

## Standing Orders for Administering Inactivated Polio Vaccine (IPV) to Adults

**Purpose:** To reduce morbidity and mortality from poliomyelitis caused by the poliovirus Types 1,2 and 3 by vaccinating adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

**Policy:** Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate adult patients who meet the criteria below.

### Procedure

1. Identify adults 18 years of age and older in need of vaccination against poliomyelitis based on any of the following criteria:

**Note:** Routine poliovirus vaccination of adults residing in the United States is not necessary. Most adults have minimal risk for exposure to polioviruses in the US and most are immune as a result of vaccination during childhood.

- Basic trainees and other accessions:
  - Administer a single dose of IPV to basic trainees and accessions. Personnel who have not completed the series must complete the series using IPV.
  - Unless there is reason to suspect otherwise (for example, childhood spent in a developing country, childhood immunizations not administered), receipt of the primary series of IPV may be assumed.
- Military personnel outside of accession settings:
  - Because of the high level of childhood immunization against the disease, **DO NOT** screen immunization records with regard to polio immunity after completion of initial entry training except in an outbreak setting or for individual clinical purposes.
- International travelers:
  - Adults who are traveling to areas where wild polio virus or vaccine-derived polio virus is actively circulating and who are unvaccinated, incompletely vaccinated or whose vaccination status is unknown should receive a series of 3 doses of IPV with 2 doses of IPV administered at an interval of 4-8 weeks and a third dose administered at 6-12 months after the 2<sup>nd</sup> dose.
  - Travelers to include military personnel to certain states to include Afghanistan, Democratic Republic of Congo, Kenya, Niger, Nigeria, Pakistan, Papua New Guinea and Somalia may have actively circulating wild polio virus or circulating vaccine-derived polio virus. Long-term travelers (i.e. > 4 weeks) of all ages (6 weeks and older) should receive a dose of IPV between 4 weeks and 12 months prior to **exiting** the polio-affected country and this dose should be documented on the CDC 731 International Certificate of Vaccination or Prophylaxis. (polio-affected states can change frequently, please refer to <https://wwwnc.cdc.gov/travel/news-announcements/polio-guidance-new-requirements> for the most current list of affected countries and guidance on meeting vaccination requirements.

2. Screen all patients for contraindications and precautions to Inactivated Polio Vaccine (IPV):

### Contraindications:

- a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of polio vaccine or to a polio vaccine component such as streptomycin, neomycin or polymixin B. For information on vaccine components, refer to the [manufacturer's package insert](#) or go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>

### Precautions:

- moderate or severe acute illness with or without fever
  - pregnancy should not preclude vaccination, if clearly indicated: consult the patient's primary care manager for an appropriate order
  - because vaccinees may develop syncope, sometimes resulting in falling with injury, observation for 15 minutes after administration is strongly recommended
  - For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1.
3. Provide all patients (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (or parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
  4. Provide vaccination as follows:
    - For basic trainees and other accessions administer IPV as a single dose.
    - For previously unvaccinated adults administer IPV as a 3-dose series with the first 2 doses administered at a 4-8 week interval and a third dose 6-12 months after the second dose. (Alternative accelerated schedules are available if the 3 doses cannot be administered within the recommended intervals before protection is needed; consider consulting DHA-IHB at 1-877-438-8222 for additional details).
    - For international travelers traveling to polio-affected countries administer a single IPV dose 4 weeks to 12 months **prior to departure** from the polio-affected country
  5. Administer the 0.5 mL dose of IPV vaccine intramuscularly in the deltoid muscle of the arm (anterolateral thigh muscle may be used if deltoid is inadequate). Use a 22-25 gauge needle: choose a needle length appropriate to the patient's age and body mass.
  6. Documentation
    - Document all immunizations administered in the electronic health record. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.
  7. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as appropriate equipment and medications.
  8. Adverse Events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (1-800-822-7967) or online at <https://vaers.hhs.gov>.

9. This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

\_\_\_\_\_  
Medical Director's Signature

\_\_\_\_\_  
Date