

Obituaries

David Salamone, who contracted polio from vaccine and helped spur changes in U.S. immunization policy, dies at 28

By Matt Schudel



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"We had a very healthy 8-pound, 8-ounce baby boy, no problems at all," John Salamone said in 1995, describing his then-5-year-old son, David. The problems started when David was 4 months old and received a routine oral vaccination for polio.

He had a fever and a rash, but within weeks his parents noticed he could no longer crawl or turn over.

"I'd hold him up," John Salamone told USA Today in 1995, "and his legs would just collapse."

The doctors were as perplexed as David's parents. When his mother, Kathy, asked if her son might have poliomyelitis — a once-dreaded communicable disease that killed 3,000 Americans a year in the early 1950s and paralyzed thousands more — "the doctors pooh-poohed her," John Salamone said in 1999. "They said it wasn't possible."

The threat of polio had been all but eliminated in 1955 with the introduction of a vaccine developed by Jonas Salk.

Salk's vaccine was administered by needle injection, but by the early 1960s a different kind of vaccine, developed by Albert Sabin, had come into general use. Sabin's liquid vaccine could be dropped onto a sugar cube or squirted into an infant's mouth. It didn't require a syringe and was cheaper to produce than the Salk vaccine.

In time, the Sabin vaccine became the predominant form of polio immunization, and the Salk vaccine was largely abandoned.

By 1979, the contagious or "wild" form of polio had been eradicated in the United States. Still, about eight to 10 people, mostly infants, contracted the disease each year from the vaccine itself because the Sabin oral polio vaccine, or OPV, contained a weakened but still living form of the polio virus. In rare cases, it could develop into a more virulent strain of the disease.

That is how David John Salamone, who was born May 25, 1990, in Fairfax, Va., became one of the last polio patients in America — and how his suffering led to a change in federal policy that banished the disease altogether.

It took two years before doctors discovered that David was born with a genetic immune deficiency called Bruton agammaglobulinemia, which left him susceptible to many infections and disorders, including polio. His parents were not told that a child with a compromised immune system could contract polio from the oral vaccine.

"It was devastating and frustrating and ultimately caused me a lot of anger," John Salamone told the Baltimore Sun in 1999. "It was like a dirty little secret: Nobody told you there were going to be sacrificial lambs."

David Salamone wore a brace on his atrophied right leg and had difficulty walking. He had a relatively typical childhood in Oakton, Va., except for his frequent visits to hospitals around the country.

His father — a lobbyist, fundraiser for charities and onetime top official with the National Italian American Foundation — became his son's advocate, writing letters to the Centers for Disease Control and Prevention, members of Congress and even the president. He organized other families and began to speak at medical conferences.

At first, the medical establishment was unmoved. When eight to 10 children a year contracted polio, and millions of others were protected, "my feeling was it was a small price to pay," Walter A. Orenstein, who was director of the U.S. immunization program at the CDC from 1988 to 2004, recalled Friday in an interview.

Then he heard David's story.

"Suddenly, the eight to 10 people were not just tiny numbers but were real people," Orenstein said. "Just seeing how these people's lives were ruined made a big difference. I went overnight from being an OPV hawk to being an IPV hawk."

The CDC's Advisory Committee on Immunization Practices, which included Orenstein and Johns Hopkins University's Neal Halsey, recommended that the country switch from an OPV model of vaccine to Salk's IPV — or at least adopt a schedule in which the two vaccines would be administered in a sequence that would prevent the virus from developing into full-blown polio.

After resistance from manufacturers and the CDC's board, the committee's recommendation was adopted in 1996. Since Jan. 1, 2000, the only polio vaccine used in the United States has been the IPV, which Salk developed almost 50 years earlier.

"John [Salamone]'s advocacy on behalf of his son really did change U.S. immunization policy," Halsey said in an interview, "and changed it toward a safer vaccine."

The new standard cost an additional \$3 million for every case of polio it prevented, but "the feeling was we had a moral duty and that it would reinforce to the public that we put safety at a premium," Orenstein said.

David Salamone had relatively good health through his teen years and completed high school in Rome. He enjoyed snowboarding and bicycling and eventually had an apartment in Ashburn, Va. He worked as a computer troubleshooter and, as recently as a few months ago, piloted his family's boat on the Potomac River.

He was 28 when he died Sept. 7 at a Washington hospital. His cumulative ailments led to multiple organ failure, his father said.

Survivors include his parents, John and Kathy Salamone of Mount Holly, Va.; a sister, Elizabeth Venafro of Leesburg, Va.; and a grandmother, Anne Campbell of Colonial Beach, Va.

David Salamone was a longtime patient at the National Institutes of Health, where he became the subject of a study on immune deficiency disease.

Since 2000, when the CDC changed its policy, not a single child in America has contracted polio from a vaccine.

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Matt Schudel has been an obituary writer at The Washington Post since 2004. He previously worked for publications in Washington, New York, North Carolina and Florida. Follow **9**

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