



## COVID and Polio Survivors - Two Years Later

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Primary Care Perspectives

Part 2 of Dr. Eulberg's Series: Allergies, Colds, COVID (or) Flu

It has now been almost two years since COVID-19 was first identified and the world began to deal with it. In early 2020, with our years of learning and all our technology, we were sure that we'd be able to conquer and vanquish this tiny "little" virus. Yet here we are, with waves of infection occurring with one variant

after another and the disease still very much in our midst and on our minds. We're *all* weary of it, but we must stay positive.

We have certainly made strides:

- We have multiple vaccines,
- We are developing new treatments,
- We are learning more and more about how the disease passes from one person to another,
- We are learning how to better monitor and treat those who become infected.

Information specific to polio survivors was published and circulated by many polio-related organizations. But, as recently as December 2021, I was still receiving occasional calls from polio survivors questioning whether they should get the vaccine. In my personal interactions with polio survivors, it appears that the majority have taken the steps to be fully vaccinated. I think this is because we are personally aware of what damage a tiny virus can do to one's body and the majority of us have wished that the polio vaccine had been available prior to our contracting polio.

There was one theory circulating that, perhaps, individuals who had contracted or been immunized for other viral infections (such as polio) might also have some immunity to COVID. In the real world, we do know that some polio survivors have indeed been infected with COVID and some have died. So **IF** there was some protection, as proposed in that theory, it certainly is *not* 100%.

It has been difficult to determine accurate information in a situation where there was no historical knowledge of this particular germ. As new information has emerged, the guidance has changed - sometimes several times! That is certainly confusing and disconcerting to all of us and can lead to misinformation.

This infection and immunity to this virus has not functioned identically as other infections/viruses have in the past. Generally, getting to a point of "herd immunity" with around 80% of the individuals who either have been vaccinated or who have contracted the disease and built antibodies to it, pretty much controls further spread of the disease, but this has *not* been the case with COVID. It has mutated *much* faster than we have been able to get to herd immunity. In addition, the immunity induced by vaccines *or* by having the disease, decreases over time and fairly quickly.

After initially believing that 2 doses of the Pfizer and Moderna vaccines and 1 dose of the J & J vaccine would confer sufficient immunity, we are learning that there have been several "breakthrough" infections even in those who have received a "booster". It may turn out that we may need yearly doses like we do for influenza.

From my vantage point, as I write this in late January 2022, this is what appears to be true:

1. The current vaccines may not prevent people from getting the omicron or other future variants, but they **DO** prevent the most severe infections and nearly all deaths.
2. Omicron is highly transmissible which means nearly all the population will be exposed to this virus at some point or another.

My hope is that contracting omicron will lead to better immunity to other COVID variants. Perhaps this will get us to enough "herd immunity" so that COVID becomes endemic instead of epidemic/pandemic. I think the best we can hope for is that COVID becomes like flu with relatively small numbers of people becoming ill with it each year and very few severe cases requiring hospitalization or resulting in death.

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A review of death statistics in the United States comparing 2019 (before COVID) to 2020 show that the age-adjusted death rate increased from 715.2/100,000 population to 828.7/100,000. (As of this date, the numbers from 2021 have not been finalized). New to the listing of cause of death in 2020 death statistics, the 3<sup>rd</sup> most common cause of death was COVID, with heart disease and cancer still being number 1 and 2 respectively. Over 2/3rds of the deaths reported due to COVID in 2021 in the U.S. were in people over the age of 65 with the greatest risk in those over age 85 years. Of course, those over age 85 were at significant risk of dying from other causes too! In fact, all of us over age 65 have an increased risk of death compared to those who are younger!

Some people have been hesitant to receive the vaccine due to possible side effects. In my experience practicing medicine, I've seen that humans seem to have a big need to assign a "cause" to bad things happening and sometimes the event was purely circumstantial. It might sound absurd, but would we blame a person's death from a car crash on the COVID vaccine if they had received it a few days prior to the car crash? No. Likewise, when we hear of a death in a person who has recently received a COVID vaccine, we need to consider what their risks of dying from other "normal causes" would have been if they had not received the vaccine.

Most of the serious adverse side effects from the COVID vaccines, like blood clotting problems and Guillian-Barre syndrome, also can happen at a much higher rate in persons who contract a COVID infection.

According to a recent article in the AARP Bulletin from Jan/Feb 2022, the risk of catching COVID is six times greater for the unvaccinated than for the vaccinated AND the unvaccinated are 14 times more likely to die from COVID.

There is and was a very small risk of developing paralysis from polio from the oral polio vaccine (4-5 cases per one million doses given), but for most of us, polio survivors and our families, that did not deter us from lining up for those

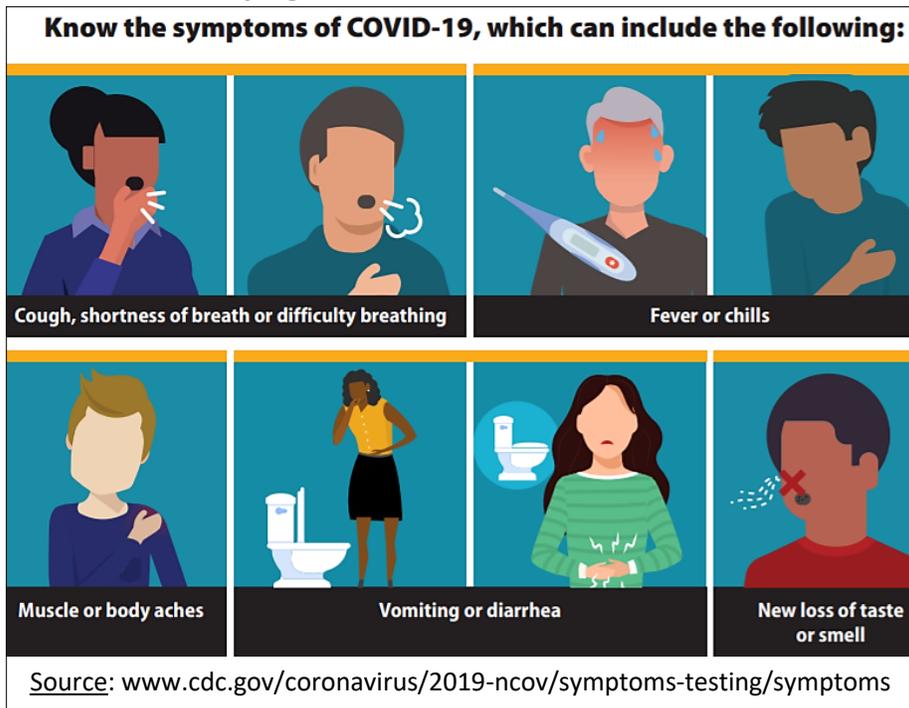
sugar cubes in the 1960s or getting our children immunized with oral polio vaccine!

Note: The oral polio vaccine has not been used in the U.S. since 2000.

Remember: "Your Immune System is like a football team. You practice all week, but you have no idea what you'll be up against on Sunday. Even with the strongest players, you don't know how well you'll play against a team you've never seen before. A vaccine gives your football team the opponent's playbook, so you're going to go out there and be more effective. It doesn't mean that the other team can't occasionally win, or that you can't still get sick. But, getting vaccinated dramatically stacks the odds in your favor, and makes any illness you DO experience, much less severe." Dr. Panagais Galiatsatos, MD, Johns Hopkins School of Medicine (2022).

There are possible side effects to ANY vaccine, this one is no different. The majority of minor effects far outweigh the significant benefits. The vast majority of polio survivors in the US are OVER 65 and beyond the ages listed for the vaccine side effects noted on this chart and the one on the next page.

If you're concerned, please talk to your primary care physician. They know your history and are there to help YOU.



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Note: The vast majority of polio survivors in the US are OVER 65 and beyond the ages listed for these vaccine side effects below.

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**RARE, BUT SEVERE, SIDE EFFECTS FOLLOWING COVID-19 VACCINATION**

**Thrombosis with thrombocytopenia syndrome (TTS)** occurs when a person develops blood clots in association with a low platelet count. TTS can be life threatening. It has been identified rarely following receipt of the adenovirus-vector-based COVID-19 vaccine.

**Guillain-Barre syndrome (GBS)** occurs when the immune system attacks the nervous system, causing muscle weakness that can last for months or years. GBS can occur after an infection or more rarely, after receipt of some vaccines, such as the adenovirus-vector-based COVID-19 vaccine.

**Myocarditis** is an inflammation of the heart, which can occur after an infection, such as COVID-19, or more rarely, after receipt of the mRNA-based COVID-19 vaccine.

**Who is most at risk for these side effects?**  
While anyone can experience one of these rare, but severe, side effects, each tends to be more likely to occur in a specific subgroup of people. Interestingly, the three side effects are more likely in different subgroups:

Side Effect	At Risk Subgroup
TTS	30-49 yo Females
GBS	50-64 yo Males
Myocarditis	18-29 yo Males

COVIDVaccineAnswers.org

Children's Hospital of Philadelphia Vaccine Education Center

**Questions and Answers about COVID-19 Vaccines**

from the Vaccine Education Center at the Children's Hospital of Philadelphia (a provider of vaccine information for ALL ages).

[www.chop.edu/centers-programs/vaccine-education-center/making-vaccines/prevent-covid](http://www.chop.edu/centers-programs/vaccine-education-center/making-vaccines/prevent-covid)

**A Look at Each Vaccine**

from the Vaccine Education Center at the Children's Hospital of Philadelphia (a provider of vaccine information for ALL ages).

**COVID Vaccine**

[www.chop.edu/centers-programs/vaccine-education-center/vaccine-details/covid-19-vaccine](http://www.chop.edu/centers-programs/vaccine-education-center/vaccine-details/covid-19-vaccine)

**Polio Vaccine**

[www.chop.edu/centers-programs/vaccine-education-center/vaccine-details/polio-vaccine](http://www.chop.edu/centers-programs/vaccine-education-center/vaccine-details/polio-vaccine)

(There is information about 22 different vaccines on this page of their website.)