Correctly Entering Historical Polio Doses into MCIR

On November 16, 2022, a release was issued in MCIR affecting assessments relating to Oral Polio Vaccine (OPV) including historical, unspecified Polio entries and doses administered outside of the United States. This change was made to support the CDC recommendations.

Polio Recommendations:
- **Pediatric:**
  - Routine polio vaccination is a 4-dose series for children, with the last dose between 4 through 6 years of age.
  - Providers should use the catch-up schedule for children behind in their polio series.
- **Adult:**
  - Not routinely recommended for U.S. residents aged 18 years and older.
  - Unvaccinated or incompletely vaccinated adults who are at increased risk of exposure to poliovirus should complete the polio vaccination series with IPV
  - Other adults who are unvaccinated or incompletely vaccinated should talk with their doctor to understand their risk for polio and need for polio vaccination.
  - Adults who completed their polio vaccination but who are at increased risk of exposure to poliovirus may receive one lifetime IPV booster.

**Note:** MCIR may not properly assess historical polio doses for individuals over the age of 18

What to know before entering doses of polio vaccine into MCIR:
- In most cases, doses of OPV administered prior to April 1, 2016, will count as valid towards the polio series.
- Doses of OPV administered after April 1, 2016, will not count towards the polio series.

<table>
<thead>
<tr>
<th>Drop-down in MCIR</th>
<th>CVX Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPV (Polio)</td>
<td>OPV (CVX 02) trivalent poliovirus vaccine, live, oral</td>
</tr>
<tr>
<td>OPV Unspecified</td>
<td>OPV, unspecified (CVX 182) Oral Polio Vaccine, Unspecified formulation</td>
</tr>
<tr>
<td>OPV Non-US bivalent (oral polio)</td>
<td>OPV Non-US bivalent oral polio (CVX 178), (Types 1 and 3)</td>
</tr>
<tr>
<td>OPV Non-US monovalent (oral polio)</td>
<td>OPV Non-US monovalent oral polio, unspecified (CVX 179), (Type 1, 2, or 3)</td>
</tr>
<tr>
<td>Polio (historical)</td>
<td>Polio, historical (CVX 89) poliovirus vaccine, unspecified formulation (IPV or OPV)</td>
</tr>
<tr>
<td>IPV (polio)</td>
<td>IPV (CVX 10)</td>
</tr>
</tbody>
</table>
MCIR Documentation Guidance*:  

*MCIR will flag these doses as compromised if given on or after April 1, 2016.

**Scenario 1:** Historical dose date/presentation is unknown or unspecified:
- Before selecting this option, determine if the dose is OPV or IPV by:
  - Checking the date of the administration. IPV is the only polio vaccine that has been used in the U.S. since 2000.
  - Verifying the country of residence at the time of administration
  - Asking the family for more detailed immunization history (whether they received an oral medication or a ‘shot’)
  - Obtaining history from previous providers or old immunization records

- If the vaccine type cannot be validated, then:
  - Under the dropdown labeled “Type”, select historical, enter the date, then select “Polio (historical)” (CVX 89) in the vaccine drop-down.
• Note: CVX 89 is used when it is not possible to determine if the administered dose is Oral Polio Vaccine (OPV) or Inactivated Polio Vaccine (IPV).
  
  o This selection will result in an invalid dose displayed in the individual’s record if the dose was given after April 1, 2016
  
  o In such a case, any person under 18 years of age should be revaccinated with IPV according to the US IPV schedule.

Scenario 2: Historical dose is confirmed as OPV and administered prior to April 1, 2016:

- Under the dropdown labeled “Type”, select historical, enter the date, then select “OPV (polio)” in the vaccine drop-down.
- The CVX code associated to this entry is (CVX 02).
- This selection will result in a valid dose displayed in the individual’s record.

Scenario 3: Historical dose is confirmed as OPV, but the OPV dose type is unknown and administered after April 1, 2016:

- Under the dropdown labeled “Type”, select historical, enter the date, then select “OPV (unspecified)” in the vaccine dropdown.
- The CVX code associated to this entry is (CVX 182)
- This selection will result in a dose that does not count towards protection.
- In such a case, any person under 18 years of age should be revaccinated with IPV according to the US IPV schedule.

Scenario 4: Historical OPV Non-US monovalent administered prior to or after April 1, 2016:

- Under the dropdown labeled “Type”, select historical, enter the date, then select “OPV Non-US monovalent (oral polio)” in the vaccine drop-down.
- The CVX code associated to this entry is (CVX 179)
- This selection will be displayed in “Other Administrations” and does not count towards protection.
- In such a case, any person under 18 years of age should be revaccinated with IPV according to the US IPV schedule.
- Note: Non-US vaccines will not be flagged as invalid in MCIR.

Scenario 5: Historical OPV Non-US bivalent administered prior to or after April 1, 2016:

- Under the dropdown labeled “Type”, select historical, enter the date, then select “OPV Non-US bivalent (oral polio)” in the vaccine drop-down.
- The CVX code associated to this entry is (CVX 178)
- This selection will be displayed in “Other Administrations” and does not count towards protection.
- In such a case, any person under 18 years of age should be revaccinated with IPV according to the US IPV schedule.
- Note: Non-US vaccines will not be flagged as invalid in MCIR.
Scenario 6: Historical dose is confirmed as IPV:

- Under the dropdown labeled “Type”, select historical, enter the date, then select “[PV (polio)” in the vaccine drop-down.
- The CVX code associated to this entry is (CVX 10).
- This selection will result in a valid dose displayed in the individual’s record.

Modifying records in MCIR:
If an update is needed to a historical polio record, be sure to verify that the vaccine status is reflected accurately in MCIR. The updated vaccine dose may continue to show as “compromised” though it is a valid dose. MCIR does not automatically change this status when a vaccine record is altered. Contact your Local Health Department or MCIR regional staff to assist with modifying the compromised vaccine status.

Resources:
For guidance on assessing doses documented as “OPV,” see:

Errata: Vol. 66, No. 1 | MMWR [cdc.gov]

0-18yrs-child-combined-schedule.pdf [cdc.gov]

If additional assistance is needed, please contact checcimms@michigan.gov