

**IPV**  
**Inactivated Poliovirus**

| <b>Pathophysiology</b>  | Virus<br>Enters through the mouth Incubation<br>6-20 days  |      |                           |         |                |         |                     |         |                     |         |                     |
|---|--|------|---------------------------|---------|----------------|---------|---------------------|---------|---------------------|---------|---------------------|
| <b>Vaccine Description</b>  | Inactivated poliovirus vaccine   |      |                           |         |                |         |                     |         |                     |         |                     |
| <b>Dose &amp; Route</b>   | 0.5 mL given Subcut or IM  |      |                           |         |                |         |                     |         |                     |         |                     |
| <b>Administration Schedule</b>  | <table border="0"> <thead> <tr> <th style="text-align: left;">Dose</th> <th style="text-align: left;">Recommended Age</th> </tr> </thead> <tbody> <tr> <td>1.....</td> <td>2 months</td> </tr> <tr> <td>2.....</td> <td>4 months</td> </tr> <tr> <td>3.....</td> <td>6 - 18 months</td> </tr> <tr> <td>4.....</td> <td>4-6 years</td> </tr> </tbody> </table>  | Dose | Recommended Age           | 1.....  | 2 months       | 2.....  | 4 months            | 3.....  | 6 - 18 months       | 4.....  | 4-6 years           |
| Dose  | Recommended Age  |      |                           |         |                |         |                     |         |                     |         |                     |
| 1.....  | 2 months   |      |                           |         |                |         |                     |         |                     |         |                     |
| 2.....  | 4 months   |      |                           |         |                |         |                     |         |                     |         |                     |
| 3.....  | 6 - 18 months  |      |                           |         |                |         |                     |         |                     |         |                     |
| 4.....  | 4-6 years  |      |                           |         |                |         |                     |         |                     |         |                     |
| Final dose should be administered at $\geq 4$ years of age regardless of the number of previous doses; the minimum interval from dose 3 to dose 4 is extended from 4 weeks to 6 months; the minimum interval from dose 1 to dose 2, and from dose 2 to dose 3, remains 4 weeks; the minimum age for dose 1 remains age 6 weeks. IPV is not routinely recommended for U.S. residents 18 years and older. |  |      |                           |         |                |         |                     |         |                     |         |                     |
| <b>Minimum Intervals</b>  | <table border="0"> <thead> <tr> <th style="text-align: left;">Dose</th> <th style="text-align: left;">Minimum Interval and Ages</th> </tr> </thead> <tbody> <tr> <td>1 .....</td> <td>6 weeks of age</td> </tr> <tr> <td>2 .....</td> <td>4 weeks from dose 1</td> </tr> <tr> <td>3 .....</td> <td>4 weeks from dose 2</td> </tr> <tr> <td>4 .....</td> <td>6 month from dose 3</td> </tr> </tbody> </table>   | Dose | Minimum Interval and Ages | 1 ..... | 6 weeks of age | 2 ..... | 4 weeks from dose 1 | 3 ..... | 4 weeks from dose 2 | 4 ..... | 6 month from dose 3 |
| Dose  | Minimum Interval and Ages  |      |                           |         |                |         |                     |         |                     |         |                     |
| 1 .....   | 6 weeks of age   |      |                           |         |                |         |                     |         |                     |         |                     |
| 2 .....   | 4 weeks from dose 1  |      |                           |         |                |         |                     |         |                     |         |                     |
| 3 .....   | 4 weeks from dose 2  |      |                           |         |                |         |                     |         |                     |         |                     |
| 4 .....   | 6 month from dose 3  |      |                           |         |                |         |                     |         |                     |         |                     |
| <b>Contraindications</b>  | <ul style="list-style-type: none"> <li>• Anaphylactic reaction following a prior dose of IPV or to any of its components (neomycin, streptomycin, or Polymyxin B)</li> <li>• Defer vaccination in persons with moderate or severe acute illness until illness subsides</li> </ul>  |      |                           |         |                |         |                     |         |                     |         |                     |
| <b>Special Considerations</b>   | <ul style="list-style-type: none"> <li>• The combination vaccine Pediarix® (IPV, DTaP and Hep B) is <i>approved for the first 3 doses</i> of the IPV and DTaP series.</li> <li>• Pediarix® is not approved for booster doses nor indicated for children &gt; 6 years of age</li> <li>• Pediarix® should not be used for infants younger than 6 weeks of age or children over 6 years of age.</li> <li>• Pentacel™ is approved for the primary series and first booster dose (doses 1-4). It is not indicated for children <math>\geq 5</math> years.</li> <li>• Kinrix™ is approved for the booster dose at age 4-6. Not to be administered to children aged &lt; 4 years or <math>\geq 7</math> years.</li> <li>• VAXELIS (DTaP, IPV, Hib, Hep B) is approved for use in children aged 6 weeks through 4 years as a 3-dose series at 2, 4, and 6 months. VAXELIS may be used children younger than 5 years requiring a catch-up primary series, using appropriate minimum intervals. It is not approved as the booster dose of IPV (dose 4), but if inadvertently given it the dose does not need to be repeated.</li> <li>• Adolescents aged 18 years at increased risk of exposure to poliovirus with no evidence of a complete polio vaccination series: administer remaining doses (1, 2, or 3 doses) to complete series. Evidence of completed polio vaccination series (3 doses): may administer one</li> </ul> |      |                           |         |                |         |                     |         |                     |         |                     |

**lifetime IPV booster**

- Measles, mumps, rubella, varicella and hepatitis serology are listed as accepted evidence of immunity in both the current editions of Pink Book and Red Book. Neither resource makes any recommendation regarding accepting serology for polio as proof of immunity. The Georgia Immunization Program requires vaccination for polio immunity for attendance in Georgia childcare and school facilities.