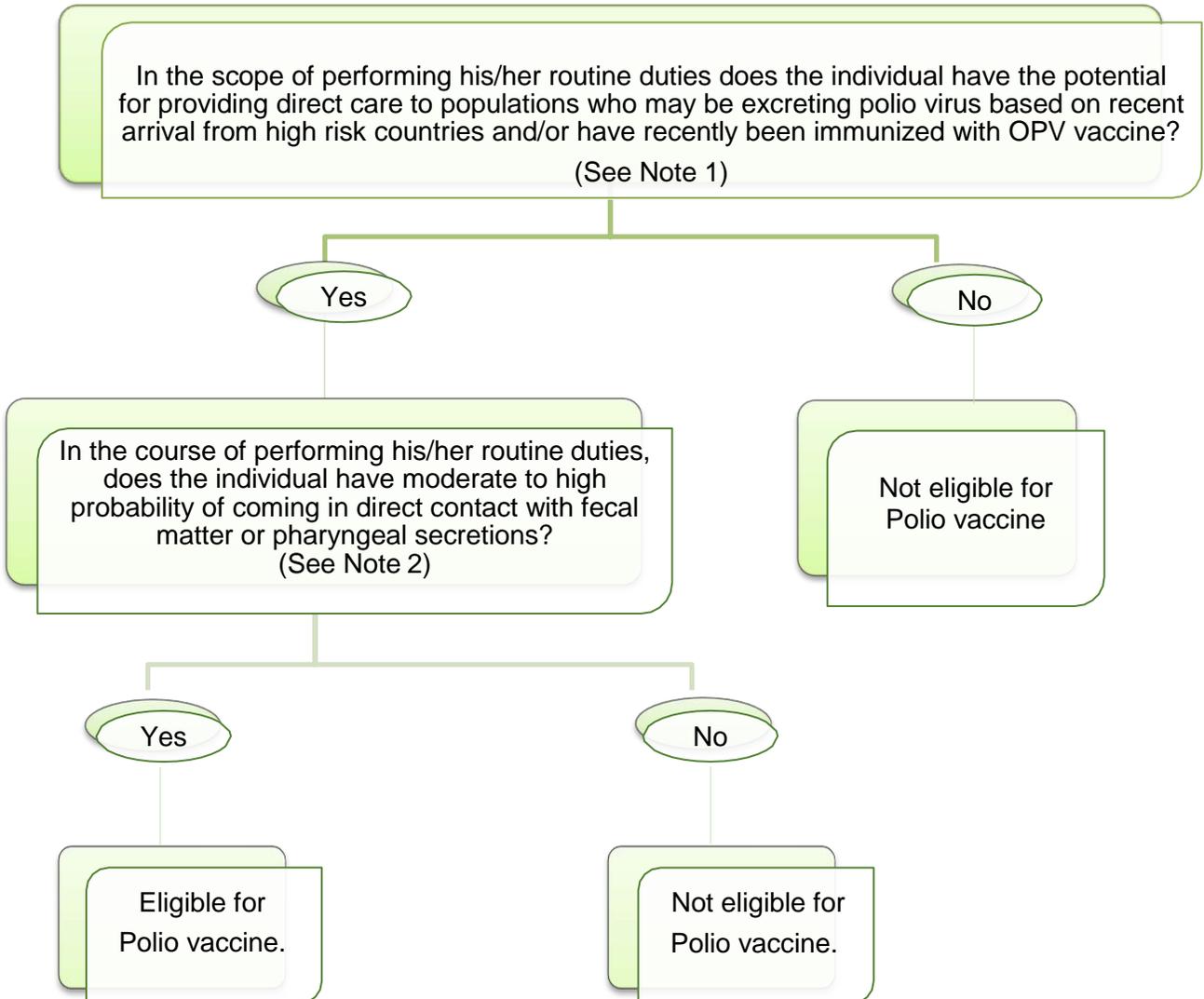


Polio Risk Assessment for Health Care Workers

*Excluding Laboratory Workers



*Laboratory workers who manipulate polio specimens are eligible for polio vaccine. Laboratory workers who only collect and receive samples are not eligible for polio vaccine.

This risk assessment algorithm may be used in **circumstances of uncertainty** to assist with determining eligibility for a primary series or reinforcing dose of polio vaccine. **The clinical judgment of the nurse interviewing the client will take precedence.** This algorithm is intended to be used in conjunction with the Standard for Immunization of Health Care Workers, Standard for Immunization of Post-Secondary Health Care Students and the Polio Vaccine Biological Page.

Polio Risk Assessment for Health Care Workers

Note 1:

When assessing health care workers, there needs to be consideration of the population that is receiving care. Health care workers who, in the course of performing their duties, have hands-on, face-to-face interactions with populations who may be excreting wild polio virus (recent arrivals from high risk countries or those that have been recently immunized with OPV) may be eligible for polio vaccine.

- **Recent Arrival:** Arrival to Canada from a high risk country (see below) within the last 6 weeks.
- **High risk countries:** For a list of countries that are currently exporting and/or infected with polio virus and have potential risk of international spread, refer to World Health Organization (WHO) Global Polio Eradication Initiative:
<http://polioeradication.org/polio-today/polio-now/public-health-emergency-status/>
- **Recent immunization with OPV vaccine:** Immunization with Oral Polio Vaccine within the last 6 weeks. Vaccine viruses are excreted in the stools of immunized persons for up to 6 weeks following a dose of OPV. Individuals who come in contact with the fecal matter of an OPV- immunized person may be exposed and infected with the vaccine virus.

Note 2:

In addition to the provision of hands-on patient care to populations who may be excreting wild polio virus (see Note 1), the probability of the individual routinely coming in physical contact with fecal matter and/or pharyngeal secretions must also be considered. In relation to the transmission of polio virus, the probability and type of exposure to these potential wild polio virus sources should be assessed. Dental workers are not considered to be at high risk for polio exposure in their routine duties.

Exposures that are recurrent, frequent and are an anticipated aspect of a job increase the likelihood of exposure to the virus, and would then be identified as moderate to high probability of exposure. Incidental exposures that may take place on the job, and are not ordinarily expected, do not present a reasonable risk and therefore the health care worker would not be eligible for vaccine.

References:

1. Alberta Health. (2011, August). *Public Health Notifiable Disease Management Guidelines –Poliomyelitis*. Retrieved June 7, 2017 from <https://open.alberta.ca/dataset/5b16a8bc-880b-4d77-9d44-148215eeec51/resource/034e5ff3-601e-40f9-a14b-a9814847f3c1/download/Guidelines-Poliomyelitis-2011.pdf>
2. Alberta Health Services. (2017, June 1). *Polio Vaccine Biological Page*. Province-Wide Immunization Program Standards and Quality. Retrieved June 7, 2017 from <http://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-polio-vac-bio-pg-07-300.pdf>
3. Centers for Disease Control and Prevention. (2015, April). *Poliomyelitis*. The Pink Book. Retrieved June 7, 2017 from <https://www.cdc.gov/vaccines/pubs/pinkbook/polio.html>
4. World Health Organization. (2017, May 2). *Public Health Emergency Status*. Retrieved June 7, 2017 from <http://polioeradication.org/polio-today/polio-now/public-health-emergency-status/>