

Polio Vaccine (Inactivated) (vero cell origin) IMOVAX® POLIO Supplier: Sanofi Pasteur Limited

INDICATIONS:

- Infants and children less than 4 years of age who do not require diphtheria, pertussis, tetanus, or Hib.
- Children 4-17 years of age (inclusive) who do not require diphtheria or tetanus vaccine.
- Adults who are at higher risk of exposure to polioviruses: ^A
 - health care workers ^B who may be exposed to feces
 - travellers to/or those arriving from areas of countries where polioviruses are circulating ^C
 - workers in refugee camps in polio endemic areas
 - residents of communities in which a visitor or new refugee/immigrant may be excreting polioviruses (e.g., household-like contacts, social networks)
 - laboratory workers handling specimens that may contain polioviruses
 - military personnel
- Previously unimmunized solid organ transplant (SOT) candidates and recipients who do not require diphtheria or tetanus vaccine.

DOSES AND SCHEDULE: ^{D, E}

Infants and children less than 4 years of age:

- Dose 1 given as 0.5 mL **SC**
- Dose 2 given as 0.5 mL **SC** 4-8 weeks after 1st dose
- Dose 3 given as 0.5 mL **SC** 6-12 months after 2nd dose
- Dose 4 given as 0.5 mL **SC** at 4-6 years of age ^F

Individuals 4 years of age and older:

- Dose 1 given as 0.5 mL **SC**
- Dose 2 given as 0.5 mL **SC** 4-8 weeks after 1st dose
- Dose 3 given as 0.5 mL **SC** 6-12 months after 2nd dose

Note: Give 1 dose as 0.5 mL **SC** to children and adolescents 7-17 years of age (inclusive) who have not received a polio **booster** on or after their 4th birthday.

^A Routine polio immunization is not considered necessary for adults in Canada unless they are at higher risk of exposure to polioviruses (see INDICATIONS) or are known to be unimmunized (e.g., individual grew up in a family/community known to refuse vaccines) (see SPECIAL CONSIDERATIONS).

^B For more information regarding health care workers, see [Part 2 – Immunization of Special Populations, Health Care Workers](#).

^C Previously unimmunized travelers who will depart in less than 4 weeks should receive a single dose of IPV. The remaining doses of vaccine should be given later at the recommended intervals.

^D Any dose(s) of oral polio vaccine (OPV) received on or after April 1, 2016 will not be considered as a valid dose within the routine BC Immunization Schedule. For more information, see SPECIAL CONSIDERATIONS.

^E A history of two fractional doses of inactivated polio vaccine (fIPV) can be considered equivalent to a single IPV dose provided the first dose was given at a minimum age of 6 weeks with a minimum interval of 4 weeks between doses. For more information, see SPECIAL CONSIDERATIONS.

^F A 4th dose of IPV is not necessary if dose 3 was given on or after the 4th birthday.

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ADMINISTRATION:

No additional requirements.

BOOSTER DOSES:

- A single booster dose (at least 10 years after the primary series) is recommended for individuals 18 years of age and older who are at increased risk of exposure to polioviruses (see INDICATIONS) and who completed an IPV or OPV series in childhood.
 - No additional doses of IPV are recommended for travelers under 18 years of age who have completed an IPV or OPV vaccine series.
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SEROLOGICAL TESTING:

Serological testing is not recommended before or after immunization.

CONTRAINDICATIONS:

1. History of anaphylactic reaction to any polio-containing vaccine, or to any component of IMOVAX® POLIO.
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PRODUCT COMPONENTS:

Potential allergens: neomycin, streptomycin, polymyxin B, calf serum protein.

Other components: 2-phenoxyethanol, formaldehyde, Medium 199 Hanks.

PRECAUTIONS:

Not applicable.

SPECIAL CONSIDERATIONS:

- According to the [World Health Organization \(WHO\)](#), as of April 2016, trivalent oral polio vaccine (OPV) was replaced with either bivalent or monovalent OPV. In order to ensure protection against all 3 poliovirus types, any doses of OPV received on or after April 1, 2016 are not considered as a valid dose within the routine BC Immunization Schedule. Therefore individuals presenting with a record of OPV received on or after this date will require re-immunization with IPV or IPV-containing vaccine for any of these doses.
- The [WHO](#) recommends that all OPV-providing countries include two doses of IPV within their vaccination schedule. Such countries may use fractional doses (1/5 of the full IPV dose) given intradermally as a dose-sparing strategy in consideration of programmatic costs. For individuals presenting with a record which includes fractional dose(s) of IPV (fIPV), two doses of fIPV can be considered equivalent to a single IPV dose within the routine BC Immunization Schedule, provided the first dose was given at a minimum age of 6 weeks with a minimum interval of 4 weeks between doses.
- Polio vaccination has been part of routine childhood immunization since the late 1950s. Adults who received any childhood vaccines almost certainly were vaccinated against polio. Thus, most adults can be assumed to have been vaccinated against polio as children, even if they do not have written documentation of vaccination, unless there are specific reasons

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SPECIAL CONSIDERATIONS (continued):

to believe they were not vaccinated (e.g., individual grew up in a family/community known to refuse vaccines).

ADVERSE EVENTS:

Local: pain, redness, swelling.

Systemic: fever.