**FREQUENTLY ASKED QUESTIONS ON POLIOVIRUS IMMUNIZATION FOR PEDIATRICIANS**
**28 Oct 2019**

## EVENT AND OUTBREAK RESPONSE

**1. What events led to the declaration of the polio outbreak?**

Answer: The DOH declared a polio outbreak on 19 Sep 2019, following the detection of two cases of acute flaccid paralysis: a 3 year-old girl from in Lanao and another from a child residing in Laguna. In addition, environmental surveillance also identified VDPVs from various areas in Luzon and Mindanao.

**2. If Polio Virus type 2 was isolated, why is bOPV being given?**

Answer: OPV induces intestinal mucosal immunity and remains the vaccine of choice to interrupt transmission rapidly and stop polio outbreaks. Bivalent OPV ($bOPV_{1\&3}$) is being given in the NCR because VDPV1 was isolated from environmental surveillance in this area, while monovalent OPV type 2 ($mOPV_2$) is being given in Mindanao to address the VDPV2 isolates there.

**3. Why is $mOPV_2$ not being given when there was a child from Laguna whose stool was positive for $VDPV_2$? Is CALABARZON included in the synchronized polio administration program?**

Answer: There are different kinds of VDPV. It is in cases where VDPV is documented to be circulating in the community (cVDPV) that an outbreak is declared and OPV SIA is recommended. The patient from Laguna is suspected to be immunocompromised, and thus likely has immunodeficiency-related VDPV (iVDPV). There was also no epidemiologic link of the isolate from the patient in Laguna with the environmental isolate in Manila. Moreover, since local transmission of $VDPV_2$ was not documented in the community of the patient from Laguna, CALABARZON is not currently included in the SIA.

**4. For children given IPV-containing combination vaccine by a private pediatrician, should they receive the supplemental OPV doses being provided by the program of DOH?**

Answer: Yes. The OPV doses being administered now by the DOH are supplemental, and given only for those 0-59 months of age, in response to the current outbreak. This is intended to boost the immunity of children against polio. OPV induces intestinal mucosal immunity and remains the vaccine of choice to interrupt transmission rapidly and stop polio outbreaks.

**5. For those who already joined the first round of supplemental immunization, should they join the next round of supplemental immunization activity (SIA)?**

Answer: Yes. There is no harm in receiving additional doses of OPV, and this will serve to boost immunity against polio, especially in those few who have not responded to the previous OPV dose. For polio types 1 and 3, multiple doses are needed for protection, especially for type 1.

**6. If a patient was an Acute Flaccid Paralysis case and was diagnosed eventually as Guillain Barre Syndrome or hypokalemia, should this still be reported?**

Answer: Yes. Any case of Acute Flaccid Paralysis, regardless of suspected cause, should be reported to the National AFP Surveillance Committee of the DOH. This will ensure that reporting targets required for the maintenance of our country's polio-free certification are met.

## VACCINATION SCHEDULES

**7. Can a newborn infant be given SIA-OPV immunization? Is the birth dose counted in the 3-dose primary series?**

Answer: Yes, well-newborn infants can receive OPV. The SIA-OPV is intended to be given to all children 0-59 months of age, being those most vulnerable to polio. The birth dose is not counted in the primary series and is not part of the routine immunization schedule.

**8. If a child is given IPV-containing vaccine, when can he or she be given SIA OPV?**

Answer: Since the OPV is a supplemental dose outside of the routine immunization schedule, the patient can receive OPV anytime; there is no minimum interval between IPV and OPV.

**9. If a child was just given the SIA OPV, when can the next dose of IPV be given?**

Answer: Since this is a supplemental dose outside of the routine immunization schedule, the patient can receive IPV anytime; there is no minimum interval between OPV and IPV.

**10. If a child is due for the next dose of OPV or IPV (either primary or booster) but was given the SIA-OPV, will that be counted already as part of the routine immunization schedule?**

Answer: It is recommended that the due routine dose of OPV or IPV still be given as scheduled. The SIA OPV is a supplemental dose, outside of the routine immunization schedule. There is no harm in giving additional doses of OPV.

## CONTRAINDICATIONS, CO-ADMINISTRATION, ADVERSE EVENTS

**11. For children with fever or other minor illnesses, or are admitted in the hospital, can they receive OPV vaccination?**

Answer: Children with minor illness may receive OPV. For those with moderate to severe illness, it is still advised that they receive OPV once recovered.

**12. Can rotavirus vaccine be given with OPV?**

Answer: Yes. The rotavirus vaccine and OPV vaccine may be administered simultaneously and if not administered on the same day, there is no minimum interval to be observed between the two vaccines.

**13. How do we proceed if someone given SIA OPV gets admitted?**

Answer: Patients who develop adverse events following receipt of any vaccine (including OPV) should be reported to the National AEFI Committee (NAEFIC) of the DOH. (See Appendix II and III for the reporting process and case report form)

References:

1. Standard operating procedures; Responding to a poliovirus event or outbreak version 3. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.
2. CDC. National Center for Immunization and Respiratory Diseases. Kroger, A. Polio and Hib. Pinkbook webinar series. Accessed from: https://www2.cdc.gov/vaccines/ed/pinkbook/2019/downloads/pb10/Polio_Hib_PB_webinar_2019.pdf
3. National Epidemiology Center Department of Health. A Manual of Procedure for Surveillance and Response to AEFI, 2014.
4. Global Polio Eradication Initiative (GPEI) Fact Sheet Vaccine Derived Poliovirus September 2017.
5. UNICEF – WHO Philippines Polio Outbreak Situation Report 3. October 8, 2019.

# APPENDIX 1[1]

Definition of Vaccine Derived Poliovirus (VDPV)

VDPV refers to very rare, mutated virus genetically changed from the weakened virus originally contained in OPV. In under-immunized populations, if Sabin-like viruses continue to be transmitted from person-to-person they can continue to diverge genetically and eventually in rare instances become VDPVs, which may evolve and can eventually regain the ability to cause paralysis. VDPVs are identified based on their degree of genetic divergence from the parent OPV virus strain. Viruses that are >1% divergent (i.e. ≥ 10 nucleotide changes, for types 1 and 3) or >0.6% divergent (i.e. ≥ 6 nucleotide changes, for type 2) from the corresponding OPV virus strain, are labelled as VDPV.

Classification of vaccine-derived polioviruses

VDPVs are classified into three categories:

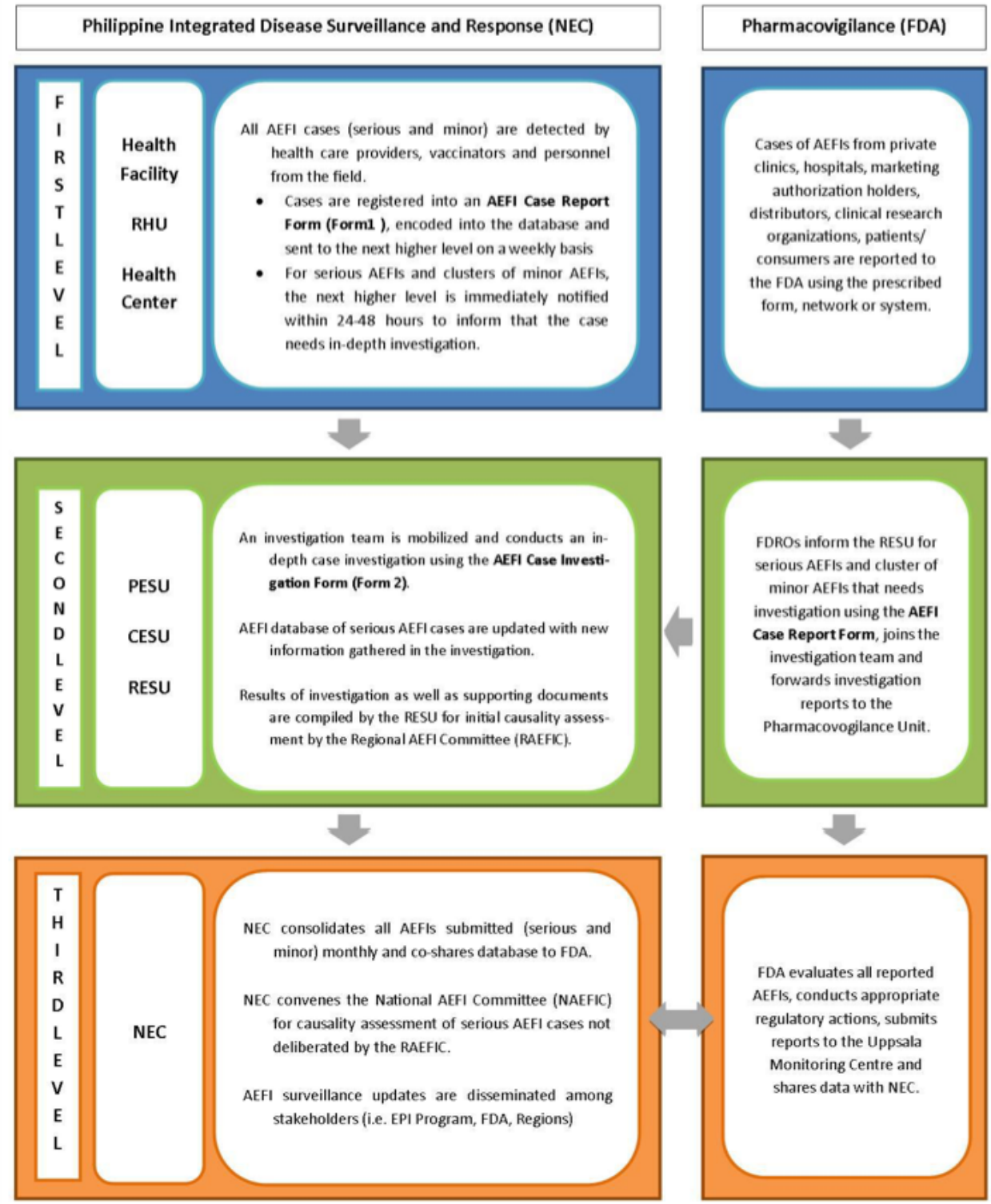
1. Circulating vaccine-derived poliovirus (cVDPV) is a VDPV demonstrating person-to- person transmission in the community, based on evidence from human and/or environmental detections of related viruses.

2. Immunodeficiency-related vaccine-derived poliovirus (iVDPV) is a VDPV isolated from an individual with evidence of primary immunodeficiency. Unlike immunocompetent persons, who excrete the vaccine virus for a limited period, in rare cases immunodeficient persons may excrete a genetically diverged vaccine virus for an extended period of time after receiving OPV.

3. Ambiguous vaccine-derived poliovirus (aVDPV) is a classification of exclusion when the investigation does not support classification as cVDPV or iVDPV. Isolates may be from persons with no known immunodeficiency or from an environmental sample, without evidence of circulation.

APPENDIX II[3]

Adverse Events Following Immunization (AEFI) Surveillance Flow



Philippine Integrated Disease Surveillance and Response

Case Report Form

# ADVERSE EVENTS FOLLOWING IMMUNIZATION

FDA Food and Drug Administration PHILIPPINES

Ver. 2014

Name of DRU: _____

Address: _____

Type: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic ☐Private Laboratory ☐Public Laboratory ☐Seaport/Airport

| Patient No. | Patient's Full Name | Age | Sex | Date of Birth | Complete Address | Signs and Symptoms/ Adverse Event | Suspected Vaccine & Dose No. (1st,2nd,3rd) | Lot Batch # / Expiry date | Date & Time Vaccinated | Name of Vaccinator/ Profession | Date and Time Onset of Illness | Type of AEFI | Outcome |
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| | Indicate First name, Middle name, Last name | *Age*: Indicate D - days M - months Yr. - years *Sex*: F - Female M - Male | mm/dd/yy | Specify Street/Purok/ Subdivision, House #, Barangay, Municipality/ City, Province | Indicate signs and symptoms or adverse event experienced by the case | Indicate suspected vaccine and dose number | Indicate Lot Batch # and expiry date suspected vaccine/s | mm/dd/yy | Indicate full name and profession of the vaccinator | mm/dd/yy | Indicate if Serious or Minor AEFI | A - Alive D - Died (specify date) U - Unknown |

**Case Definition:**

- **Adverse event following immunization** is defined as any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavorable or unintended sign, abnormal laboratory finding, symptom or disease.

**NOTE:** *AEFIs to be reported include those that occur within 30 days following vaccination. **This form should be completely accomplished by the RHU Nurse/ Hospital staff / DSC of the reporting DRU and submitted to the next higher administrative level every week.***

**TYPE of AEFI:**

- **Serious AEFI** is defined as an event that is causing a potential risk to the health/life of a recipient leading to hospitalization, disability/incapacity, congenital abnormalities/birth defects or death.
- **Minor AEFI** is an event that is not "serious" and does not pose a potential risk to the health of the recipient. ***Cluster of minor AEFIs* should be investigated for causality assessment.** A **cluster** of AEFI is defined as two or more cases of the same or similar events related in time, geography, and/ or vaccine administered. ***(For Serious AEFI and Cluster of Minor AEFIs, a PIDSR AEFI Case Investigation Form and Guide Questions on Investigation should also be filled-out.)***

APPENDIX II. 3
AEFI CASE REPORT FORM