



# Department of Health

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**TO:** Healthcare Providers, Hospitals, Clinical Laboratories, and Local Health Departments (LHDs)

**FROM:** New York State Department of Health (NYSDOH), Division of Epidemiology

## HEALTH ADVISORY: Update #3 Regarding Poliovirus in New York State

*For clinical staff in Epidemiology/Infection Control, Emergency Department, Infectious Disease, Neurology, Radiology, Nursing, Internal Medicine, Pediatrics, Family Medicine, Intensive Care, Pharmacy, Laboratory Services, and all patient care areas.*

### Updates Since Last Advisory

- Enhanced surveillance for non-paralytic polio (non-specific viral symptoms or meningitis) has been expanded to include non-New York City counties in which [poliovirus genetically related to the virus strain from the case-patient has been found](#). As of the date of release of this advisory those counties are: **Rockland, Orange, Sullivan, and Nassau**. This enhanced surveillance includes individuals who are unvaccinated or under-vaccinated for polio and who reside, work, attend school, or have frequent social interactions with communities in those counties. Please see details below.
- Consistent with the enhanced surveillance activity for non-specific viral symptoms, the surveillance activity for meningitis is limited to individuals who are unvaccinated or under vaccinated for polio. Please see details below.
- **Recommendations for adult polio vaccination, below, have been updated based on updated CDC recommendations as of September 22, 2022.**
- Adults who were born and raised in the United States can assume they were vaccinated for polio as children unless there are specific reasons to believe they were not vaccinated. If an adult at risk has reason to believe they were not vaccinated, and records cannot be easily and quickly obtained, then treat them as if they are not vaccinated. Polio immunization has been available since 1955 and has been part of the routine childhood immunization schedule for decades.
- Effective September 9<sup>th</sup>, 2022 through October 9<sup>th</sup>, 2022 and in accordance with New York State (NYS) Governor Kathy Hochul's [Executive Order No. 21.0](#), NYS Medicaid Fee-For-Service (FFS) and Medicaid Managed Care (MMC) Plans cover the inactivated poliovirus vaccine (IPV) for administration of IPV to Medicaid FFS and MMC members. NYS Medicaid providers should follow the coverage and billing guidance for the poliovirus vaccine and its administration provided in the August edition of the NYS Department of Health's (DOH) Medicaid Update article. Depending on when accessed, the article can be found either in the "Current Issue" section or the "Archived Issues" section of the DOH Medicaid Update webpage located at: [https://www.health.ny.gov/health\\_care/medicaid/program/update/main.htm](https://www.health.ny.gov/health_care/medicaid/program/update/main.htm). This article provides billing instructions (including vaccine counseling) for Article 28 facilities, private practitioners, School-Based Health Centers, Federally Qualified Health Centers, and Medicaid Managed Care providers. Please refer to this article when ordering and billing for the polio vaccine.

- **In view of misinformation and rumors spreading in the involved areas, we strongly encourage healthcare providers, who tend to be highly trusted, to continue to advocate for patients and speak out about the reality of the threat, the presence of circulating poliovirus in New York State, and the critical importance of immunization.**
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### **Polio Immunization Recommendations**

- All providers in Rockland, Orange, and Sullivan Counties who are capable of delivering vaccines in their practice should stock inactivated polio vaccine (IPV) and offer IPV to patients according to the recommendations below. Combination vaccines including IPV can be given to children and are preferred as appropriate, according to ACIP guidelines. IPV alone can be given to children and adults and is available through your usual vaccine ordering channels or may be available from the local health department.
- **All children and adolescents** (up through 17 years of age) who are **unvaccinated or under-vaccinated** should be brought up to date with all routine CDC-recommended IPV doses. This is particularly urgent if they live, work, attend school, or have frequent social interactions with [communities where poliovirus has been repeatedly detected in wastewater](#) (currently Rockland, Orange, and Sullivan Counties).
  - Particular emphasis should be placed on catch-up immunization for young children who are unimmunized or under-immunized, such as those whose parents might have planned to delay immunization until shortly before school enrollment. The hygiene habits of young children and the fact that they are often cared for in congregate settings place them at greater risk for acquiring poliovirus.
- **Adults** (18 years of age and older) who are **unvaccinated or under-vaccinated** and at **increased risk of infection** should receive polio vaccination to **complete the primary series**. This includes:
  - Individuals living or working in an area with community transmission of poliovirus.
  - Individuals working in a laboratory or healthcare setting and handling specimens that might contain polioviruses.
    - In New York State this may include individuals who collect or work with wastewater specimens for poliovirus testing.
  - Healthcare providers or other caregivers who have close contact with a person who could be infected with poliovirus. In New York State, this would include:
    - Healthcare workers who work in areas with community transmission of poliovirus and who could care for patients with poliovirus (e.g., urgent care, emergency department, neurology, pediatrics).
    - Individuals who will or might have exposure to a person known or suspected to be infected with poliovirus, such as household members and other close contacts of a case or suspect case, who provide care.
    - Child care or pre-K providers who work in areas with community transmission of poliovirus and provide diapering or toileting care or assistance.
  - Individuals traveling to a country where there is a documented increased risk of exposure to poliovirus. See <https://www.cdc.gov/polio/what-is-polio/travelers.html>.
  - Individuals whose child(ren) will be receiving oral poliovirus vaccine (OPV), such as international adoptees or refugees.

Areas considered to have community transmission of poliovirus include those where poliovirus has been repeatedly detected in wastewater (currently Rockland, Orange, and Sullivan Counties). Other adults who are unvaccinated or under-vaccinated and who don't meet the above criteria for being at increased risk of infection should talk with a healthcare provider about the polio vaccine to determine their risk and to vaccinate accordingly (e.g., adults who will be

spending substantial amounts of time in counties with community transmission of poliovirus for reasons other than residence or work).

- **Adults** (18 years of age and older) who have previously completed a vaccine series against poliovirus and are at **highest risk of infection** may be given a **booster dose** of IPV:
  - Individuals working in a laboratory or healthcare setting and handling specimens that might contain polioviruses.
    - In New York State this may include individuals who collect or work with wastewater specimens for poliovirus testing.
  - Healthcare providers or other caregivers who have close contact with a person who could be infected with poliovirus. In New York State, this would include:
    - Healthcare workers who work in areas with community transmission of poliovirus and who could care for patients with poliovirus (e.g., urgent care, emergency department, neurology, pediatrics).
    - Individuals who will or might have exposure to a person known or suspected to be infected with poliovirus, such as household members and other close contacts of a case or suspect case, who provide care.
    - Child care or pre-K providers who work in areas with community transmission of poliovirus and provide diapering or toileting care or assistance.
  - Individuals traveling to a country where there is a documented increased risk of exposure to poliovirus. See <https://www.cdc.gov/polio/what-is-polio/travelers.html>.

Areas considered to have community transmission of poliovirus include those where poliovirus has been repeatedly detected in wastewater (currently Rockland, Orange, and Sullivan Counties). Adults who meet the criteria above should receive only one lifetime booster. At this time, booster doses are not recommended for individuals traveling to the New York City metropolitan area, including Rockland, Orange, or Sullivan Counties, merely because of their travel status.

- For individuals with a record of OPV (e.g., given abroad), 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.
  - 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, the type circulating in New York.
  - If there is uncertainty about whether a dose of OPV should be counted, give a dose of IPV.
- IPV protects against all three types of polioviruses, regardless of whether given in the U.S. or abroad.
- These vaccination recommendations are consistent with guidelines from the Advisory Committee on Immunization Practices (ACIP, <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4905a1.htm>), which state that:
  - For children:
    - “All children should receive four doses of IPV at ages 2, 4, and 6-18 months and 4-6 years.”
      - “If accelerated protection is needed, the minimum interval between doses is 4 weeks, although the preferred interval between the second and third doses is 2 months.”
    - “Those who are inadequately protected should complete the recommended vaccination series. No additional doses are needed if more time than recommended elapses between doses.”
  - For adults:

- “Vaccination is recommended for certain adults who are at greater risk for exposure to polioviruses than the general population...”, e.g., certain travelers, members of communities or specific population groups with disease caused by polioviruses, certain laboratory workers, health-care workers who have close contact with patients who might be excreting polioviruses.
- “Unvaccinated adults who are at increased risk should receive a primary vaccination series with IPV.”
- “Available data do not indicate the need for more than a single lifetime booster dose with IPV for adults.”
- IPV or the first dose of combination products containing IPV can be given as early as 6 weeks of age and should be considered for administration when infants who are at least 6 weeks old and reside in affected counties present for care. Otherwise, it should be given at 2 months of age according to the usual recommended schedule.
- Polio vaccine can be given during pregnancy and is recommended if otherwise indicated.
- Polio vaccine may be given at the same time as other vaccines.
- IPV, the only polio vaccine available in the US, is highly effective, with 90% or more of vaccine recipients developing protective antibody levels to all three poliovirus types after 2 doses, and 99% developing protective antibody levels following 3 doses.
- To obtain IPV for your patients, please order through your usual vaccine ordering channels. Contact your local health department if you have concerns about obtaining vaccine.

#### **Routine and Enhanced Polio Surveillance**

- Surveillance for non-paralytic polio – non-specific viral symptoms
  - NYSDOH recommends that the following individuals undergo testing for enterovirus (poliovirus is a type of enterovirus):
    - Unimmunized or under-immunized for polio, or unknown immunization status and suspected to be unimmunized (patient report acceptable if records are not available), and
    - Reside, work, attend school, or have frequent social interactions with communities in Rockland, Orange, Sullivan or Nassau counties, and
    - Symptoms consistent with non-paralytic polio:
      - Sore throat and/or fever, AND
      - At least two of the following symptoms (sore throat and/or fever can count as one or both): sore throat, fever, tiredness, headache, nausea, stomach pain.
  - and
    - If tested, negative results for COVID-19, influenza, streptococcal infection, and other respiratory pathogens (with the exception of enterovirus or “rhino-enterovirus”, for which positive results might indicate poliovirus).
  - Individuals who meet the criteria above should have a diagnostic **stool specimen collected for enterovirus PCR** and **sent to the clinical laboratory** routinely used.
    - If a stool specimen cannot be obtained, then an oropharyngeal (OP) swab is also acceptable, although stool is preferred.
    - The relevant ICD-10 code should be included on the lab requisition (e.g., B34.9, J02.9).
    - **The Rockland, Orange, Sullivan or Nassau County connection and the polio immunization status should be included on the lab requisition.**
    - An enterovirus-specific PCR test should be ordered; that is, point-of-care or other tests that return a “rhino-enterovirus” result are not acceptable.
  - NYSDOH will contact clinical laboratories and request that they send specimens positive for enterovirus to the NYSDOH Wadsworth Center for poliovirus testing.

- Surveillance for non-paralytic polio – meningitis
  - NYSDOH recommends that the following individuals with meningitis undergo diagnostic testing for poliovirus:
    - Unimmunized or under-immunized for polio, or unknown immunization status and suspected to be unimmunized (patient report acceptable if records are not available), and
    - Reside, work, attend school, or have frequent social interactions with communities in Rockland, Orange, Sullivan or Nassau counties, and
    - If tested, positive results for enterovirus in cerebrospinal fluid (CSF). If not tested for enterovirus, then no other apparent cause for the meningitis.
  - Patients meeting the criteria above should have a diagnostic **stool specimen collected for enterovirus PCR and sent to the clinical laboratory** routinely used.
    - If a stool specimen cannot be obtained, then an OP swab is also acceptable, although stool is preferred.
    - **The Rockland, Orange, Sullivan or Nassau County connection should be included on the lab requisition.**
    - An enterovirus-specific PCR test should be ordered; that is, point-of-care or other tests that return a “rhino-enterovirus” result are not acceptable.
  - NYSDOH will contact clinical laboratories and request that they send specimens positive for enterovirus to the NYSDOH Wadsworth Center for poliovirus testing.
  
- Surveillance for suspected paralytic polio or strongly suspected non-paralytic polio or suspected acute flaccid myelitis (AFM)
  - **Immediately notify the local health department** where the patient resides and/or contact the New York State Department of Health.
  - See additional information in [August 4, 2022 Health Advisory: Update Regarding Poliomyelitis in Rockland County, New York State \(PDF\) under the section entitled “Guidelines for Healthcare Providers”](#)
  - **Paralytic polio and AFM can have similar clinical presentations.**
  - The recommendations in this section apply statewide.
  - The specimen collection and submission recommendations in this section apply for **cases of possible paralytic polio or when there is a high suspicion of non-paralytic polio** (e.g., compatible illness in a contact of a polio case) **or suspected AFM.**
  - Specimens should be collected as follows (in order of priority) and **sent directly to Wadsworth Center with a request for poliovirus testing:**
    - **Two stool specimens** collected 24 hours apart
    - **Oropharyngeal (OP) swab**
    - **Nasopharyngeal (NP) swab**
    - **Cerebral spinal fluid (CSF)**
    - **Serum** (acute and convalescent), collected **before** treatment with intravenous immunoglobulin (IVIG; 2-3 cc in red or tiger-top tube)
    - A shipping manifest from an electronically submitted Remote Order OR an [Infectious Disease Requisition](#) form should accompany all specimens sent to Wadsworth, noting symptoms and immunization history.
  
- Specimen collection, storage, and shipping
  - For stool specimens, a quarter-sized amount of stool should be collected in a sterile, wide-mouth container with no additives.
  - For OP swabs, flocked swabs are preferred. Sterile Dacron or rayon swabs with plastic or metal handles may also be used. Do NOT use cotton or calcium alginate swabs or

- swabs with wooden sticks. Place the swab in liquid viral transport media (VTM) or universal transport media (UTM). The swabs and media used for COVID-19 or influenza PCR testing can be used. Do not use saline or send dry swabs.
- CSF specimens of 2-3 cc should be collected into a sterile collection tube without additives, frozen promptly to -70/80°C and shipped on dry ice.
  - All other specimens should be stored refrigerated and shipped on frozen gel packs.

### Previous Advisories and Resources

- Previous NYSDOH advisories on polio can be found at:
  - August 19, 2022 Health Advisory: Update #2 Regarding Poliomyelitis in New York State, [https://health.ny.gov/diseases/communicable/polio/docs/health\\_advisory\\_8-19-22.pdf](https://health.ny.gov/diseases/communicable/polio/docs/health_advisory_8-19-22.pdf)
  - August 4, 2022 Health Advisory: Update Regarding Poliomyelitis in Rockland County, New York State, [https://www.health.ny.gov/diseases/communicable/polio/docs/health\\_advisory\\_8-4-22.pdf](https://www.health.ny.gov/diseases/communicable/polio/docs/health_advisory_8-4-22.pdf)
  - July 22, 2022 Health Advisory: Poliomyelitis Case in Rockland County, New York State, [https://www.health.ny.gov/diseases/communicable/polio/docs/2022-07-29\\_han.pdf](https://www.health.ny.gov/diseases/communicable/polio/docs/2022-07-29_han.pdf)
- New York State polio webpage with general information, vaccination information, wastewater surveillance results, and vaccination rates by county and zip code: <https://www.health.ny.gov/diseases/communicable/polio/>.
- New York City's advisory "2022 Health Alert #20: Update on Poliovirus in New York City" can be found at <https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/2022/polio-in-nyc.pdf>.
- CDC Suspect Polio Factsheet: <https://www.cdc.gov/polio/pdf/Polio-Fact-Sheet-Suspect-Polio-508.pdf>
- New infographic on Adult Polio Vaccination from the CDC: <https://www.cdc.gov/ncird/investigation/polio/downloads/adult-polio-vaccination.pdf>
- ACIP Recommendations for Polio Vaccination: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/polio.html>
- Updated CDC Polio Vaccination: What Everyone Should Know: <https://www.cdc.gov/vaccines/vpd/polio/public/index.html>
- Updated CDC Polio Vaccinations for Specific Populations: <https://www.cdc.gov/vaccines/vpd/polio/hcp/recommendations.html>
- Updated CDC Polio Vaccine for Adults: <https://www.cdc.gov/ncird/investigation/polio/adult-vaccination.html>
- CDC Polio Vaccine Information Statements: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.html>
- Vaccine Derived Polio FAQ: <https://www.cdc.gov/vaccines/vpd/polio/hcp/vaccine-derived-poliovirus-faq.html>
- Updated Polio: For Healthcare Providers | CDC: <https://www.cdc.gov/vaccines/vpd/polio/hcp/index.html>
- Guidance for assessment of poliovirus vaccination status and vaccination of children who have received poliovirus vaccine outside the United States: [https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s\\_cid=mm6606a7\\_w](https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w).
- NYSDOH Polio Wastewater Detections: <https://health.ny.gov/diseases/communicable/polio/wastewater.htm>
- NYSDOH AFM Health Advisory: [https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/NYSDOH\\_AFM\\_Health\\_Advisory\\_06242022\\_FINAL\\_1656100564923\\_0.pdf](https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/NYSDOH_AFM_Health_Advisory_06242022_FINAL_1656100564923_0.pdf)
- Updated CDC polio in travelers: <https://www.cdc.gov/polio/what-is-polio/travelers.html>

Clinicians with questions can contact the NYSDOH at 1-866-881-2809 evenings, weekends, and holidays or [AFM@health.ny.gov](mailto:AFM@health.ny.gov) and [BCDC@health.ny.gov](mailto:BCDC@health.ny.gov). In New York City clinicians may contact the healthcare provider access line at 1-866-692-3641.

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