

TRUE CONTRAINDICATIONS / PRECAUTIONS 1 **UNTRUE** (Vaccines may be administered) **VACCINE** → Mild acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component General for all routine vaccines. Mild-to-moderate local reaction (i.e., swelling, redness, soreness); low-grade including DTaP, pediatric DT, adult or moderate fever after previous dose Lack of previous physical examination in well-appearing person Td, adolescent-adult Tdap, IPV, MMR, Current antimicrobial therapy¹⁰ Hib, hepatitis A, hepatitis B, varicella, → Convalescent phase of illness Precaution rotavirus, PCV, TIV, LAIV, PPSV, MCV4, → Preterm birth (hepatitis B vaccine is an exception in certain circumstances)² → Moderate or severe acute illness with or without fever MPSV4, HPV, and zoster Recent exposure to an infectious disease History of penicillin allergy, other non-vaccine allergies, relatives with allergies, or receiving allergen extract immunotherapy → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component → Temperature of <105°F (<40.5°C), fussiness, or mild drowsiness → Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause Family history of seizures within 7 days of administration of previous dose of DTP or DTaP Family history of sudden infant death syndrome Family history of an adverse event after DTP or DTaP administration → Progressive or unstable neurologic disorder (including infantile spasms), uncontrolled seizures, or progressive encephalopathy Stable neurologic conditions (e.g., cerebral palsy, well-controlled Diphtheria, tetanus, pertussis until a treatment regimen has been established and the condition has stabilized seizures, or developmental delay) (DTaP) Temperature of 105°F or higher (40.5°C or higher) within 48 hours after vaccination with a previous dose of DTP or DTaP Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP Seizure 3 days or more after receiving a previous dose of DTP/DTaP Persistent, inconsolable crying lasting 3 or more hours within 48 hours after receiving a previous dose of DTP/DTaP Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component **Precautions** Pediatric diphtheria-tetanus toxoid (DT) → GBS within 6 weeks after previous dose of tetanus toxoid-containing vaccine Adult tetanus-diphtheria toxoid (Td) History of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria-toxoid containing vaccines; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine → Moderate or severe acute illness with or without fever → Temperature of ≥105°F (≥40.5°C), mild drowsiness after a previous dose → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component of DTP/DTaP → Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP, DTaP, or Tdap → Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP **Precautions** Seizure <3 days after receiving a previous dose of DTP/DTaP Tetanus-reduced-diphtheria toxoid Persistent, inconsolable crying lasting 3 hours within 48 hours after → Moderate or severe acute illness with or without fever receiving a previous dose of DTP/DTaP and acellular pertussis (Tdap) → GBS within 6 weeks after a previous dose of tetanus toxoid-containing vaccine History of extensive limb swelling after DTP/DTaP/Td that is not an → Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy; defer vaccination until a treatment arthus-type reaction regimen has been established and the condition has stabilized Stable neurologic disorder → History of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria-toxoid containing vaccines; History of brachial neuritis → Breast feeding defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine → Latex allergy that is not anaphylactic → Immunosuppression → Previous receipt of 1 or more doses of oral polio vaccine → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Inactivated poliovirus (IPV) **Precautions** → Pregnancy → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Positive tuberculin skin test → Pregnancy Simultaneous tuberculin skin testing⁸ → Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, Breast feeding or long-term immunosuppressive therapy⁵ or patients with human immunodeficiency virus [HIV] infection who are severely → Pregnancy of recipient's mother or other close or household contact Measles, mumps, rubella immunocompromised)6 Recipient is female of child-bearing age (MMR)^{4,6} Immunodeficient family member or household contact **Precautions** → Moderate or severe acute illness with or without fever Asymptomatic or mildly symptomatic HIV infection Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁷ Allergy to eggs → History of thrombocytopenia or thrombocytopenic purpura → Need for tuberculin skin testing⁸ → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component → Aged younger than 6 weeks Haemophilus influenzae type b (Hib) Precaution → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component → Pregnancy Autoimmune disease (e.g., systemic lupus erythematosis or **Hepatitis B (HepB) Precautions** rheumatoid arthritis) → Infant weighing less than 2,000 grams (4 lbs., 6.4 oz.)² → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component **Hepatitis A (HepA)** → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component → Pregnancy of recipient's mother or other close or household contact → Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, primary or acquired immunodeficiency, Immunodeficient family member or household contact¹⁰ or long-term immunosuppressive therapy⁵ or patients with human immunodeficiency virus [HIV] infection who are severely → Asymptomatic or mildly symptomatic HIV infection → Pregnancy immunocompromised)6 → Humoral immunodeficiency (e.g., agammaglobulinemia) Varicella (Var)^{4,6} **Precautions** Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁷ Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination, if possible, delay resumption of these antiviral drugs for 14 days after vaccination. → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous dose (of PCV, PCV13, or any diphtheria toxoid-containing vaccine) or to a component of a vaccine Pneumococcal conjugate vaccine (PCV) → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including egg protein → Non-severe (e.g., contact) allergy to latex, thimerosal, or egg **Trivalent inactivated influenza** → Concurrent administration of coumadin or aminophylline vaccine, injectable (IIV3) → Persons who experience only hives with exposure to eggs should receive TIV with the additional safety precautions. See Prevention and **Quadrivalent inactivated influenza** Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP); United States 2013-2014 vaccine, injectable (IIV4) → Moderate or severe acute illness with or without fever → History of GBS within 6 weeks of previous dose of influenza vaccine Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including egg protein Health-care providers that see patients with chronic diseases or Possible reactive airways disease in a child age 2 through 4 years (e.g., history of recurrent wheezing or a recent wheezing episode) altered immunocompetence (an exception is providers for severely → Immune suppression immunocompromised patients requiring care in a protected environment) Influenza, live-attenuated → Certain chronic medical conditions such as asthma, diabetes, heart or kidney disease⁹ → Pregnancy Breastfeeding vaccine (LAIV)4 → Contacts of persons with chronic disease or altered immunocompetence → Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48 hours before vaccination. Avoid use of these (an exception is contacts of severely immunocompromised patients antiviral drugs for 14 days after vaccination requiring care in a protected environment → Moderate or severe acute illness with or without fever → History of GBS within 6 weeks of previous influenza vaccine → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component → History of invasive pneumococcal disease or pneumonia **Pneumococcal (PPSV or PPV)** → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Meningococcal conjugate (MCV4) → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Meningococcal polysaccharide Precaution (MPSV4) → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component → Immunosuppression Human papillomavirus (HPV) Previous equivocal or abnormal Papanicolaou test **Precautions** Known HPV infection → Breastfeeding → History of genital warts → Moderate or severe acute illness with or without fever → Pregnancy → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component → Prematurity → Severe combined immunodeficiency (SCID) Immunosuppression in household contacts Rotavirus → Pregnant household contacts → History of intussusception (RV5 [RotaTeq], RV1 [Rotarix]) → Moderate or severe acute illness with or without fever → Altered immunocompetence other than SCID → Chronic gastrointestinal disease³ → Spina bifida or bladder exstrophy³ → Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component → Therapy with low-dose methotrexate (<.04 mg/kg/week), azathioprine → Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive (>3.0 mg/kg/day), or 6-mercaptopurine (<1.5 mg/kg/day) for treatment therapy⁵ or patients with HIV infection who are severely immunocompromised). of rheumatoid arthritis, psoriasis, polymyositis, sarcoidosis, inflammatory Zoster (Zos)⁴ bowel disease, or other conditions → Pregnancy Health-care providers of patients with chronic diseases or altered immunocompetence → Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs Contacts of patients with chronic diseases or altered immunocompetence for 14 days after vaccination Unknown or uncertain history of varicella in a U.S.-born person Moderate or severe acute illness with or without fever not be administered when a contraindication is 3. For details, see CDC. "Prevention of Rotavirus recommendations for complete information on the Recommendations on Immunization: 1. Vaccine package inserts and the full ACIP **9.** For more information on use of influenza use of specific live vaccines among persons on recommendations for these vaccines should be present. Whether and when to administer DTaP Gastroenteritis among Infants and Children: Recommendations of the Advisory Committee vaccines among persons with egg allergies consulted for additional information on vaccineto children with proven or suspected underlying Recommendations of the Advisory Committee immune-suppressing medications or with immune on Immunization Practices (ACIP)" MMWR and a complete list of conditions that CDC related contraindications and precautions and neurologic disorders should be decided on a caseon Immunization Practices. (ACIP)" MMWR suppression because of other reasons. considers to be reasons to avoid getting LAIV, 2011;60(No. RR-2) available at www.cdc.gov/ 2009;58(No. RR-2), available at www.cdc.gov/ see CDC. Prevention and Control of Influenza for more information on vaccine excipients. 6. HIV-infected children may receive varicella and vaccines/hcp/acip-recs/index.html.) Events or conditions listed as precautions should vaccines/hcp/acip-recs/index.html. with Vaccines: Recommendations of the Advisory 2. Hepatitis B vaccination should be deferred for measles vaccine if CD4+ T-lymphocyte count is 8. Measles vaccination might suppress tuberbe reviewed carefully. Benefits of and risks for Committee on Immunization Practices (ACIP) preterm infants and infants weighing less than **4.** LAIV, MMR, varicella, and zoster vaccines can be >15%. (Source: Adapted from American Academy culin reactivity temporarily. Measles-containing United States, 2013-14. MMWR 2013;62(No. administering a specific vaccine to a person under 2000 g if the mother is documented to be hepatitis administered on the same day. If not administered of Pediatrics. Immunization in Special Clinical vaccine may be administered on the same day these circumstances should be considered. If the B surface antigen (HBsAg)-negative at the time on the same day, these live vaccines should be Circumstances. In: Pickering LK, ed. Red Book: RR07):1–43, available at www.cdc.gov/vaccines/ as tuberculin skin testing. If testing cannot be hcp/acip-recs.html. risk from the vaccine is believed to outweigh the of the infant's birth. Vaccination can commence

benefit, the vaccine should not be administered. If the benefit of vaccination is believed to outweigh the risk, the vaccine should be administered. A contraindication increases the chance of a serious adverse reaction. Therefore, a vaccine should

at chronological age 1 month or at hospital

12 hours of birth, regardless of weight.

discharge. For infants born to women who are

HBsAg-positive, hepatitis B immunoglobulin and

hepatitis B vaccine should be administered within

separated by at least 28 days.

5. Immunosuppressive steroid dose is considered to be 2 or more weeks of daily receipt of 20 mg prednisone or equivalent. Vaccination should be deferred for at least 1 month after discontinuation

of such therapy. Providers should consult ACIP

2012 Report of the Committee on Infectious Diseases. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics: 2012.)

7. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered (see "General

performed until after the day of MMR vaccination, the test should be postponed for at least 4 weeks after the vaccination. If an urgent need exists to skin test, do so with the understanding that

reactivity might be reduced by the vaccine.

10. If a vaccinee experiences a presumed

vaccine-related rash 7-25 days after vaccination, the person should avoid direct contact with immunocompromised persons for the duration of