



PUBLIC HEALTH

Impact Statement

When Individual Rights Collide with Population Health Protections: Rethinking Recommendations on Polio Vaccine

February 9, 2026

In late January, in a statement that contradicts years of scientific knowledge, research and evidence, Kirk Milhoan, a pediatric cardiologist who became chair of the Advisory Committee on Immunization Practices (ACIP) in December, suggested during a podcast, that “the public might want to reconsider the use of polio vaccines, arguing individual freedoms should be a north star of the panel, and pointing to the Covid pandemic as key to his thinking on health policy.”

Milhoan is one of the ACIP members who was hand-selected by Department of Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. during his overhaul of the committee in the summer of 2025. Since then, the panel has voted for recommendations challenging established vaccine policy. Most recently, the ACIP voted to change the CDC’s longstanding recommendation that a dose of the universal hepatitis B virus (HBV) vaccine be given to newborns, instead touting “individual-based decision making” for parents deciding “when or if” to give the HBV vaccine to children born to women who test negative for the virus. Called “the Hepatitis B birth dose,” this vaccine is a crucial first shot for newborns, ideally given within 24 hours of birth, to prevent lifelong infection, especially from mothers who might unknowingly carry the virus, with leading health groups strongly supporting this universal practice.

ACIP has taken the position that a “shared clinical decision-making” model should be used for the U.S.’ vaccine policy, stressing vaccination as an option for individuals (i.e., “*may* vaccinate”) without actively encouraging it (i.e., “*should* vaccinate”). According to ACIP, shared clinical decision-making consists of a discussion between the health care provider and the patient or parent/guardian. “Unlike routine, catch-up, and risk-based recommendations, shared clinical decision-making vaccinations are not recommended for everyone in a particular age group or everyone in an identifiable risk group.”

But most Americans are confused by the idea of shared clinical decision-making, [according to data](#) from the Annenberg Public Policy Center (APPC), which asked adults about the term in two separate surveys in August and December of 2025. The surveys were conducted after CDC’s decision to move COVID-19 vaccines to a shared clinical decision-making model, which resulted in low uptake and confusion at pharmacies and clinics across the country.

Milhoan's comments about the polio vaccine and informed consent, which he reiterated in [statements](#) to The New York Times, have received sharp criticism from health professionals and public health organizations.

The Illinois Public Health Association (IPHA) is concerned that comments from individuals such as Milhoan, a member of a once-trusted advisory committee, will do irreparable harm by fueling further mistrust and hesitancy among parents and caregivers about properly vaccinating their children against vaccine-preventable diseases such as polio. Ultimately, declining vaccination rates may cause permanent disability and death among children and adults. Furthermore, the possibility of reemergence of polio epidemics in the United States and across the world is a possible outcome if polio vaccination recommendations are diluted or eliminated. Let us be clear, there is no cure for polio. Prevention through safe and effective vaccines is the most effective approach to ensuring both individual and population health and safety.

History of Polio

Polio is the short name for poliomyelitis, a highly infectious disease caused by the poliovirus. There are three wild types of polioviruses, types 1, 2, and 3. Polio is a highly infectious illness that spreads through contact between people, via nasal and oral secretions, and through contact with contaminated feces. Poliovirus enters the body through the mouth, multiplying along the way to the digestive tract, where it further multiplies.

Few diseases frightened parents more in the early 20th century than polio. Polio was most common during warm summer months. It swept through towns in epidemics every few years. Though most people recovered quickly from polio, some suffered temporary or permanent paralysis and even death. Many polio survivors were disabled for life. They were a visible, painful reminder to society of the enormous toll this disease took on young lives.

The first major documented polio outbreak in the United States occurred in Rutland County, Vermont in 1894. Eighteen deaths and 132 cases of permanent paralysis were reported. In 1908 in Vienna, Karl Landsteiner, MD (1868-1943), and Erwin Popper, MD (1879-1955), announced that the infectious agent in polio was a virus. Poliovirus itself would not be visible to researchers until the 1950s, when the electron microscope was available.

In 1916, health officials announced a polio epidemic centered in Brooklyn, New York. As was typical with polio outbreaks, infections surfaced in the summer months. More than 2,000 people would die in New York City alone. Across the United States that same year, polio took the lives of about 6,000 people, leaving thousands more paralyzed. Summer epidemics, which became common during this era, often led to widespread closures of pools, amusement parks, and other places where children gathered.

Franklin Delano Roosevelt (1882-1945), former New York State Senator, Assistant Secretary to the Navy, and future U.S. president, fell ill with what most historians think was polio. Roosevelt's illness left his legs paralyzed for life. An enormous fundraising effort began when entertainer Eddie Cantor suggested on the radio that people send dimes to President Roosevelt at the White House to help fight polio. Within a few weeks, people had mailed 2,680,000 dimes

Cutter Incident

Shortly after the Polio Vaccination program was implemented in the U.S., 40,000 cases of paralytic polio in recently vaccinated children were detected by health departments that reported the numbers to CDC. In the subsequent weeks, 260 children were paralyzed, and ten children died. Epidemic Intelligence Service (EIS) officers at the Centers for Disease Control and Prevention (CDC) used epidemiology to trace the outbreak to a few batches of vaccines from California's Cutter Laboratories that were not properly produced. In the faulty vaccines, the poliovirus used in the vaccine wasn't properly killed and therefore caused polio instead of protecting against it. The investigation resulted in the establishment of rigid production controls to ensure the vaccine's safety, and the public's confidence in the vaccine was restored in a matter of weeks. The Cutter Incident, as it came to be called, put CDC and the EIS Disease Detectives in the national spotlight as a valuable disease investigating program.

to the President. President Franklin D. Roosevelt, in 1938, encouraged the formation of the National Foundation for Infantile Paralysis, known today as the March of Dimes. This organization collected money for polio research and played an instrumental part in raising funds to find a polio vaccine.

In 1952, 57,628 polio cases were reported in the United States. Not only did the

surging cases, increase parents' fears of the disease and their children's safety, but it focused public awareness on the need for a vaccine. Americans were frightened by the rampant, unpredictable, and often fatal disease that specifically targeted children, causing widespread paralysis and requiring the use of terrifying machines like the "iron lung". It was considered a "summer plague" that closed public spaces, leaving parents feeling helpless in the face of a disease that caused thousands of deaths and permanent disabilities annually.

Children and parents feared the iron lung, The tank respirator, or iron lung was used prior to the development of the poli vaccine. During the 1950s, nearly one in every 200 patients infected with polio suffered paralysis, including of the respiratory system. The iron lung was the surest way to survive until they were able to recover and breathe again on their own. In 1959, 1,200 people were using iron lungs in the U.S. alone.



(Images courtesy of CDC, AP, and immunize.org)

Development of the Polio Vaccines

In 1955, Dr. Jonas Salk developed the inactivated polio vaccine (IPV), which used a killed virus. In a press conference at the University of Michigan, Thomas Francis Jr., MD and colleagues announced the results of the Salk poliovirus vaccine trial. The vaccine, they said, was 80-90% effective against paralytic polio.

The U.S. government licensed Salk's vaccine paving the way for widespread distribution and use of the vaccine. In order to meet public demand, the polio vaccine was licensed in just two hours, and state and local health departments began campaigns to vaccinate millions using vaccines produced by a handful of private pharmaceutical companies.

In 1961, Dr. Albert Sabin developed the oral polio vaccine (OPV), which used a live, weakened virus. It was easier to administer (given in drops) and became the dominant tool for global eradication, often given on sugar cubes.

The vaccines were incredibly effective, causing polio cases in the U.S. to decrease from over 15,000 paralyzing cases yearly to near zero. By 2000, the U.S. switched entirely to the IPV (shot) to avoid the rare risks associated with the live virus in the OPV, though both are still used worldwide for maximum immunity. Recommendations from the Center for Disease Control and Prevention's Advisory Committee on Immunization Practices recommend that children should receive the inactivated polio vaccine at 2 months and 4 months of age, and then twice more before entering elementary school.

Global Eradication Effort

In 1988, the World Health Assembly adopted a resolution for the worldwide eradication of polio, marking the launch of the [Global Polio Eradication Initiative](#), spearheaded by national governments, WHO, Rotary International, the US Centers for Disease Control and Prevention (CDC), UNICEF, and later joined by the Bill & Melinda Gates Foundation and Gavi, the Vaccine Alliance.

On August 20, 1994, the Pan American Health Organization had reported that three years had passed since the last case of wild polio in the Americas which occurred in a Peruvian child. The International Commission for the Certification of Poliomyelitis Eradication in the Americas examined this report as well as extensively reviewing lab and surveillance data. Based on the results of these analyses, wild poliovirus was declared eliminated from the Americas in September 1994, making the Americas the first World Health Organization Region to meet the goal of polio elimination.

Fourteen years after the launch of the global eradication program, the World Health Organization declared polio eliminated in Europe on June 6, 2002. The last case of wild polio in Europe occurred in a young Turkish boy who contracted polio in November 1998.

As of October 2022, naturally acquired polio is only found in Afghanistan and Pakistan. Types 2 and 3 do not occur naturally anymore, though they can occur from vaccine shedding. It is from that vaccine shedding that polio is being detected in places outside of Afghanistan. The push is on to get rid of the last vestiges of polio and declare all three types eradicated once and for all. Polio vaccination is still recommended worldwide because of the risk of imported cases.

Any efforts to undermine routine vaccination places children, families, and the public at serious risk and threatens advances made in the US and across the world in preventing disease, disability, and death. The polio vaccine represents one of the most effective public health achievements of modern times.

The Illinois Public Health Association joins health care professionals, public health organizations, and other partners urging policy makers and elected offices to strongly protect the U.S. against further decimation of our nation's vaccine policy. Recent statements about

the so called “individual freedom” to vaccinate is a dangerous and selfish approach that puts our most vulnerable populations, including infants, immunocompromised individuals, and those who cannot be vaccinated, at unnecessary risk from diseases we are able to effectively prevent.

Resources

ACIP new chair expressed doubt about continuing polio vaccine -<https://www.statnews.com/2026/01/22/vaccine-policy-adviser-kirk-milhoan-individual-rights-trump-public-health/> (Stat News)

A look at the new COVID vaccine guidelines and what happened at ACIP: 5 Essential Questions with Dr. Jason L. Schwartz, PhD, Associate Professor of Public Health (Health Policy) <https://ysph.yale.edu/news-article/a-look-at-the-new-covid-vaccine-guidelines-and-what-happened-at-acip/> (Yale School of Public Health)

CDC Urges ‘Shared Decision-Making’ on Some Childhood Vaccines; Many Unclear About What That Means <https://www.annenbergpublicpolicycenter.org/cdc-urges-shared-decision-making-on-some-childhood-vaccines-many-unclear-about-what-that-means/> (ASAPH/Annenberg Science Knowledge Surveys)

Rejecting Decades of Science, Vaccine Panel Chair Says Polio and Other Shots Should Be Optional https://www.nytimes.com/2026/01/23/health/milhoan-vaccines-optional-polio.html?utm_sf_cserv_ref=807095&smid=tw-nytimes&smtyp=cur&utm_sf_post_ref=658090126 (New York Times)

The History of Polio – From Eradication to Re-Emergence <https://www.paho.org/en/stories/history-polio-eradication-re-emergence#:~:text=During%20the%20height%20of%20the,A%20global%20milestone> (Pan-American Health Organization)

Poliomyelitis https://www.who.int/health-topics/poliomyelitis#tab=tab_1 (World Health Organization)

Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Poliomyelitis. (512 KB). Atkinson, W., Wolfe, S., Hamborsky, J., McIntyre, L., eds. 13th ed. Washington DC: Public Health Foundation, 2015. Originally accessed 01/25/2018.

Polio Overview <https://historyofvaccines.org/history/polio/overview> (College of Physicians of Philadelphia)

Vaccine Safety <https://www.cdc.gov/vaccine-safety/historical-concerns/> (Centers for Disease Control and Prevention)

What doctors wish patients knew about polio <https://www.ama-assn.org/public-health/infectious-diseases/what-doctors-wish-patients-knew-about-polio#:~:text=Once%20a%20leading%20cause%20of,protecting%20individuals%20and%20public%20health.> (American Medical Association)

Here's how 'shared decision making' for childhood vaccines could limit access <https://www.npr.org/2026/01/25/nx-s1-5686622/cdc-childhood-vaccines-shared-decision-rfk> (NPR)