**Protocol for Administration of Inactivated Poliovirus (IPV) Vaccine**

**Precautions and Contraindications**

Screen all patients for precautions and contraindications to immunization.

**Indications and Usage**

IPV vaccine is indicated for active immunization of infants (as young as 6 weeks of age), children and adults for the prevention of poliomyelitis caused by poliovirus types 1, 2, and 3.

**Recommended Schedule**

|  |  |  |
| --- | --- | --- |
| **Dose** | **Recommended Age** | **Accelerated Schedule** |
| 1¹ | 2 months | 6 weeks or older |
| 2 | 4 months | > 4 weeks after 1st dose |
| 3² | 6 through 18 months |  > 4 weeks after 2nd dose,but 8 weeks is preferred |
| 4³ | 4 through 6 years |  The minimum interval from dose 3 to dose 4 is 6 months.  |

¹ Use of the minimum age and minimum intervals for vaccine administration in the first 6 months of life are recommended only if the vaccine recipient is at risk for imminent exposure to circulating poliovirus.

²If age > 7 years: A total of only 3 doses are needed to complete the primary series.

³If age < 7 years: A total of 4 doses are needed to complete the primary series, unless the 3rd dose was administered after the 4th birthday, in which case a 4th dose (booster) is not needed.

The final dose in the IPV series should be administered at age ≥ 4 years regardless of the number of previous doses.

**IPV is indicated for:**

**Children**: All infants > 6 weeks of age, and any unvaccinated children through 18 years of age.

(For children, adequate proof of immunity to poliovirus is defined as: Documentation of receipt of four or more doses of polio vaccine with a minimum interval of 4 weeks between doses; only 3 doses are needed when the 3rd dose is given on or after the fourth birthday.)

**Adults**: Vaccination is recommended for certain adults (> 18 years of age) who are at greater risk for exposure to poliovirus than the general population. These persons include:

* Travelers to areas or countries where poliomyelitis is or may be epidemic or endemic;
* Members of communities or specific population groups with disease caused by polioviruses;
* Laboratory workers who handle specimen that might contain polioviruses;
* Healthcare workers who have close contact with patients who might be excreting polioviruses.
* Adequate proof of immunity for adults: Documentation of receipt of > 3 doses of polio vaccine with a minimum interval of 4 weeks between doses with documentation of
> 1 booster dose.

**Dosage and Route**

Always check the package insert prior to administration.

Administer 0.5 mL subcutaneously (SQ)

**Anatomical Site**

The anterolateral aspect of the thigh or the upper outer triceps area by injecting the needle at a 45o angle in a pinched-up fold of skin and SQ tissue. Use a 5/8- to ¾-inch, 23- to 25-gauge needle.

.**Precautions**

* Moderate or severe illness with or without fever (temporary precaution)

**Contraindications**

Individuals with:

* Acute, moderate or severe illness with or without fever
* Anaphylactic reaction to previous dose of IPV, streptomycin, polymyxin B, neomycin, or to any other component of the vaccine (see package insert for specific components)

**Adverse Events**

* See the product’s package insert
* See Adverse Events Following Vaccinations page of this section

**Storage and Handling**

Store in refrigerator at 36oF – 46oF (2oC – 8oC)

* DO NOT FREEZE; discard if product has been frozen.

**Other Important Notes**

* The 1st dose may be administered as early as 6 weeks of age, however use of the minimum age for vaccines in the first 6 months of life are recommended only if the vaccine recipient is at risk for imminent exposure to circulating poliovirus.
* If a 5th dose is needed, the minimum interval from dose 4 to dose 5 should be at least 6 months to provide an optimum booster response.
* Administer IPV simultaneously with all other vaccines indicated, according to the recommended schedule and patient’s vaccine status.

IPV can be administered to pregnant women who are at risk of exposure to wild-type poliovirus infection.

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