



State of New Jersey
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TO: Healthcare Professionals

FROM: Barbara Montana, MD, MPD, FACP **BM**
Medical Director, NJDOH, CDS

RE: Inactivated Polio Vaccine

DATE: September 26, 2022

On July 18, 2022, a case of poliovirus with acute flaccid paralysis was confirmed in an unvaccinated adult in Rockland County, New York. The infection was not travel-related. Paralytic cases are an indicator of likely underlying poliovirus transmission in a community. Wastewater samples from areas from Orange, Rockland, and Sullivan Counties in New York State and from New York City have identified poliovirus, further supporting community transmission.

As a bordering state, the best way to keep New Jersey polio-free is to maintain high immunity across the population through safe and effective immunization. All children, adolescents, and adults who are unvaccinated or under-vaccinated should be brought up to date with all routine CDC-recommended inactivated polio vaccine (IPV) doses. **The New Jersey Department of Health (NJDOH) requests that healthcare provider offices and pharmacies consider stocking IPV to increase access for people seeking vaccination.**

The NJDOH has been receiving inquiries from NJ residents seeking vaccination, particularly adults. Since IPV is not routinely recommended by the Advisory Committee on Immunization Practices (ACIP) for ages 19 years and older, healthcare providers might not stock this vaccine. Most adults do not need polio vaccine because they were already vaccinated as children. Polio immunization has been available since 1955 and has been part of the routine childhood immunization schedule for decades. However, polio vaccination is recommended for adults who are unvaccinated, are incompletely vaccinated, or who are at greater risk for exposure to polioviruses, including international travelers, laboratory workers, and healthcare professionals.

While IPV is a [required](#) vaccine for daycare and school attendance, pediatric vaccine coverage dropped during the pandemic, leaving many children at risk of vaccine-preventable diseases. Poliovirus emerges in populations with low vaccination coverage and affects people who are unvaccinated. It is imperative that we ensure all members of the community are up to date on their polio vaccinations. We urge you to immediately identify and schedule appointments for children who are behind on polio vaccination.

IPV can be given as an individual antigen, combination vaccine, or can be given at the same time as other vaccines (e.g., influenza). For additional information about the recommended vaccination schedule for children and adults, please see [CDC's Polio Vaccination: Information for Healthcare Professionals](#).

For healthcare providers who do not currently have IPV in stock, it is available through established ordering channels. For Vaccines for Children (VFC) providers, additional polio vaccine doses can be ordered on your normal VFC ordering cadence. There is also a limited amount of IPV vaccine available to enrolled providers for use in children who do not meet VFC eligibility criteria but do not otherwise have access to the vaccine. To request non-VFC adolescent doses of IPV, please email vfc@doh.nj.gov and include your facility name, 317 PIN, and number of doses being requested.

As of August 31, no poliovirus has been detected in NJ residents or wastewater samples. We urge healthcare providers to maintain vigilance for polio, especially when evaluating individuals who live, work, or attend school in southeastern New York. Poliovirus is an enterovirus spread by the fecal-oral route and less commonly by respiratory droplet transmission. Infection can lead to aseptic meningitis, paralysis, permanent disability, and death. Most people with infection will not have symptoms but can still transmit the virus. One in four people will have flu-like symptoms, one in twenty-five will have aseptic meningitis, and one in two hundred will develop symptoms of paralysis. An infected person may transmit the virus to others before and up to 2 weeks after symptom onset. The virus can persist in an infected person's feces for many weeks. People who are exposed to poliovirus are at risk for infection 3 – 6 days after exposure; paralysis typically occurs 7 – 21 days after exposure.

Confirmed or suspect cases of [poliomyelitis](#) are immediately reportable to the [local health department \(LHD\) where the patient resides](#), or if unknown, wherein the diagnosis is made. If LHD personnel are unavailable, healthcare providers should report the case to the NJDOH Communicable Disease Service at 609-826-5964. In cases of immediately reportable diseases and other emergencies, and if the LHD cannot be reached, the NJDOH maintains an emergency after hours phone number: 609-392-2020.

Thank you for your continued efforts to protect public health.