How to determine whether doses of oral polio vaccine administered outside the United States are valid (trivalent OPV):¹⁰

- 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).
- If the record indicates OPV, and the dose was given prior to April 1, 2016, it can be counted as a valid tOPV dose.
- If the dose was administered April 1 through April 30, 2016, it can be counted as valid only if the record indicates that it was trivalent (tOPV).
- If the dose was administered on or after May 1, 2016, it should not be counted as a valid dose for the U.S. polio vaccination schedule because it was bivalent or monovalent vaccine rather than trivalent.
- Persons younger than 18 years of age with doses of OPV that do not count towards the U.S. vaccination requirements should receive IPV to complete the schedule according to the U.S. IPV schedule.

I. OREGON IMMUNIZATION MODEL STANDING ORDER:
   1. Check the ALERT Immunization Information System to determine whether the patient needs this vaccine and any other vaccines.
   2. Screen for contraindications.
   3. Provide a current Vaccine Information Statement (VIS) and answer any questions.
   4. Record all required data elements in the client’s permanent health record.
   5. Verify needle length for IM injection.
   6. Both client and vaccinator must be seated for vaccine administration.
   7. Give polio-containing vaccine as recommended in section II.
   8. Simultaneous vaccination: may be given with all routine childhood vaccines.
9. Ask client to remain seated on the premises for 15 minutes after vaccination to decrease the risk of injury should they faint.

<table>
<thead>
<tr>
<th>Preferred Age</th>
<th>Minimum Acceptable Age◊,§</th>
<th>Preferred Interval to next dose</th>
<th>Minimum Acceptable Interval to next dose◊,§</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>6 weeks</td>
<td>2 months</td>
<td>4 weeks§</td>
</tr>
<tr>
<td>4 months</td>
<td>10 weeks</td>
<td>2 months</td>
<td>4 weeks §§</td>
</tr>
<tr>
<td>6–18 months §§</td>
<td>14 weeks</td>
<td>3–5 years</td>
<td>6 months§</td>
</tr>
<tr>
<td>≥4 years</td>
<td>4 years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The use of an IPV-containing combined vaccine is acceptable if the other antigen(s) are not contraindicated.6

◊ In the first 6 months of life, minimum age and intervals are only recommended if the infant is at risk for imminent exposure to circulating poliovirus (i.e., travel to polio-endemic area, or during an outbreak)7, 8

§ For retrospective checking, doses that violate the minimum spacing or age by 4 or fewer days need not be repeated. Doses administered 5 days or earlier than the minimum interval or age should be repeated as appropriate for age.6

‡ The preferred interval between the 2nd and 3rd doses of IPV is 2 months. However, if accelerated protection is needed, the minimum interval between doses 1, 2 or 3 is 4 weeks.7
**If the 3rd dose of an all-IPV or all-OPV series is given on or after the fourth birthday, the series is complete. If the series is combined IPV/OPV, a 4th dose is required. If the immunization history is unclear, give a 4th dose of IPV to ensure completion of the series.\(^6\)

◊◊ If 4 or more doses of an IPV-containing vaccine are administered prior to age 4 years, an additional dose should be administered at age 4–6 years.\(^8\)

§§ The final dose in the IPV series should be administered at \(\geq 4\) years of age and \(\geq 6\) months after the previous dose, regardless of the number of previous doses. If a 5\(^{th}\) dose is required to complete the IPV series, the minimum spacing between the 4\(^{th}\) and 5\(^{th}\) dose is 6 months. In a 3-dose (e.g. late start or catch-up) polio schedule, the minimum spacing between the 2\(^{nd}\) and 3\(^{rd}\) doses is 6 months.\(^8\)

II. B. Inactivated Polio Vaccine (IPOL\(^\circledR\))\(^1\) Adult Schedule for Persons \(\geq 18\) Years of Age*

<table>
<thead>
<tr>
<th>DOSE 0.5 mL</th>
<th>PRIMARY SCHEDULE</th>
<th>ACCELERATED SCHEDULE for HIGH-RISK PERSONS◊, §</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1–2 months from dose 1 to 2</td>
<td>4 weeks from dose 1 to 2</td>
</tr>
<tr>
<td>2</td>
<td>6–12 months from dose 2 to 3</td>
<td>4 weeks from dose 2 to 3</td>
</tr>
</tbody>
</table>

* Routine polio vaccination of persons \(\geq 18\) years of age who reside in the U.S. is not necessary due to childhood immunity and minimal exposure risks. However, IPV is recommended for certain adults at an INCREASED RISK OF EXPOSURE TO POLIO (e.g., international travelers, laboratory workers, healthcare personnel caring for polio cases, and contacts of cases during an outbreak). See Polio for Travelers standing order at: [http://1.usa.gov/OregonStandingOrders](http://1.usa.gov/OregonStandingOrders).

◊ If 8 weeks are available before protection is needed, 3 doses 4 weeks apart are recommended. If 4–8 weeks are available before protection is needed, 2 doses should be given 4 weeks apart.\(^7\)

§ If <4 weeks are available before protection needed, one dose of IPV is recommended. In all cases, the remaining doses should be given later at recommended intervals.\(^7\)
II. C. Combination PEDIARIX® Recommendations and Vaccine Schedule

(DTaP, IPV, and HepB)

<table>
<thead>
<tr>
<th>DOSE</th>
<th>PREFERRED AGE</th>
<th>MINIMUM ACCEPTABLE AGE</th>
<th>MINIMUM ACCEPTABLE SPACING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 mL</td>
<td>2 months</td>
<td>6 weeks</td>
<td>4 weeks dose 1 to 2</td>
</tr>
<tr>
<td>2</td>
<td>4 months</td>
<td>10 weeks</td>
<td>8 weeks dose 2 to 3</td>
</tr>
<tr>
<td>3</td>
<td>6 months</td>
<td>6 months</td>
<td>16 weeks dose 1 to 3</td>
</tr>
</tbody>
</table>

* Pediarix® is licensed for the first three doses of the IPV series. It is not approved for the 4th dose of the IPV series. However, if this combination vaccine is misadministered as the 4th or 5th dose of the DTaP or IPV series, ACIP suggests that the dose need not be repeated and can be counted as valid.², ¹¹

◊ Pediarix® can be used interchangeably before or after any individual DTaP, HepB, or IPV dose in the primary series.², ⁶

§ The use of an IPV-containing combined vaccine is acceptable as long as one antigen is indicated and the other antigens are not contraindicated.⁶

‡ For retrospective checking, doses that violate the minimum spacing or age by 4 or fewer days need not be repeated. Doses administered 5 days or earlier than the minimum interval or age should be repeated as appropriate for age.⁶

** Pediarix® should not be administered to children ≥7 years of age.²

◊◊ When Pediarix® is used to provide 4 doses at ages 2, 4, 6, and 15–18 months, an additional booster dose of age-appropriate IPV-containing vaccine (e.g. Kinrix® or Quadracel®) should be administered at age 4–6 years. This will result in a 5-dose IPV vaccine series, which is acceptable by ACIP.⁸, ¹²
II. D. COMBINATION PENTACEL® Recommendations and Vaccine Schedule * ◊ §
(DTaP, IPV, and Hib)

<table>
<thead>
<tr>
<th>DOSE 0.5 mL</th>
<th>PREFERRED AGE</th>
<th>MINIMUM ACCEPTABLE AGE‡</th>
<th>MINIMUM ACCEPTABLE SPACING‡</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 months</td>
<td>6 weeks</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>4 months</td>
<td>10 weeks</td>
<td>4 weeks dose 1 to 2</td>
</tr>
<tr>
<td>3</td>
<td>6 months</td>
<td>14 weeks</td>
<td>4 weeks dose 2 to 3</td>
</tr>
<tr>
<td>4**</td>
<td>15–18 months</td>
<td>12 months◊◊</td>
<td>6 months dose 3 to 4 §§</td>
</tr>
</tbody>
</table>

* Pentacel® can be administered to any child 6 weeks–4 years of age who has no contraindication to any component, and for whom DTaP, IPV, and Hib vaccines are indicated. While Pentacel® is approved for the primary DTaP series and the first booster dose (doses 1–4), it is not licensed for children ≥5 years of age. However, if Pentacel® is inadvertently administered to children ≥5 years of age, the DTaP, IPV and Hib doses should be counted as valid doses.12

◊ Pentacel® may be used to complete the vaccination series in children previously vaccinated with one or more doses of any single or combination Hib vaccine when other antigens of Pentacel® are also needed.3

§ Pentacel’s® lyophilized ActHIB® component needs to be reconstituted with the DTaP-IPV component to prepare for vaccine administration. Shake the reconstituted vial thoroughly until a cloudy, uniform suspension results, then vaccinate immediately.3

‡ For retrospective checking, doses that violate the minimum spacing or age by 4 or fewer days need not be repeated. Doses administered 5 days or earlier than the minimum interval or age should be repeated as appropriate for age.6

** When Pentacel® is used to provide 4 doses at ages 2, 4, 6, and 15–18 months, an additional booster dose of age-appropriate IPV-containing vaccine (e.g. IPV®, Quadracel® or Kinrix®) should be administered at age 4–6 years. This will result in a 5-dose IPV vaccine series, which is acceptable by ACIP.8, 12

◊◊ This minimum age is determined by the DTaP and Hib components of Pentacel®.3

§§ This minimum interval is determined by the DTaP and IPV component of Pentacel®.3
II. E. COMBINATION KINRIX® and QUADRACEL® Recommendations and Vaccine Schedule (5<sup>TH</sup> DTaP and 4<sup>TH</sup> IPV)*◊§‡

<table>
<thead>
<tr>
<th>DOSE◊</th>
<th>PREFERRED AGE</th>
<th>MINIMUM ACCEPTABLE AGE**</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 mL</td>
<td>4–6 years</td>
<td>4 years</td>
</tr>
</tbody>
</table>

*Kinrix® & Quadracel® are approved for the booster dose of DTaP and IPV (5<sup>th</sup> dose of DTaP and the 4<sup>th</sup> or 5<sup>th</sup> dose of IPV) at age 4–6 years of age. However, if either Kinrix® or Quadracel® is inadvertently administered for an earlier dose of the DTaP or IPV series, the dose should be counted as valid and need not be repeated, provided minimum interval requirements have been met.11

◊This combination booster dose can be administered whenever one of the antigens is recommended and the other is not contraindicated.6

§While ACIP recommends that the DTaP series be completed with the same brand of DTaP vaccine previously given, Kinrix® or Quadracel® can be given to complete the DTaP series following the 3<sup>rd</sup> or 4<sup>th</sup> dose of any DTaP vaccine or any DTaP-containing combination vaccine previously administered.11

‡Must be given at <7 years of age.11

** For retrospective checking, doses that violate the minimum spacing or age by 4 or fewer days need not be repeated. Doses administered 5 days or earlier than the minimum interval or age should be repeated as appropriate for age.6

‡The 5<sup>th</sup> dose of the DTaP series is not required if the 4<sup>th</sup> dose was given on or after the fourth birthday.9

§§If the 3<sup>rd</sup> dose of an all-IPV or an all-OPV series is given on or after the 4<sup>th</sup> birthday, the IPV series is complete.8
III. LICENSED POLIO-CONTAINING VACCINES ¹, ², ³, ⁴, ⁵

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Vaccine components</th>
<th>Preferred Age Range</th>
<th>Thimerosal</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPOL*</td>
<td>Inactivated polio virus (IPV) serotypes 1, 2 and 3</td>
<td>≥6 weeks</td>
<td>None</td>
</tr>
<tr>
<td>Pediarix◊</td>
<td>DTaP, IPV, Hepatitis B</td>
<td>6 weeks – 6 years</td>
<td>None</td>
</tr>
<tr>
<td>Pentacel§</td>
<td>DTaP, IPV, HIB</td>
<td>6 weeks – 4 years</td>
<td>None</td>
</tr>
<tr>
<td>Kinrix‡</td>
<td>DTaP and IPV</td>
<td>4–6 years</td>
<td>None</td>
</tr>
<tr>
<td>Quadracel**</td>
<td>DTaP and IPV</td>
<td>4–6 years</td>
<td>None</td>
</tr>
</tbody>
</table>

*Less than 5 ng of neomycin, 200 ng of streptomycin, and 25 ng of polymyxin B per dose are present in vaccine.¹

◊ Pediarix® is licensed for the first three doses of the Polio series only. It is not approved for the 4th polio dose and should not be administered to infants <6 weeks of age or to children ≥7 years of age.²

§ Pentacel® is licensed for 4 doses in the polio series at 2 months, 4 months, 6 months and at 12–15 months, or through 4 years of age. However, the 4th dose in the series needs to be given after the 4th birthday. When 4 doses are given prior to the 4th birthday, an additional dose of another licensed vaccine is needed to complete the DTaP/IPV series. This would be a 5th dose of DTaP/IPV-containing vaccine.⁷

‡ Kinrix® is licensed for the 4th dose of IPV at 4–6 years of age.⁴

** Quadracel is licensed for use in children 4–6 years of age as a fourth or fifth dose in the inactivated poliovirus vaccination (IPV) series.⁵

IV. RECOMMENDATIONS FOR USE

See above for vaccine schedule and recommendations for use.
V. CONTRAINDICATIONS

- **IPOL**: A history of hypersensitivity to any component of the vaccine, including 2-phenoxyethanol, formaldehyde, neomycin, streptomycin, and polymyxin B. No further doses should be given if anaphylaxis or anaphylactic shock occurs within 24 hours of administration of one dose of vaccine.

- **Pediarix** and **Kinrix**: Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any diphtheria toxoid, tetanus toxoid, pertussis, hepatitis B, or poliovirus-containing vaccine, or to any component of PEDIARIX, or any component of KINRIX, including neomycin and polymyxin B. Encephalopathy (e.g., coma, decreased level of consciousness and prolonged seizures) not attributable to another identifiable cause within 7 days of a previous pertussis-containing vaccine. Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy, until a treatment regimen has been established and the condition has stabilized.

- **Pentacel** and **Quadracel**: Severe allergic reaction (e.g., anaphylaxis) after a previous dose of Pentacel or Quadracel vaccine, any ingredient of Pentacel or Quadracel vaccine, or any other diphtheria toxoid, tetanus toxoid, pertussis-containing vaccine, inactivated poliovirus vaccine or *Haemophilus influenzae* type b vaccine. Encephalopathy (e.g., coma, decreased level of consciousness and prolonged seizures) not attributable to another identifiable cause within 7 days of a previous pertussis-containing vaccine. Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy, until a treatment regimen has been established and the condition has stabilized.

VI. PRECAUTIONS AND WARNINGS

- **IPOL**: 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. Deaths have been reported in temporal association with the administration of IPV.

PediariX®2, Kinrix®4, Quadracel®5, Pentacel®3

- In clinical trials, PediariX®2 was associated with higher rates of fever, relative to separately administered vaccines.
- If Guillain-Barré syndrome occurs within 6 weeks of receipt of a prior vaccine containing tetanus toxoid, the decision to give PEDIARIX®2 should be based on potential benefits and risks.

PediariX®2, Kinrix®4

- The tip caps of the prefilled syringes may contain natural rubber latex which may cause allergic reactions in latex sensitive-individuals.
- Syncope (fainting) can occur in association with administration of injectable vaccines, including PEDIARIX®2. Procedures should be in place to avoid falling injury and to restore cerebral perfusion following syncope.
- If specified adverse events (i.e., temperature ≥105°F, collapse or shock-like state, or inconsolable crying lasting ≥3 hours, within 48 hours after vaccination; or seizures within 3 days after vaccination) have occurred following a pertussis-containing vaccine, the decision to give PEDIARIX®2 should be based on potential benefits and risks.
- For children at higher risk for seizures, an antipyretic may be administered at the time of vaccination with PEDIARIX®2.

PediariX®2, Pentacel®3

- Apnea following intramuscular vaccination has been observed in some infants born prematurely. Decisions about when to administer an intramuscular vaccine, including PEDIARIX®2, to infants born prematurely should be based on consideration of the individual infant’s medical status, and the potential benefits and possible risks of vaccination.

Pentacel®3

- For infants and children with a history of previous seizures, an antipyretic may be administered (in the dosage recommended in its prescribing information) at the time of vaccination with Pentacel®3 and for the next 24 hours.
VII. A. SIDE EFFECTS AND ADVERSE REACTIONS: IPOL®

Percentage of Infants Presenting with Local or Systemic Reactions at 6 and 48 Hours of Immunization with IPOL® Vaccine Administered Intramuscularly Concomitantly at Separate Sites with Sanofi* Whole Cell DTP Vaccine at 2 and 4 Months of Age and with Sanofi Acellular Pertussis Vaccine (Tripedia®) at 18 Months of Age.

<table>
<thead>
<tr>
<th>Age at immunization</th>
<th>Local Reaction, Injection site ◊</th>
<th>Systemic Complaints §</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 hours</td>
<td>48 hours</td>
</tr>
<tr>
<td>Pain</td>
<td>29.4</td>
<td>2.8</td>
</tr>
<tr>
<td>Redness</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Swelling</td>
<td>11.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Irritability</td>
<td>64.5</td>
<td>17.5</td>
</tr>
<tr>
<td>Fever&gt;102.2°F</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Anorexia</td>
<td>16.6</td>
<td>4.3</td>
</tr>
<tr>
<td>Tiredness</td>
<td>60.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Vomiting</td>
<td>1.9</td>
<td>2.8</td>
</tr>
<tr>
<td>Persistent Crying</td>
<td>1.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Percentage of infants within 72 hours after immunization was 0.0% after dose one, 1.4% after dose two, and 0.0% after dose three.

IPOL® package insert. Table 2, page 16†

* Sanofi Pasteur, Inc. formerly known as Aventis Pasteur, Inc.

◊ Data are from the IPOL vaccine administration site, given intramuscularly.

§ The adverse reaction profile includes the concomitant use of Sanofi whole cell DTP vaccine or Tripedia® vaccine with IPOL vaccine. Rates are comparable in frequency and severity to that reported for whole-cell DTP given alone.

‡ Children who have been vaccinated with Tripedia® vaccine.
VII. B. SIDE EFFECTS AND ADVERSE REACTIONS: Pediarix®, Pentacel®, Kinrix®, Quadracel®

See the Oregon Model Standing Order for DTaP and Combo vaccines.

Available at: [http://1.usa.gov/OregonStandingOrders](http://1.usa.gov/OregonStandingOrders).

VIII. OTHER CONSIDERATIONS

A. Post-Polio Syndrome

After an interval of 15–40 years, 25%–40% of persons who contract paralytic poliomyelitis in childhood 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. For further information contact:

- Post-Polio Health International; 4207 Lindell Blvd, Ste 110 St. Louis MO 63108-2915; 314-534-0475. info@post-polio.org and www.post-polio.org
- March of Dimes; Birth Defects Foundation; Community Services Department; 1275 Mamaroneck Ave.; White Plains, NY 10605; 914-428-7100.
- Katheryne Hoffman, M.D.: Roosevelt Warm Springs Rehabilitation and Specialty Hospital; (706) 655-5301. P.O. box 1000: 6135 Roosevelt Highway, Warm Springs, GA 30830 Admission criteria: (706) 655-5253 Warm Springs, GA 30830;

B. Vaccination of Internationally Adopted Children, Immigrants and Refugees

- 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).
- If the record indicates OPV, and the dose was given prior to April 1, 2016, it can be counted as a valid tOPV dose.
- If the dose was administered April 1 through April 30, 2016, it can be counted as valid only if the record indicates that it was trivalent (tOPV).
- If the dose was administered on or after May 1, 2016, it should not be counted as a valid dose for the U.S. polio vaccination schedule because it was bivalent or monovalent vaccine rather than trivalent.
- Persons younger than 18 years of age with doses of OPV that do not count towards the U.S. vaccination requirements should receive IPV to complete the schedule according to the U.S. IPV schedule.
- Alternative approaches are to order serologic testing for neutralizing antibody to poliovirus types 1, 2 and 3; or to administer a single dose of IPV, followed by serologic testing.13
- Children with protective titers against all three types do not need revaccination.13

D. Hematopoietic stem cell transplant (HSCT) recipients: Antibody titers to vaccine-preventable diseases (e.g., tetanus, poliovirus, measles, mumps, rubella and
encapsulated bacteria) decrease 1–4 years after autologous or allogeneic HSCT if the recipient is not revaccinated. HSCT recipients of all ages are at increased risk. Revaccination with 3 doses of IPV is recommended 6–12 months after HSCT.  

E. Adverse Events: 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.  

F. Immunocompromised: individuals with altered immunocompetence may have reduced immune responses.  

G. Lactation: It is not known whether polio-containing vaccines are excreted in human milk. Use with caution in nursing mothers.  

H. Oral polio vaccine (OPV) has been unavailable in the United States since 1999.  

IX. 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).  

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Temp</th>
<th>Storage Issues</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPOL&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>Protect from light</td>
</tr>
<tr>
<td>Pediarix&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>Use immediately after reconstitution</td>
</tr>
<tr>
<td>Pentacel&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Store at 2°–8°C</td>
<td>Do not use if vaccine has been frozen</td>
<td></td>
</tr>
<tr>
<td>Kinrix&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quadracel&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
X. ADVERSE EVENT REPORTING (LHD)

Public providers are to complete the Vaccine Adverse Events Reporting System (VAERS) report online at https://vaers.hhs.gov/reportevent.html.

1. Save a copy of the report number for your records.
2. Send copies of the report and VAERS ID number to the Oregon Immunization Program Vaccine Safety Coordinator via confidential email at ORVAERS.Reports@state.or.us or fax (971-673-0278).

Private providers are to report events directly to VAERS and can read about options on how to do so at https://vaers.hhs.gov/reportevent.html.

VAERS Reporting Table:
https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf

| Inactivated Polio Vaccine (IPV) | 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) |

| Oral Polio Vaccine (OPV) | A. Paralytic polio  
|                         | • in a non-immunodeficient recipient (30 days)  
|                         | • in an immunodeficient recipient (6 months)  
|                         | • in a vaccine-associated community case (interval - not applicable)  
|                         | B. Vaccine-strain polio viral infection  
|                         | • in a non-immunodeficient recipient (30 days)  
|                         | • in an immunodeficient recipient (6 months)  
|                         | • in a vaccine-associated community case (interval - not applicable)  

Not available in the U.S.  
May be administered during international travel.
C. Any acute complication or sequelae (including death) of above events (interval - not applicable)
D. Events described in manufacturer’s package insert as contraindications to additional doses of vaccine (interval - see package insert)

POLIO CASE INVESTIGATION: Notify Acute and Communicable Disease and Prevention (ACDP) 971-673-1111 immediately, day or night.

Effective date: March 21, 2017. The Reportable Events Table (RET) reflects what is reportable by law (42 USC 300aa-25) to the Vaccine Adverse Event Reporting System (VAERS), including conditions found in the manufacturer package insert. In addition, healthcare professionals are encouraged to report any clinically significant or unexpected events (even if not certain the vaccine caused the event) for any vaccine, whether or not it is listed on the RET.

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:
REFERENCES


9. CDC. Catch-up immunization schedule for persons age 4 months through 18 years who start late or who are more than 1 month behind. United States, 2017. Available at: www.cdc.gov/vaccines/schedules/hcp/imz/catchup-shell.html. Accessed 28 June 2018.


