose of IPV:

• Individuals who will or might have close contact with a person known or suspected to be infected with poliovirus or such person’s household members or other close contacts, or
• Healthcare providers working in areas with community transmission of poliovirus (e.g., Nassau, Orange, Rockland, and Sullivan counties) who might handle specimens that might contain polioviruses or who treat patients who might have polio (e.g., urgent care, emergency department, neurology, virology laboratory workers), or
• Individuals with occupational exposure to wastewater, or
• Individuals who have recently traveled or are going to countries where polio is epidemic or endemic. Since the situation is dynamic, refer to the CDC Travelers’ Health website destination pages for the most up-to-date polio vaccine recommendations (https://wwwnc.cdc.gov/travel/destinations/list).

I had polio as a child, am I protected?
Not necessarily. Poliovirus infection can provide lifelong immunity against the disease, but this protection is limited to the particular type of poliovirus involved (Type 1, 2, or 3). Infection with one type does not protect an individual against infection with the other two types.

What should I do if I’m unsure whether I’m immune to polio?
Polio immunization has been available since 1955 and has been part of the routine childhood immunization schedule for decades. IPV is the only polio vaccine that has been given in the U.S. since 2000, and protects against all three types of poliovirus, regardless of whether it was given in the U.S. or abroad. Generally, those who attended school in NJ would likely have received polio vaccine as part of school-entry requirements.

If you’re unsure whether you’re immune to polio, you should first try to find your vaccination records.

How can I locate my immunization records?
Contact your health care provider regarding your past immunization history. Healthcare providers, schools, colleges, prior employers, or the military (if you were enlisted) may also have records of your immunization history. You may also be included in your state’s immunization registry. Please visit the CDC website for additional suggestions on how to locate your vaccination records: https://www.cdc.gov/vaccines/adults/vaccination-records.html

I still cannot find my immunization records and don’t know if I ever received polio vaccine. What do I do?
If you are unsure whether you received polio vaccine and your immunization records cannot be located, speak with your healthcare provider about getting 3 doses of IPV.
Can I get a blood test to see if I am immune to polio?

Unfortunately, no. Blood tests to assess immunity for people with no or questionable documentation of poliovirus vaccination is not recommended because of increasingly limited availability of antibody testing against type 2 poliovirus. Type 2 poliovirus is what is currently circulating.

Resources

New Jersey Department of Health
https://www.nj.gov/health/cd/topics/polio.shtml

Centers for Disease Control and Prevention
https://www.cdc.gov/polio/

NJ Local Health Department Directory
http://www.state.nj.us/health/lh/directory/lhdselectcounty.shtml