

New York declares a state of emergency on polio over growing community transmission of the virus

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New York Governor Kathy Hochul declared a state of emergency Friday for the entire state, as the polio outbreak continues to widen. The detection of the virus that causes polio in a wastewater sample in Nassau County, on Long Island, at the beginning of the 2022-2023 school year appears to have been the tipping point.

According to state health officials, polio virus had been identified in 56 samples collected from wastewater in Rockland, Orange, and Sullivan counties, which extend northwest from New York City along the New Jersey and Pennsylvania border, as well as in the city itself, between May and August, and now Nassau in early September.

About 50 of these samples were genetically linked to the polio case diagnosed in a young Jewish man from Rockland County in June who had never been vaccinated. The county is home to a large community of the Hasidic (ultra-orthodox), whose vaccination rates have been much lower than the general population.

The symptoms of the young man included fever, stiffness in his neck, and weakness in his legs. The virus usually spreads through contamination with virus-laden fecal material. In this case, the polio virus was detected in his stool.

Troubling, however, is that seven of the samples have not been linked to the Rockland County case, implying there has been far more undetected community spread than previously thought. In the case of the young man in Rockland, he was probably infected a week to three weeks prior to presenting with symptoms. He hadn't traveled abroad, but had attended a recent large gathering.

Polio was eliminated in the US back in 1979, according to the US Centers for Disease Control and Prevention (CDC). The last polio case in 2013 was in someone who caught the disease while traveling abroad. The current outbreak was caused by a vaccine-derived poliovirus, meaning someone who had been vaccinated with an attenuated poliovirus oral vaccine (the Sabin vaccine) had shed the virus, leading to community spread.

In the US, polio immunization is given by injection using an inactivated poliovirus vaccine (the Salk vaccine). Because it does not contain a live virus, there is no possibility of those

vaccinated shedding the virus. On the other hand, the oral poliovirus vaccine, which has been a critical factor in eradicating the wild poliovirus around the world, induces immunity using a weakened live virus which under normal circumstances is not dangerous.

However, some people with immunodeficient disorders vaccinated with the oral poliovirus vaccine can possibly shed the live attenuated virus and cause outbreaks in places where vaccine coverage is low. This is precisely the concern being raised by health officials in New York.

As Governor Hochul's declaration notes, "Routine vaccination rates against polio across all ages have decreased throughout the COVID-19 pandemic and vaccine hesitancy has increased." She added that the "vaccination rate against polio among two-year-old children in New York is 78.96 percent and is significantly less than that in several counties and zip codes." In Rockland County, that figure is as low as 37 percent in one ZIP code.

The intent of an emergency declaration is to enlist state and federal resources that are otherwise unavailable or insufficient, for the purpose of "bolstering the immunization drives, expanding the network of polio vaccine administrators with the addition of EMS workers, midwives, and pharmacists and authorize physicians and certified nurse practitioners to issue non-patient-specific standing orders for polio vaccines." It also places requirements on health systems to track and report data to the New York State Department of Health.

As State Health Commissioner Dr. Mary T. Bassett said, "On polio, we simply cannot roll the dice. If you or your child are unvaccinated or not up to date with vaccination, the risk of paralytic disease is real. I urge New Yorkers to not accept any risk at all. Polio immunization is safe and effective—protecting nearly all people against disease who receive the recommended doses. Do not wait to vaccinate."

Indeed, the reemergence of polio after more than four decades of absence has sent a shudder throughout communities in the US, where there was a general assumption that this terrifying disease was relegated to the history books. Given that polio causes paralysis in only a small fraction of its victims, a single

case of paralytic polio means there are hundreds of people infected who are spreading it to others unawares.

However, it isn't just the emergence of polio that has been so unsettling. Placing it in the context of the COVID pandemic that has killed almost 1.1 million Americans in the last three years and debilitated millions more, and now amidst an unprecedented monkeypox pandemic, the significance is profound.

This triple blow is not simply an unfortunate but random event. It is, in Marxian terms, a series of seeming accidents that express historical necessity. Both the emergence of new and the revival of old pandemics are the product of what Leon Trotsky called "the death agony of capitalism." So too is the manifest inability of the ruling class to maintain a public health infrastructure capable of dealing with one such threat, let alone three at the same time.

Ample warnings were made by infectious disease experts about the possibility of a pandemic potential respiratory pathogen emerging long before the world had ever heard about a mysterious virus sickening residents in the large industrial city of Wuhan in China. The outbreaks of SARS-CoV-1 (2002-2004) and MERS (2012) were only dress rehearsals for nature.

And when the World Health Organization declared SARS-CoV-2 a Public Health Emergency of International Concern, the response of the ruling classes around the world was not to adopt the most effective public health strategy to suppress the pandemic, but to seize upon the outbreak as an opportunity to siphon trillions in public monies into the coffers of the financial aristocracy.

An outbreak of monkeypox, which has infected more than 60,000 people across the globe, had been predicted for decades. The pandemic exploded on the back of the COVID pandemic after mitigation measures to contain SARS-CoV-2 were suddenly lifted, providing an opening for the virus to move out from the isolated areas in west-central Africa where it had been endemic. It obtained a foothold in social networks and rapidly spread to more than 60 countries. And now with schools reopening, the number of cases of pediatric monkeypox infections has begun to climb.

Had the available vaccines against monkeypox, including therapeutic and diagnostic resources been made available to assist these impoverished African countries over the last two decades, there wouldn't have been a monkeypox pandemic.

Inevitably, globalization and international commerce has given these once rare pathogens ample territory to exploit. That the current virus has been—up to now—far less lethal than the historical experience with smallpox has only instilled federal public health institutions with even more apathy. The outcome could have been much worse if the Congo Basin version, known as Clade I, which is much deadlier, had been the clade to erupt suddenly.

However, three years of the COVID pandemic has brought

health institutions across the US to the point of collapse. There is now an effort to blame nurses for medical errors caused by overwork and inadequate staffing, scapegoating workers for the crisis of a health care system constantly undermined by the drive for profit. This is one of the symptoms of capitalist rot affecting every aspect of society.

In the case of polio, both the science of the disease and the public health measures to fight it are well understood, and were demonstrated in practice more than 60 years ago. It is a measure of the headlong decay of capitalist society that this disease can now make a comeback, when it should have been eliminated, like smallpox, from the entire planet.

A reservoir of active polio infections remains in a handful of particularly impoverished countries, including Afghanistan and remote parts of Pakistan, as well as a few areas in Africa. But the real source of the danger lies in the decline in vaccination rates, particular in the United States, where the campaign by right-wing "anti-vaxxers" had significant impact even before the current campaign against any mitigation effort against COVID-19.

The vulnerability of the Hasidic communities in New York state, for example, has nothing to do with their version of Judaism. It relates to the pernicious efforts of anti-vaxxers to spread suspicion and fear of vaccination among isolated populations, both in remote rural areas and in certain populations in more urbanized areas.

Lack of public education on vaccinations, curriculum designed to teach children and youth on the history of public health and nature of diseases, funding of health care and public health commensurate with social equality, and the implementation of pandemic prevention systems that are coordinated internationally only function to make future pandemics inevitable despite the existence of ample resources and capacity to prevent and eradicate them.

Indeed, the declaration of emergency against polio is also a declaration of the utter failure of public health in the United States. It is also a measure of fear among the ruling elites that the façade they have been upholding is crumbling where they stand.



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