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DATE: August 10, 2009

TO: Vaccines for Children (VFC) Program Providers

FROM: Immunization Program

RE: New Polio Recommendations – Effective Immediately

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On August 7, 2009, a MMWR was published which affirmed the recommendation for a fourth dose of inactivated poliovirus-containing vaccine for 4 to 6 year olds if the three dose series is completed before the child is 4 years of age, and requires a 6 month interval between the last and next to last dose of vaccine.

The reasons for this change are due to a continued threat of polio importation since it has not yet been eradicated worldwide, and incomplete data on the duration of polio vaccination immunity into adulthood when the last dose of inactivated polio vaccine is administered at 15 to 18 months of age.

**New IPV Recommendation Effective Immediately:**

- The recommended IPV schedule remains four doses at 2 months, 4 months, 6 through 18 months, and 4 through 6 years.
- The LAST doses must be separated by 6 months, and must be administered on or after 4 years of age; regardless of whether 3 or 4 doses were administered.
- When 4 doses of IPV are administered before the 4<sup>th</sup> birthday, an additional dose of age appropriate IPV must be given on or after the 4<sup>th</sup> birthday, if a 5<sup>th</sup> dose is needed minimum interval from dose 4 to dose 5 must be at least 6 months

A fourth dose of polio vaccine remains unnecessary whether an all IPV or all OPV schedule is used if the third dose in the series was administered on or after a child is 4 years of age, and 6 months have passed between the second and third dose. The 6 month interval between the next to the last and the last dose provides the best immunologic effect.

Due to multiple combination vaccines containing IPV (Pediarix: IPV/ DTaP Hepatitis B; Kinrix: IPV/ DTaP; Pentacel: IPV/DTaP/Hib) many children may have more doses of IPV, but one dose of IPV must be on or after 4 years of age with a 6 month minimum interval from the prior dose. IPV is highly effective at producing immunity and is non-reactogenic, with adverse events consisting primarily of local site reaction (i.e. redness, pain).

The Iowa Immunization Program will update the Iowa Administrative Code 641—7.4(139A) footnote numbers 5 and 6 to reflect the new polio recommendations.

The following link is to the MMWR in which this new recommendation is published:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a3.htm>

If you have questions regarding this issue, contact the Immunization Program at 1-800-831-6293.