



News/Update: Guidance for Assessment of Poliovirus Vaccination Status and Vaccination of Children Who Have Received Poliovirus Vaccine Outside the United States

1st February, 2017

Dear State Refugee Health Coordinator,

On January 13th, 2017, the CDC published the Morbidity and Mortality Weekly Report (MMWR) article “Guidance for Assessment of Poliovirus Vaccination Status and Vaccination of Children Who Have Received Poliovirus Vaccine Outside the United States.” The report states that documentation of poliovirus vaccination outside of the United States:

“...is valid if documentation indicates receipt of IPV [inactivated poliovirus vaccine] or tOPV [trivalent oral poliovirus vaccine]. Although tOPV was used for routine poliovirus vaccination in all OPV-using countries, mOPV [monovalent oral poliovirus vaccine] or bOPV [bivalent oral poliovirus vaccine] often were used in vaccination campaigns. Therefore, only documentation specifying receipt of tOPV constitutes proof of vaccination according to the U.S. polio vaccination recommendations. If such documentation cannot be validated, persons aged <18 years should be revaccinated with IPV according to the U.S. IPV schedule. Consistent with the polio eradication strategy, doses of OPV administered after April 2016 would either be bOPV (used in routine immunization and campaigns), or mOPV (used in a type-specific outbreak response).” (page 24, 1st column, last paragraph)

To limit the circulation of vaccine-derived type 2 polio virus (cVDPV), under WHO guidance, all countries discontinued use of and disposed of all stocks of tOPV in April 2016. Countries simultaneously switched to use of bOPV, which contains only polioviruses types 1 and 3. Therefore, any OPV given overseas to U.S.-bound refugees *after* April 1, 2016, would have been bOPV. Currently, there is a global shortage of IPV, and only a minority of U.S.-bound refugees are able to access this vaccine formulation overseas.

In light of the guidance in this recent MMWR, we advise that **states do the following for arriving refugees during their domestic medical examination:**

- Clinicians should review polio vaccination records on the DS-3025 form (Vaccination Documentation Worksheet) for arriving refugees.
- If IPV is documented, the dose should be counted towards the U.S. vaccination schedule.
- If OPV (rather than “tOPV”) is documented:
 - If given before April 1, 2016, the dose should be counted towards the U.S. vaccination schedule, unless specifically notated that it was administered during a vaccination campaign.¹

¹ tOPV was used for routine poliovirus vaccination before April 1, 2016 in all OPV-using countries. mOPV and bOPV were often used in vaccination campaigns but doses administered during vaccination campaigns are not typically recorded in parent-held records; mOPV and bOPV doses do not count towards the US vaccination requirements.



- If given on or after April 1, 2016, assume the vaccination was bOPV, which does not count towards the U.S. vaccination requirements for protection against all three poliovirus types. Persons aged <18 years with doses of OPV that do not count towards US vaccination requirements should receive IPV to complete the schedule according to the US IPV schedule.
- This applies to vaccines documented in both the “Vaccine History” *and* the “Vaccine Given by Panel Site/For Designated Refugees Only” columns on the DS-3025 Vaccination Documentation Worksheet.

These recommendations apply to refugees arriving into the United States from this date forward. It is not needed for states to identify and revaccinate refugee children who have already been through the domestic post-arrival health exam.

The MMWR article can be found here:

https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w.

For the current immunization guidelines for refugees in the United States, visit:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html#Immunization-Schedules>

For information on the US Vaccination Schedule, visit:

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

CDC will continue to monitor the situation and will provide additional information, as necessary. Guidance in MMWR to clarify interpretation of OPV doses received before April 1, 2016 (the same as provided above) is forthcoming.

Sincerely,

A handwritten signature in black ink that reads "Emily Jentes".

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