Immunizing Pharmacist Protocol

Inactivated Poliovirus [IPV] Vaccine (IPOL®[1])	
Last Reviewed	10 August 2020
Last Revised	10 August 2020
This order expires	10 August 2022

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1. What's new

No changes.

2. Oregon immunization model standing order

A. Check the ALERT Immunization Information System (IIS) to determine whether the patient needs this vaccine and any other vaccines.

B. Screen clients for contraindications.

C. Provide a current Vaccine Information Statement (VIS), answering any questions.

D. Record all required data elements in the client's permanent health record.

E. Verify needle length for IM injection.

F. To avoid shoulder injury related to vaccine administration, make sure staff who administer vaccines recognize the anatomic landmarks for identifying the deltoid muscle and use proper IM administration technique

G. Give polio-containing vaccine as recommended for age and vaccination status.

H. May be given with all routinely administered vaccines.

I. Ask client to remain seated on the premises for 15 minutes after vaccination to decrease the risk of injury should they faint.

Immunizing Pharmacist Date

3. Vaccine schedule for IPV[2]

Dose and Route – 0.5 mL, IM		
Dose	Preferred age	Minimum acceptable spacing
1	≥7 years	4 weeks
2		4 weeks
3		6 months
4		

4. Licensed polio-containing vaccines

Product Name	Vaccine Components	Presentation	Acceptable Age Range	Thimerosal
IPOL®[1]	Polio	5-mL multi-dose vials	7 years and up	None

5. Recommendations for use

Routine pediatric use – children and adolescents <18 years[2]		
Dose	Preferred age	Minimum acceptable spacing
1	≥7 years	4 weeks
2		4 weeks
3		6 months
4*		

*Dose 4 not needed if dose 3 given ≥4 years of age.

Unvaccinated adults ≥18 years[2]
Not routinely recommended*

*For international travel, see Polio for Travel Standing Order

6. Contraindications

A. Severe allergic reaction to a previous dose or to a vaccine component, including latex (Kinrix® and Pediarix® syringes)

Vaccine	Vaccine Excipient Summary[3]
IPOL®	calf bovine serum albumin, 2-phenoxyethanol, formaldehyde, neomycin, streptomycin, polymyxin B, M-199 medium

7. Warnings and precautions

A. Moderate or severe acute illness with or without fever.[4]

B. Although no causal relationship between IPOL® vaccine and Guillain-Barré Syndrome (GBS) has been established, GBS has been temporally related to administration of another inactivated poliovirus vaccine.[1]

8. Other considerations

A. IPV (IPOL®) can also be given by the subcutaneous route.[1]

B. Polio vaccine given outside the United States is valid if written documentation indicates that all doses were given after 6 weeks of age and the vaccine received was IPV or trivalent OPV (tOPV). Recipients receiving both tOPV and IPV require a total of 4 doses.[5]

C. OPV given before April 1, 2016 can be assumed to be trivalent and valid.[5]

D. OPV doses given in April of 2016 can only be counted as valid if the documentation indicates that it was trivalent.[5]

E. OPV given after May 1, 2016 should not be counted as valid because it was a bivalent or monovalent vaccine.[5]

F. Persons <18 years of age with doses of OPV that do not count should receive IPV to complete the series.[5]

G. Oral polio vaccine (OPV) has been unavailable in the United States since 1999.[5]

H. After an interval of 15-40 years, 25-40% of survivors of paralytic poliomyelitis may experience muscle pain and exacerbation of existing weakness or develop new weakness or paralysis. This disease entity, referred to as post-polio syndrome, has been reported only in persons infected during the era of wild poliovirus circulation. This is not an infectious process.

I. Revaccination with 3 doses of IPV is recommended 6-12 months after hematopoietic stem cell transplantation.

J. Epinephrine hydrochloride solution (1:1,000) and other appropriate agents and equipment must be available for immediate use in case of anaphylactic or acute hypersensitivity reaction.[4]

K. Individuals with altered immunocompetence may have reduced immune responses.[4]

L. It is not known whether polio-containing vaccines are excreted in human milk. Use with caution in nursing mothers.[1]

9. Side effects and adverse reactions

IPV [1]	
Any local reaction – pain, redness, induration or swelling at the injection site	Very common, up to 75%
Redness ≥50 mm at injection site	Common, up to 18%
Severe pain, induration or swelling at the injection site	Uncommon, up to 9%
Any systemic reaction – fever, malaise, aches, persistent crying, drowsiness	Very common, up to 50%
Severe (grade 3) systemic reactions including fever above 102°	Very uncommon, up to 3%

10. Storage and handling

All clinics and pharmacies enrolled with the Vaccines for Children (VFC) Program must immediately report any storage and handling deviations to the Oregon Immunization Program at 971-673-4VFC (4823).

Vaccine[1]	Temp	Storage Issues
IPOL	Store at 2°-8°C (36°-46°F)	Do not use if vaccine has been frozen. Protect from light.

11. Adverse events reporting

Report suspected adverse events to the Vaccine Adverse Events Reporting System (VAERS) online at https://vaers.hhs.gov/reportevent.html. VAERS Reporting Table: https://vaers.hhs.gov/resources/infoproviders.html

Event and interval from vaccination
A. Anaphylaxis or anaphylactic shock (7 days) B. Shoulder Injury Related to Vaccine Administration (7 days) C. Vasovagal syncope (7 days) D. Any acute complication or sequelae (including death) of the above event (interval - not applicable) E. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert).

12. References

1. IPOL® package insert. Current as of 12/2019. Available at https://www.fda.gov/media/75695/download. Accessed 27 July 2020.
2. Poliomyelitis Prevention in the United States: Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) Advisory Committee on Immunization Practices. MMWR 2000;49(RR-5). Available at: https://www.cdc.gov/mmwr/PDF/rr/rr4905.pdf. Accessed 27 July 2020.
3. CDC. Vaccine Excipient Table. February 2020. Available at: https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Accessed 20 July 2020.
4. Kroger AT, Duchin J, Vázquez M. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP). www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf Accessed 17 July 2018
5. Marin M, Patel M, Oberste S, Pallansch M. Guidance for Assessment of Poliovirus Vaccination Status and Vaccination of Children Who Have Received Poliovirus Vaccine Outside the United States. Available at: https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6601a6.pdf. Accessed 27 July 2020.

To request this material in an alternative format (e.g., Braille) or to clarify any part of the above order, contact the Oregon Health Authority Immunization Program at 971.673.0300 and 711 for TTY. For other questions, consult with the vaccine recipient's primary health care provider or a consulting physician.

Electronic copy of this standing order is available at: standing orders

13. Appendix