

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Poliovirus Vaccine, Live, Oral, Trivalent (Sabin Vaccine, OPV)</p> <p>ORIMUNE® Wyeth</p>	<p>Consult Immunization Program or CDC for dose, interval and frequency recommendations during outbreak control.</p>	<p>Dose: 0.5 ml SC or IM when recommended as part of outbreak control</p>	<p>OPV is no longer routinely available in the United States; however, CDC maintains an emergency stockpile of OPV for polio outbreak control.</p> <p>The preference for OPV for outbreak control is supported by (a) higher seroconversion rate after a single dose of OPV compared to a single dose of IPV; (b) greater degree of intestinal immunity, which limits the community spread of wild poliovirus; and (c) beneficial secondary spread (intestinal shedding) of vaccine virus, which improves overall protection in the community. Also OPV replicates in the intestinal tract and induces antibodies in more recipients after a single dose. Boosting or immunity with a single dose of OPV or IPV is likely to reduce both pharyngeal and intestinal excretion of poliovirus, effectively stopping epidemic transmission of poliovirus.</p> <p>The ACIP supports the global polio eradication initiative and the use of OPV as the only vaccine recommended to eradicate polio from the remaining countries where polio is endemic.</p> <p>Adverse Reactions: Rarely causes vaccine-associated paralytic poliomyelitis (VAPP). The risk of VAPP is 1 case to 750,000 first doses of OPV distributed or an overall risk of 1 case per 2.4 million doses distributed. From 1980 through 1998, 152 cases of paralytic polio were reported in the United States; 144 (95%) of these cases were VAPP, and the remaining eight were in persons who acquired documented or presumed wild-virus polio outside the United States. Of the 144 VAPP cases, 59 (41%) occurred in healthy vaccine recipients (average age 3 months). Forty-four (31%) occurred in healthy contacts of vaccine recipients (average age 26 years), and 7 (5%) were community acquired (i.e., vaccine virus was recovered but there was no known contact with a vaccine recipient). Thirty-four (24%) of VAPP cases occurred in persons with immunologic abnormalities (27 in vaccine recipients and 7 in contacts of vaccine recipients). None of the vaccine recipients were known to be immunologically abnormal prior to vaccination. Immunodeficient persons, particularly those with agammaglobulinemia and hypogammaglobulinemia, are at greatest risk for VAPP.</p> <p>Contraindications: Immunodeficiency diseases, including HIV infection, agammaglobulinemia and hypogammaglobulinemia; altered immune states such as leukemia, lymphoma, or generalized malignancy; steroids, alkylating drugs, antimetabolite therapy; household contacts of the above-described individuals; pregnancy (theoretical risk) unless immediate protection is needed, e.g., outbreak situation.</p>