

POLIO VACCINE, INACTIVATED ALL-IPV SCHEDULE

GENERAL INFORMATION

IPV is the only poliovirus vaccine recommended for all persons

The all-IPV routine schedule requires 4 doses of vaccine to be given at ages 2 months, 4 months, 6-18 months, and 4-6 years

IPV can be administered simultaneously with all other vaccines recommended for the same visit

Contraindications and precautions to IPV include:

Anaphylactic hypersensitivity

Severe febrile illness (a precaution; delay until resolved)

Allergic to streptomycin, neomycin, or polymixin B

Pregnancy (a precaution; however, if required because immediate protection needed for traveling outside of country, obtain a physician order)

Adverse Reactions to IPV include:

Possibility of hypersensitivity reactions in individuals sensitive to streptomycin, polymixin B, or neomycin

PLAN

Have accompanying adult read Vaccine Information Statement/Vaccine Information Material

Counsel regarding benefits, side effects, and management

Administer appropriate vaccine, as specified by manufacturer, in accordance with schedule

Recommended Vaccine Schedule:

2 months, 4 months, 6-18 months, and 4-6 years

The minimum age for dose 1 is 6 weeks.

A minimum interval of 4 weeks is required from dose 1 to dose 2 and from dose 2 to dose 3. A minimum interval of 6 months is required between doses 3 and 4.

Use of minimum intervals during the first 6 months of life is recommended only if the recipient is at risk for exposure (during an outbreak or for travel to a polio-endemic area). History shots administered using minimum intervals do not need to be repeated.

The final dose of IPV is recommended routinely at 4-6 years of age, regardless of the number of previous doses.

Children immunized with the DTaP/IPV-Hib combination vaccine (Pentacel) will receive 4 doses of IPV by 18 months of age and are recommended to receive a

(continued on next page)

POLIO VACCINE, INACTIVATED ALL-IPV SCHEDULE (Continued)

5th dose at 4-6 years. If a 5-dose schedule is used, a minimum interval of 6 months is recommended between doses 4 and 5.

The 4th dose is not needed if the 3rd dose is given on or after the 4th birthday and 6 months from the previous dose.

See table below for details of approved use for various IPV-containing vaccines.

TABLE. Currently licensed vaccines containing inactivated poliovirus vaccine (IPV) — United States, 2009*

Vaccine composition	Trade name	Manufacturer	Approved use in ACIP [†] routine schedule	Comments
IPV	Ipol (Poliovax [§])	Sanofi Pasteur	2, 4, 6–18 mos, and 4–6 yrs	Approved for use in infants, children, and adults [¶]
DTaP-HepB-IPV**	Pediarix	GlaxoSmithKline	2, 4, and 6 mos	Approved for first 3 doses of IPV through age 6 yrs ^{††}
DTaP-IPV/Hib ^{§§}	Pentacel	Sanofi Pasteur	2, 4, 6, and 15–18 mos	Approved for 4 doses of IPV through age 4 yrs ^{¶¶}
DTaP-IPV***	Kinrix	GlaxoSmithKline	4–6 yrs	Approved for booster dose at age 4–6 yrs ^{†††}

* As of August 5, 2009.

[†] Advisory Committee on Immunization Practices. Full schedule available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm>.

[§] Not currently distributed in the United States.

[¶] Package insert available at <http://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm133479.pdf>.

** Diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis B (recombinant), and inactivated poliovirus vaccine combined.

^{††} Package insert available at <http://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm168055.pdf>.

^{§§} Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus, and *Haemophilus b* conjugate (tetanus toxoid conjugate) vaccine.

^{¶¶} Package insert available at <http://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm109810.pdf>.

^{***} Diphtheria and tetanus toxoids and acellular pertussis adsorbed, and inactivated poliovirus vaccine.

^{†††} Package insert available at <http://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm107220.pdf>.

Advise to wait in clinic 20 minutes after injection

Record manufacturer and lot number of the vaccine administered, date, name, address and title of person administering vaccine (National Childhood Vaccine Injury Act)

Instruct patient to contact Health Department if adverse reaction occurs (complete appropriate form)

Referral Indicators:

Allergic hypersensitivity to any component of the vaccine

History of severe reaction to previous dose

Follow-up:

Return at appropriate interval according to schedule

References

MMWR, August 7, 2009/58 (30): 829. Updated Recommendations of the Advisory Committee on Immunization Practices Regarding Routine Poliovirus Vaccination.

MMWR, July 16, 1999/48(27);590. Recommendations of the Advisory Committee on Immunization Practices; Revised Recommendations for Routine Poliomyelitis Vaccination

Epidemiology and Prevention of Vaccine-Preventable Diseases, Centers for Disease Control and Prevention, latest edition