



# Durham Region Health Department FAX about...

For Health Care Professionals



## Recommendations for Children Previously Immunized with Oral Polio Vaccine (OPV)

In April 2016, the World Health Organization coordinated a global switch for countries who administer the oral polio vaccine, replacing the trivalent oral polio vaccine (tOPV) with the bivalent OPV (bOPV), which contains poliovirus serotypes 1 and 3 but not serotype 2. Of note, OPV has not been used in Canada since 1996.

**Healthcare providers should presume children vaccinated internationally with documented dose(s) of OPV administered on or after April 1, 2016, received bOPV.** To ensure protection against all three poliovirus types, these children should complete a polio vaccine series with an inactivated polio vaccine (IPV) or an IPV-containing vaccine using an age-appropriate schedule.

### What Healthcare Providers need to know:

- Only IPV is used in Canada. Impacted children are likely to be newcomers to Canada.
- Healthcare providers administering immunizations to children who have recently arrived in Canada should review the child's immunization history for the type of poliovirus vaccine received.
- Immunization records may not explicitly document the type of OPV administered. To ensure protection against all three poliovirus types, healthcare providers should consider the following:
  - If OPV was administered on or after April 1, 2016, healthcare providers should presume that the child received bOPV (i.e., missing polio serotype 2). **Any dose(s) of OPV received on or after April 1, 2016, should be considered invalid.**
  - If OPV was administered prior to April 1, 2016, healthcare providers should presume that the child received tOPV and count the dose(s) as valid (unless the dose is documented as mOPV or nOPV).
- IPV can be given to partially immunized persons and those with inadequate records without concern about prior receipt of polio-containing vaccines. Adverse events associated with repeated immunization with OPV have not been demonstrated.

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## Catch-up Immunization Schedule for IPV Vaccine for Children and Adolescents Based on Age of Initiation \*§

Age at start of catch-up immunization	Total number of IPV doses	Recommended interval between doses
6 weeks – 3 years	4 doses †	First 3 doses given at an interval of 8 weeks (minimum of 4 weeks) between doses; 4th doses given 6-12 months after 3rd dose and on/after the fourth birthday †,∞
4 -17 years	3 doses	First 2 doses given at an interval of 8 weeks (minimum of 4 weeks) between doses; 3rd dose given 6-12 months after 2nd dose

\*This catch-up immunization schedule is specific to IPV vaccine and assumes that the child is up to date for other antigens. If the child requires immunization with additional antigens in combination vaccines, refer to the [Ontario catch-up immunization schedules](#).

† A 4th dose is not required if the 3rd dose was given on/after the fourth birthday (and at least 6 months following the 2nd dose).

∞ A dose of IPV-containing vaccine should be administered at 4-6 years of age, regardless of the number of polio vaccine doses administered prior to 4 years of age.

§ If the individual is attending childcare or school, the immunizer should advise the parent to report to their local public health unit each time their child receives an immunization.

### Additional resources

[Summary Immunization Recommendations for Children Previously Immunized with Oral Poliovirus Vaccine \(publichealthontario.ca\)](#)

[Recommendations for Children Previously Immunized with Oral Polio Vaccine: Qs & As for Immunizers \(ontario.ca\)](#)

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