Contraindications and Precautions¹ to Vaccines for Children and Adults



TRUE CONTRAINDICATIONS / PRECAUTIONS² **VACCINE UNTRUE** (Vaccines may be administered) General for all routine vaccines, including diphtheria → Mild acute illness with or without fever and tetanus toxoids and acellular pertussis vaccine (DTaP); Mild to moderate local reaction (i.e., swelling, redness, soreness); low-grade pediatric diphtheria-tetanus toxoid (DT); adult tetanus-diphtheria or moderate fever after previous dose → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component toxoid (Td); tetanus-reduced-diphtheria toxoid and acellular Lack of previous physical examination in well-appearing person pertussis vaccine (Tdap); inactivated poliovirus vaccine (IPV); Current antimicrobial therapy² measles-mumps-rubella vaccine (MMR); Haemophilus influenzae type b vaccine (Hib); hepatitis A vaccine; hepatitis B vaccine; Convalescent phase of illness varicella vaccine; Rotavirus vaccine, pneumococcal conjugate Preterm birth (hepatitis B vaccine is an exception in certain circumstances)3 → Moderate or severe acute illness with or without fever vaccine (PCV); inactivated influenza vaccine (TIV); live-attenuated Recent exposure to an infectious disease influenza vaccine (LAIV); pneumococcal polysaccharide vaccine History of penicillin allergy, other non-vaccine allergies, relatives with (PPV); meningococcal conjugate vaccine (MCV); meningococcal polysaccharide vaccine (MPSV); human papillomavirus vaccine allergies, receiving allergen extract immunotherapy (HPV); and herpes zoster vaccine (HZ) Breast feeding → Temperature of ≤104°F (<40.5°C), fussiness, or mild drowsiness after a → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component Encephalopathy (e.g., coma, decreased level of consciousness, and prolonged seizures) not attributable to another previous dose of diphtheria toxoid-tetanus toxoid-pertussis vaccine (DTP/DTaP) Family history of seizures4 identifiable cause within 7 days of administration of previous dose of DTP or DTaP → Family history of sudden infant death syndrome → Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy. Defer DTaP until neurologic status clarified and stabilized Family history of an adverse event after DTP or DTaP administration **DTaP** Stable neurologic conditions (e.g., cerebral palsy, well-controlled diphtheria and tetanus toxoids seizure disorder, developmental delay) and acellular pertussis vaccine → Temperature of ≥105°F (≥40.5°C) for ≤48 hours after vaccination with a previous dose of DTP or DTaP → Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) ≤48 hours after receiving a previous dose of DTP/DTaP Seizure ≤3 days after receiving a previous dose of DTP/DTaP⁴ Persistent, inconsolable crying lasting ≥3 hours within 48 hours receiving a previous dose of DTP/DTaP Guillain-Barré syndrome (GBS) <6 weeks after 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 vaccine dose or to a vaccine component DT, Td pediatric diphtheria-tetanus toxoid (DT) → GBS <6 weeks after previous dose of tetanus toxoid-containing vaccine adult tetanus-diphtheria toxoid (Td) → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component Temperature of >104° F (>40.5° C) for ≤48 hours after vaccination with a previous dose of DTP or DTaP Encephalopathy (e.g., coma, decreased level of consciousness, and prolonged seizures) not attributable to another Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) identifiable cause within 7 days of administration of previous dose of DTP, DTaP, or Tdap Tdap ≤48 hours after receiving a previous dose of DTP/DTaP **Precautions** Seizure ≤3 days after receiving a previous dose of DTP/DTaP4 tetanus-reduced-diphtheria toxoid Moderate or severe acute illness with or without fever Persistent, inconsolable crying lasting ≥3 hours within 48 hours after and acellular pertussis vaccine GBS ≤6 weeks after previous dose of tetanus toxoid-containing vaccine receiving a previous dose of DTP/DTaP History of extensive limb swelling after DTP/DTaP/Td that is not an arthus-type → Progressive or unstable neurological disorder, uncontrolled seizures or progressive encephalopathy until a treatment reaction regimen has been established and the condition has stabilized Stable neurologic disorder → Breast feeding History of arthus-type hypersensitivity reactions following a previous dose of tetanus toxoid-containing vaccine. Brachial neuritis → Immunosuppression Defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine Latex allergy that is not anaphylactic Pregnancy and breastfeeding - Physician and patient should discuss prior to administering vaccine → Previous receipt of one or more doses of oral polio vaccine → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component **IPV Precautions** inactivated poliovirus vaccine → Pregnancy → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component → Positive tuberculin skin test → Pregnancy Simultaneous tuberculosis skin testing⁷ → Known severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital Breast feeding immunodeficiency; long-term immunosuppressive therapy; or patients with human immunodeficiency virus [HIV] Pregnancy of recipient's mother or other close or household contact MMR⁵ infection who are severely immunocompromised) → Recipient is childbearing-age female measles-mumps-rubella vaccine Immunodeficient family member or household contact Asymptomatic or mildly symptomatic HIV infection → Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product)⁸ → Allergy to eggs → History of thrombocytopenia or thrombocytopenic purpura → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component → Aged <6 weeks</p> Hib Haemophilus influenzae type b vaccine Precaution → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component → Pregnancy **Hepatitis B** Autoimmune disease (e.g., systemic lupus erythematosis or rheumatoid hepatitis B vaccine arthritis) → Infant weighing <2000 g³ → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component **Hepatitis A Precautions** hepatitis A vaccine → Pregnancy → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component → Pregnancy of recipient's mother or other close or household contact → Substantial suppression of cellular immunity → Pregnancy → Immunodeficient family member or household contact⁹ Varicella → Asymptomatic or mildly symptomatic HIV infection **Precautions** varicella vaccine → Humoral immunodeficiency (e.g., agammaglobulinemia)¹⁰ → Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product)⁸ → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component **PCV** Precaution pneumococcal conjugate vaccine → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component → Non-severe (e.g., contact) allergy to latex or thimerosal TIV Precaution → Concurrent administration of coumadin or aminophylline trivalent inactivated influenza vaccine → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component → Pregnancy → Known severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy; ⁶ or patients with human immunodeficiency virus [HIV] LAIV infection who are severely immunocompromised) live-attenuated influenza vaccine → Previous history of GBS → Certain chronic medical conditions 11 → Persons aged <2 years or those aged ≥ 50 years</p> → Children or adolescents receiving aspirin or other salicylates → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component PPV → History of invasive pneumococcal disease or pneumonia Precaution pneumococcal polysaccharide vaccine → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component MCV4 meningococcal conjugate vaccine → Moderate or severe acute illness with or without fever → History of Guillain-Barré syndrome (if not at high risk for meningococcal disease) → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component MPSV4 meningococcal polysaccharide vaccine → Moderate or severe acute illness with or without fever → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component **HPV** Precautions human papillomavirus vaccine → Moderate or severe acute illness with or without fever → Pregnancy → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component → Preterm births → Immunosuppression in household contacts → Pregnant household contacts Rotavirus → Receipt of an antibody-containing blood product within 6 weeks 12 rotavirus vaccine → Moderate or severe acute illness with or without fever → Immunosuppression → Previous history of intussusception → Pre-existing gastrointestinal disease → Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component → Known severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy6 or patients with human immunodeficiency virus [HIV] HZ infection who are severely immunocompromised) herpes zoster vaccine → With active untreated tuberculosis → Pregnancy **Precautions** → Moderate or severe acute illness with or without fever **4.** Acetaminophen or other appropriate antipyretic MMR and varicella vaccines can be administered For details, see CDC. Prevention and Control Events or conditions listed as precautions snould enai drugs and melloquine might interiere vaccination. If an urgent need exists to ski on the same day. If not administered on the same test, do so with the understanding that reactivity of Influenza: Recommendations of the Advisory be reviewed carefully. Benefits of and risks for with Ty21a oral typhoid vaccine, and certain can be administered to infants and children antiviral drugs might interfere with varicella-Committee on Immunization Practices (ACIP). day, these vaccines should be separated by at might be reduced by the vaccine administering a specific vaccine to a person with a history of previous seizures at the time containing and live-attenuated influenza virus **8.** For details, see CDC. General Recommendations MMWR July 13, 2007/56(RR-06); 1-54. under these circumstances should be considered. of DTaP vaccination and every 4 hours for **6.** Substantially immunosuppressive steroid dose on Immunization; Recommendations of the 12. Rotavirus vaccine (RV) should be deferred for vaccine 24 hours thereafter to reduce the possibility If the risk from the vaccine is believed to 3. Hepatitis B vaccination should be deferred for is considered to be ≥2 weeks of daily receipt of Advisory Committee on Immunization Practices

outweigh the benefit, the vaccine should not be administered. If the benefit of vaccination is believed to outweigh the risk, the vaccine should be administered. Whether and when to administer DTaP to children with proven or suspected underlying neurologic disorders

should be decided on a case-by-case basis.

- infants weighing <2000 g if the mother is documented to be hepatitis B surface antigen (HBsAg)-negative at the time of the infant's birth. Vaccination can commence at chronological age 1 month. For infants born to HBsAq-positive women, hepatitis B immunoglobulin and hepatitis B vaccine should be administered at or soon after birth, regardless of weight.
- of postvaccination fever (Source: American Academy of Pediatrics. Active Immunization. In Pickering LK, Baker CJ, Long SS, McMillan

J. eds. 2006 Red Book: Report of the

Pediatrics: 2006).

Committee on Infectious Diseases. 27th ed.

Elk Grove Village, IL: American Academy of

- ≥20 mg or ≥2 mg/kg body weight of prednisone Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine can be administered on the same day

as tuberculin skin testing. If testing cannot be

performed until after the day of MMR vaccination.

the test should be postponed for ≥4 weeks after

- (ACIP). MMWR December 1, 2006/55(RR-15); 1-48. 9. If a vaccinee experiences a presumed vaccinerelated rash 7-25 days after vaccination, avoid direct contact with immunocompromised persons for the duration of the rash, if possible. **10.** Vaccine should be deferred for the appropriate interval if replacement IG products are being
- 6 weeks after receipt of an antibody-containing product if possible. However, if the 6-week deferral would cause the first dose of RV to be scheduled for age ≥13 weeks, a shorter deferral interval should be used to ensure the first dose of RV is administered no later than age 13