



New Jersey Department of Health Vaccine Preventable Disease Program

Are You Protected Against Polio?

Revised Date: February 11, 2025

A confirmed case of [paralytic poliomyelitis](#) was identified in July 2022 in Rockland County, New York in an unvaccinated adult. [Wastewater surveillance](#) in Rockland, Orange, Nassau, and Sullivan Counties and New York City detected genetically related poliovirus between April 2022 and February 2023, suggesting the presence of other asymptomatic or non-paralytic polio cases in these New York counties. Poliovirus can spread where vaccination rates are low.

As a bordering state, the best way to continue to keep New Jersey residents, especially children, safe from polio is to maintain high immunity across the population through safe and effective vaccination. All individuals – children *and* adults – who are unvaccinated or incompletely vaccinated against polio should be vaccinated according to the [ACIP routine and catch-up schedules](#).

The recommendations reflect June 2023 updated guidance that adults who are unvaccinated or have not received all recommended polio vaccine doses should receive additional doses to complete their primary series using inactivated polio vaccine (IPV).

Since December 2024, the New Jersey Department of Health has noted an increase in blood tests ordered to check polio immune status. Blood tests to assess immunity for people with no or questionable documentation of poliovirus vaccination are **not recommended** because of increasingly limited availability of antibody testing against type 2 poliovirus. If polio vaccination status is unknown and vaccination records cannot be located, it is recommended to complete the polio vaccination series with IPV, especially before travel to [destinations](#) considered at increased risk for polio.

The purpose of this document is to help explain current polio vaccination 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. The inactivated polio vaccine (IPV) used in the United States 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.

What are the side effects of IPV?

Some people who get IPV get a sore spot where the shot was given. IPV has not been known to cause serious problems.

Where can I find more information about IPV?

These are valid resources with great information, including:

- [Polio Vaccination: What Everyone Should Know](#)
- [Polio Vaccine Information Statement \(VIS\)](#)
- [Polio: Questions and Answers, Information about the disease and vaccines](#)

Polio Vaccine Recommendations

What are the current polio vaccine recommendations?

Polio vaccine has been available since 1955 and has been part of the routine childhood vaccination schedule in the U.S. 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 see the 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 IPV, 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 (≥18 years):

- Most adults have likely already been vaccinated against poliovirus during childhood.
- However, if you know or suspect that you are unvaccinated or incompletely vaccinated you should receive IPV:
 - Two doses separated by 1 to 2 months, and
 - A third dose 6 to 12 months after the second dose.
- If you have had one or two doses of polio vaccine in the past you should get the remaining one or two doses.
- If you are fully vaccinated and are at increased risk of poliovirus exposure, including planning to travel to countries where there is an increased risk, you may receive a single lifetime booster dose of IPV.

Who is considered at increased risk?

- Individuals traveling to a country where there is a documented increased risk of exposure to poliovirus.
 - For more information see [Polio: For Travelers](#)
- Individuals working in a laboratory or healthcare setting and handling specimens that might contain polioviruses.
- Healthcare workers or caregivers who have close contact with a person who might be infected with poliovirus.
- Public health has identified you as being part of a group or population at increased risk of exposure because of an outbreak.

I am planning to travel internationally, what are the recommendations?

International travel increases your chances of getting and spreading diseases that are rare or not found in United States. 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, as well as any routine and destination-specific recommended vaccines before departure. For more information see:

- [CDC Travel Vaccines](#)
- [Polio: For Travelers | CDC](#)
- [CDC Travel Destinations List](#)

Poliovirus Immunity (Protection)

How do you know if someone is immune to polio?

Polio vaccination has been available since 1955 and has been part of the routine childhood vaccination schedule in the U.S. for decades and is still part of the routine childhood vaccination schedule. Therefore, most adults (people aged >18 years) who were born and raised in the U.S. can assume they were vaccinated for polio as children unless there are specific reasons to believe they were not vaccinated. Adults who received any childhood vaccines in the U.S. almost certainly were vaccinated for polio.

If you think you are unvaccinated or incompletely vaccinated against polio, and records cannot be easily obtained, it is recommended that you complete the polio vaccination series with IPV.

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 vaccination 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 vaccination regimens outside the U.S. does not protect against type 2 poliovirus, identified as the type that was circulating in New York.

- 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?

If you are fully vaccinated, you probably do not need a booster at this time. However, if you are at increased risk of poliovirus exposure (as described above), including planning to travel to countries where there is an increased risk, you may receive a single lifetime booster dose of IPV.

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 vaccination has been available since 1955 and has been part of the routine childhood vaccination schedule in the U.S. 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 vaccination records?

Contact your healthcare provider regarding your past vaccination history. Healthcare providers, schools, colleges, prior employers, or the military (if you were enlisted) may also have records of your vaccination history. You may also be included in your state's immunization registry, such as the New Jersey Immunization Information System ([NJIS](#)). Since 2011, NJ providers who administered vaccines to children less than 7 years of age are required to enter vaccine records in NJIS. If you have a vaccination record in NJIS, it will then also be accessible to you for downloading through the Docket app (available for free download via [Apple App Store](#) or on [Google Play](#)).

Please visit the CDC website for additional suggestions on how to locate your vaccination records: <https://www.cdc.gov/vaccines-adults/recommended-vaccines/keeping-vaccine-records-up-to-date.html>

I still cannot find my vaccination 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 vaccination records cannot be located, it is recommended that you complete the polio vaccination series with IPV. A commercial laboratory blood test is not sufficient for demonstrating immunity to polio (please see next question and answer). Getting extra doses of the vaccine is not harmful.

Can I get a blood test to see if I am immune to polio?

No. Blood tests to assess polio immunity for people with no or questionable documentation of poliovirus vaccination is NOT recommended. There are three strains of polio - poliovirus types 1, 2 and 3. The NJDOH is not aware of any commercial laboratory currently able to test for type 2 poliovirus (what was recently circulating in New York.)

Previous blood testing, which was obtained when testing for type 2 poliovirus was still available in the U.S., will be accepted as evidence of polio immunity if the test documents a **separate positive result for each of the three poliovirus serotypes**.

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

<https://www.nj.gov/health/lh/community/index.shtml#1>