

## IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Poliovirus Vaccine, Enhanced Potency Inactivated (Salk Vaccine e-IPV)</p> <p><b>IPOL™</b> Sanofi Pasteur</p>	<p><b>Children 6 weeks through 17 years*:</b></p> <p>First: 0.5 mL SC or IM Second: 0.5 mL SC or IM 6-8 weeks after the first dose Third: 0.5 mL SC or IM 2-8 months after second dose</p> <p>*The minimum interval between doses of IPV is 4 weeks, although the preferred interval between the second dose and third dose is 2-8 months for children.</p> <p>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 (e.g., during an outbreak or because of travel to a polio-endemic region).</p> <p><b>Persons 18 years of age and older**:</b> (See comments)</p> <p>First: 0.5 mL SC or IM Second: 0.5 mL SC or IM 1-2 months after first dose Third: 0.5 mL SC or IM 6-12 months after second dose</p> <p><b>** Accelerated schedule:</b></p> <p><b>8 or more weeks before protection is needed:</b> Three doses of IPV should be given at least 4 weeks apart.</p> <p><b>4-8 weeks before protection is needed:</b> Two doses of IPV should be given at least 4 weeks apart.</p> <p><b>Less than 4 weeks before protection is needed:</b> One dose of IPV.</p> <p>Give remaining doses of vaccine at the recommended intervals if the person remains at risk.</p>	<p><b>Children 4 through-17 years</b></p> <p>Fourth: 0.5 mL SC or IM at least 6 months after the third dose and at least 4 years of age</p> <p>§ The minimum interval between the third and fourth dose was changed by ACIP from a minimal interval of 4 weeks to 6 months in June 2009.</p> <p>The fourth dose is not needed if the third dose was given on or after the fourth birthday and was at least 6 months after the third dose.</p> <p>If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years (at least 6 months after the previous dose). If a child misses an IPV dose at age 4-6 years, administer a booster dose as soon as feasible.</p> <p><b>Persons aged 18 years and older</b></p> <p>None<sup>¶</sup></p> <p><sup>¶</sup> Adults who have had the primary series of OPV or IPV and who are at increased risk can receive another dose of IPV (0.5 mL SC or IM). Additional booster doses are not indicated.</p>	<p>Only IPV is available for routine polio vaccination of children in the United States. A polio vaccination schedule begun with oral polio vaccine (OPV) should be completed with IPV. If a child receives both types of vaccine, four doses of any combination of IPV or OPV by 4-6 years of age is considered a complete poliovirus vaccination series.</p> <p><b>Adults:</b> Routine polio vaccination of adults (18 years of age and older) in the United States is not indicated. Unvaccinated adults (including adults without a written record of prior polio vaccination) at special risk of exposure to wild polio virus, including travelers to endemic areas (currently limited to South Asia, the eastern Mediterranean, and Africa) or communities experiencing disease (e.g., an outbreak), laboratory workers handling polio virus, and health-care workers in close contact with patients excreting polio virus should be immunized with IPV.</p> <p><b>Adverse Reactions:</b> Minor local reactions (pain, redness) may occur following IPV. No serious side effects to e-IPV have been documented. Because IPV contains trace amounts of streptomycin, polymyxin B and neomycin, hypersensitivity reactions may occur in persons sensitive to these antibiotics.</p> <p><b>Contraindications:</b> History of an anaphylactic reaction to a previous dose of IPV or to a component of the vaccine, including streptomycin, polymyxin B, or neomycin. Moderate or severe acute illness is a precaution for IPV until condition improves.</p>