



Update Regarding Maintaining Vigilance for Poliovirus and Importance of Vaccination

Date: August 11, 2022

Public Health Message Type: Alert Advisory Update Information

Intended Audience: All public health partners Healthcare providers Infection preventionists
 Local health departments Schools/childcare centers ACOs
 Animal health professionals Other:

The New Jersey Department of Health (NJDOH) would like to remind providers about the importance of maintaining vigilance for re-emergence of vaccine-preventable diseases not routinely identified in the United States, such as polio, and the importance of receiving up-to-date immunizations.

On July 21, 2022, the New York State Department of Health (NYSDOH) announced, via [press release](#), a case of poliovirus identified in a Rockland County resident.

As of August 4, 2022, NYSDOH [reported](#) the detection of poliovirus in wastewater samples from Rockland County and two geographically different locations in Orange County. Sequence analysis by the Centers for Disease Control and Prevention (CDC) found that these samples are genetically linked to the Rockland County case of paralytic polio.

These environmental findings provide further evidence of local—not international—transmission of a poliovirus that can cause paralysis and potential community spread, underscoring the importance of staying up to date on polio immunizations.

CDC [Travel Alerts](#) regarding polio have been issued for [Africa, Asia and Eastern Europe](#). In addition, poliovirus has been detected in several wastewater samples in London, England. The United Kingdom Health Security Agency has declared a national enhanced polio incident response including a polio vaccination campaign.

At this time, the NJDOH has NOT been notified of any suspect polio cases among NJ residents.

Poliovirus is very contagious, occurring person-to-person via the fecal-oral or oral-oral routes. Persons infected with poliovirus are most infectious in the days immediately before and after the onset of symptoms, but poliovirus may remain present in the stool for up to 6 weeks. Approximately 25% have mild signs and symptoms compatible with other acute viral illnesses, e.g., sore throat, fever, tiredness, nausea, headache, stomach pain. Symptoms can take up to 30 days to appear, during which time an infected individual can be shedding virus to others. Approximately 75% of poliovirus infections are asymptomatic, however, asymptomatic individuals can still transmit to others. Though rare, some polio cases can result in paralysis or death.

[Vaccination](#) is the best way to prevent poliovirus infection. [Inactivated poliovirus \(IPV\) vaccine](#) was licensed for use in 1955 and was used extensively from that time until the early 1960s. IPV vaccine is highly effective in producing immunity to poliovirus and protection from paralytic poliomyelitis. Ninety percent or more of vaccine recipients develop protective antibody to all three poliovirus types after 2 doses, and at least 99% are immune following 3 doses.

Healthcare providers are encouraged to ensure that anyone unvaccinated, incompletely vaccinated, or with an unknown polio vaccination status complete the routine polio vaccine series, especially before travel to destinations considered at increased risk for polio. People interacting with or traveling to Rockland and Orange Counties, NY, should also consider completing their primary series and/or receiving a booster.

Polio Vaccination Recommendations:

Children:

CDC recommends that children get four doses of polio vaccine, one dose at each of the following ages:

- 2 months old
- 4 months old
- 6 through 18 months old
- 4 through 6 years old

Adults (especially those who are traveling to areas with increased risk of polio):

- **Unvaccinated or unknown vaccination status:** should receive a series of three doses:
 - Two doses separated by 1 to 2 months, and
 - A third dose 6 to 12 months after the second dose.
 - If an adult cannot complete the above series before departure, an accelerated schedule (three doses of IPV administered at least 4 weeks apart) is recommended.
- **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 IPV as children): should receive a one-time booster dose of IPV if traveling to areas with increased risk of polio

Some additional ways to help prevent the spread of polio and other infections include:

- Staying home from work, school, and activities when ill;
- Covering mouth and nose with a tissue when coughing/sneezing;
- Avoid the sharing of food, drink, and eating utensils;
- Cleaning surfaces that are frequently touched (such as toys, doorknobs, tables, counters, etc) regularly with soap and water or with cleaning wipes;
- Washing hands frequently with soap and water or an alcohol-based hand cleaner.

For additional information and materials on proper handwashing techniques, please visit:

<https://nj.gov/health/cd/topics/handwashing.shtml>

Resources:

Package Insert for IPOL: <https://www.fda.gov/media/75695/download>

CDC Polio Vaccination: <https://www.cdc.gov/vaccines/vpd/polio/>

CDC Polio: For Travelers: <https://www.cdc.gov/polio/what-is-polio/travelers.html>

Polio Vaccination Information Statement: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.html>

CDC's Manual for the Surveillance of Vaccine-Preventable Diseases: Chapter 12: [Poliomyelitis](#)

Epidemiology and Prevention of Vaccine-Preventable Diseases, The Pink Book (14th Edition): Chapter 18 [Poliomyelitis](#)