

## Polio Vaccines

In October, 1999 we reported the Centers for Disease Control and Prevention's (CDC's) recommendation that oral polio vaccine (OPV) no longer be used except in very limited circumstances, and we reprinted the CDC's revised polio vaccination information materials to accompany the administration of the recommended inactivated polio vaccine (IPV).

In November, 1999 we reported the CDC's announcement defining the limited circumstances where the CDC will still permit use of OPV, and we reprinted essential portions of the CDC's revised polio vaccination materials to accompany the administration of OPV when OPV will be used.

On December 17, 1999 the CDC put its earlier recommendations into the form of a final regulatory notice that will take effect January 1, 2000.

In general, a Federal agency must publish any proposed regulation and invite public comment before issuing a final regulation. The CDC published its proposed regulations when it issued the materials we reported in October and November. And now, effective the first of the year, a final notice states it is mandatory that IPV be used exclusively for polio immunization in the U.S. except where the CDC will still permit use of OPV.

As summarized by the CDC on Decem-

ber 17, 1999:

An all IPV schedule is recommended for routine childhood polio immunization as of January 1, 2000.

All children will need to receive four doses of IPV at 2, 4, 6-18 months and 4-6 years of age.

OPV is acceptable only for the following special circumstances:

(1) Mass immunization campaigns to control outbreaks due to wild-type poliovirus;

(2) Unimmunized children where travel to polio-endemic areas is imminent (i.e. in less than four weeks) may receive OPV for the first dose;

(3) Children of parents who do not accept the recommended number of vaccine injections may receive OPV only for dose 3 or 4 or both.

In addition, the CDC accepts use of OPV when the vaccinee has a life-threatening allergy to any component of IPV.

OPV should be administered only after discussion of the risks of Vaccine-Associated Paralytic Poliomyelitis.

Limited availability of OPV is expected in the near future in the U.S.

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