Model Immunization Protocol

Poliovirus Vaccine for Travelers (IPOL®)	
Last Reviewed	7 November 2024
Last Revised	22 December 2022
This order expires	31 December 2026

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1. What's new

Biennial review for accuracy. Updated references.

2. Oregon immunization protocol

A. Check patient's travel itinerary to see whether polio is indicated.

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

C. Screen clients for contraindications and precautions.

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

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

F. Verify needle length for intramuscular (IM) injection into the deltoid muscle or subcutaneous (SQ) injection into the fatty tissue over the triceps. Infants less than 1 year of age should be vaccinated in the anterolateral thigh by either route.

G. To avoid 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.

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

I. May be given with all ACIP-recommended child and adult vaccinations.

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

Health Officer Signature Date

Health Officer Signature Date

3. Vaccine schedules for IPV[1]

Infants and children <18 years of age

Dose and Route - 0.5 mL, IM or SQ			
Dose	**Preferred age**	**Minimum acceptable age**	**Minimum acceptable spacing**
1	2 months	6 weeks	
2	4 months	10 weeks	4 weeks dose 1 to 2
3	6–18 months	6 months	4 weeks dose 2 to 3
4*	4–6 years	4 years	6 months dose 3 to 4

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

Accelerated schedule for infants and children <18 years of age

Dose and Route - 0.5 mL, IM or SQ

Dose	Minimum acceptable age	Minimum acceptable spacing
1	≥6 weeks	
2		≥4 weeks after the previous dose
3		≥4 weeks after the previous dose
4*		≥6 months after dose 3

*Children completing the accelerated schedule should still receive a dose of IPV at ≥4 years old and ≥6 months after dose 3.[5]

Unvaccinated or incompletely vaccinated travelers ≥18 years of age[2]

Dose and Route: 0.5 mL, IM or SQ		
Dose	**Minimum acceptable age**	**Minimum acceptable spacing**
1	≥18 years	
2		≥4 weeks after dose 1
3		≥6 months after dose 2

Accelerated schedule for unvaccinated or incompletely vaccinated travelers ≥18 years of age[2]

Dose and Route: 0.5 mL, IM or SQ		
Dose	**Minimum acceptable age**	**Minimum acceptable spacing**
1	≥18 years	
2		≥4 weeks after dose 1
3		≥4 weeks after dose 2*

*Adults who continue to be at risk of poliovirus should receive any remaining doses after they return from travel.[2]

Fully vaccinated adults ≥18 years of age

Dose and Route: 0.5 mL, IM or SQ		
Dose	**Minimum acceptable age**	**Minimum acceptable spacing**
Booster	≥18 years	≥12 months after last dose

4. Licensed Inactivated Polio Vaccine (IPV)[1]

Product Name	Vaccine Components	Presentation	Thimerosal
IPOL	Inactivated polio virus (IPV) serotypes 1,2 and 3	5-mL multi-dose vials	None
Combination vaccines including polio may be used for children <7 years of age. See DTaP, DT and Combination Vaccines protocol.			

5. Recommendations for use

A. Adults who previously completed the full, routine polio vaccine series and are planning to travel to any country with circulating poliovirus should receive a one-time booster dose of polio vaccine IPV. Adults working in health care settings, refugee camps or other humanitarian aid settings in countries bordering a country with circulating poliovirus should also receive a one-time booster dose of IPV.[2]

   Countries where a booster of IPV is recommended before travel can be found at: wwwnc.cdc.gov/travel/notices/alert/global-polio.

B. Unvaccinated adults who are traveling to countries with increased risk of exposure to poliovirus should receive a three-dose series of IPV vaccine. Adults who have received only one or two doses in the past should get the remaining doses of IPV vaccine administered at least 4 weeks apart.[4]

C. If an adult cannot complete the series before departure, an accelerated schedule (doses administered at least 4 weeks apart) is recommended.[4]

D. Adults who continue to be at risk of exposure to poliovirus should complete the IPV series when they return from travel.[4]

E. If a child cannot complete the accelerated schedule before departure, the remaining doses should be given in the visited country, or upon return home, at the intervals recommended in the accelerated schedule.[4]

F. Children completing the accelerated schedule should still receive a final dose of IPV at ≥4 years old, and at least 6 months after the previous dose.[4]

G. Vaccination of persons with acute, febrile illness should be deferred until after recovery.

6. Contraindications[1]

Severe allergic reaction to any vaccine component, including antibiotics contained in trace amounts.

Vaccine	Vaccine Excipient Summary[6]
IPV	calf bovine serum albumin, 2-phenoxyethanol, formaldehyde, neomycin, streptomycin, polymyxin B, M-199 medium

7. Warnings and precautions

N/A

8. Other considerations

A. **Mild illness**: IPV may be administered to people with diarrhea. Minor upper respiratory illnesses with or without fever, current antimicrobial therapy, and the convalescent phase of acute illness are not contraindications for vaccination.[5]

B. **Pregnancy**: If a pregnant woman is unvaccinated or incompletely vaccinated and requires immediate protection against polio because of planned travel to a country or area where polio cases are occurring, IPV can be administered as recommended for adults.[2]

C. **Breastfeeding**: Breastfeeding is not a contraindication to administration of polio vaccine to an infant or mother.[2]

D. **Immunocompromise**: IPV may be administered safely to immunocompromised travelers and their household contacts. Although a protective immune response cannot be ensured, IPV might confer some protection to the immunocompromised person. People with certain primary immunodeficiency diseases should not be given live, attenuated OPV and should avoid contact with excreted OPV virus (such as exposure to a child vaccinated with OPV in the previous 6 weeks). Because OPV is no longer given

in the United States, this situation would arise only if a child receives OPV overseas.[2]

E. Travelers staying in a polio-infected country longer than 12 months may receive available poliovirus vaccine (IPV or OPV) in the infected country to meet the departure requirement.[4]

9. Side effects and adverse reactions[1]

Adverse Event	Frequency*
Pain, redness or swelling at the injection site	Up to 14%
Fever >102ºF	Up to 38%
Irritability	Up to 15%
Tiredness	Up to 9%
Anorexia	Up to 3%
Vomiting	Up to 1%

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 (4832).

Vaccine	Temp	Storage Issues	Notes
IPOL[1]	2°C to 8°C (35°F to 46°F)	Do not freeze.	Protect from light.

11. Adverse events reporting

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

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

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)

A pharmacist who administers any vaccine must report the following elements to the OHA ALERT Immunization Information System in a manner prescribed by OHA within 15 days of administration. This replaces the former requirement to notify the primary health care provider. A pharmacist is not required to notify the primary health care provider. Oregon Administrative Rule 855-019-0290.

12. References

1. IPOL® package insert. May 2022. Available at: www.fda.gov/media/75695/download. Accessed 7 November 2024.
2. Kidd S, Clark T, Routh J, et al. Use of Inactivated Polio Vaccine Among U.S. Adults: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2023. Available at: https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7249a3-H.pdf. Accessed 7 November 2024.
3. CDC Travelers' Health Notices: Global Polio. Available at: wwwnc.cdc.gov/travel/notices/alert/global-polio. Accessed 7 November 2024.
4. Estívariz CF, Routh J, Patel M, Wassilak SGF. Poliomyelitis. *In:* CDC. Health Information for International Travel ("Yellow Book") 2020. Available at: wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/poliomyelitis. Accessed 7 November 2024.
5. Prevots D, Burr R, Sutter R, Murphy T. Poliomyelitis prevention in the United States. MMWR 2000; 49(RR-5): 1–22. Available at: www.cdc.gov/mmwr/PDF/rr/rr4905.pdf. Accessed 7 November 2024.
6. Kroger A, Bahta L, Long S, Sanchez P. 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/index.html. Accessed 7 November 2024.
7. CDC. Vaccine Excipient Summary. November 2021. Available at:

www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf. Accessed 7 November 2024.

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

Electronic copy of this pharmacy protocol is available at: protocols