Table: Vaccine Contraindications Precautions

**Zoster (ZDV)**
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to its vaccine components
- Known severe immunodeficiency (e.g., hematologic and solid tumors, severely immunocompromised HIV infection, long-term immunosuppressive therapy), receiving chemotherapy for malignancy, undergoing stem-cell transplantation, receiving immune modulators (e.g., interleukin-2)
- Pregnancy

**Contraindications**
- Moderate or severe acute illness with or without fever
- Receipt of specific antigens (e.g., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination, if possible; avoid use of these antiviral drugs for 14 days after vaccination.

**Precautions**
- Short-term, low-dose, or local (e.g., topical or non-systemic administration) corticosteroid therapy
- History of zoster not a consideration for vaccination
- Contacts of patients with chronic diseases or altered immunocompetence
- Low-dose treatment for rheumatoid arthritis, psoriasis, polymyositis, sarcoidosis, inflammatory bowel disease, or other conditions

What is a contraindication?
A contraindication to a vaccine is a condition in a patient that greatly increases the chance of a serious adverse reaction. Generally, a vaccine should not be given if someone has a contraindication to that vaccine.

What is a precaution?
A precaution is a condition in a patient that may increase the chance of a serious adverse reaction if vaccine is given, or may compromise the ability of the vaccine to produce immunity. Generally, vaccines should be deferred when a permanent or temporary precaution exists, but sometimes the benefits of vaccination outweigh the risks. A clinically based decision may override a precaution to vaccination.

When to give a vaccine despite a precaution:
In general, when a precaution exists, a dose of vaccine is not recommended. However, there may be situations when the benefit of vaccine outweighs the risk, and the provider may choose to give the vaccine. For example, a fever of 105°F/40.5°C or greater within 48 hours after a previous dose of DTP or DTaP vaccine is considered a precaution to giving subsequent doses of pertussis vaccine to a child. But, if the child were at high risk of pertussis infection (e.g., a pertussis outbreak in the community), a provider may choose to give the vaccine to the child and treat the adverse reaction if it occurs.

The following are NOT a contraindication or precaution to administration of any vaccine:
- Mild acute illness with or without fever
- Mild to moderate local reaction (swelling, redness, soreness); low grade or moderate fever after prior dose
- Lack of prior physical examination in well-appearing person
- On antibiotics
- Convalescent phase of illness
- Preterm birth
- Recent exposure to an infectious disease
- Allergy to products not in the vaccine, relative with allergies, or an antigen extract immunodeficiency

Footnotes
1. Defer hepatitis B vaccination for infants weighing less than 2,000 grams if the mother is documented to be HBsAg negative at the time of the infant’s birth. Start vaccination at hospital discharge or age 1 month. For infants born to HBsAg positive women, give HBIG and hepatitis B vaccine within 12 hours of birth regardless of weight and give 3 additional doses starting at hospital discharge or age 1 month and use a 0, 1, 2, 6 month interval schedule.
2. Generally, persons with an egg allergy may be vaccinated against influenza. Persons with a known history of allergies including eggs should receive their vaccines from their primary care provider.
3. Live virus vaccines can be given at the same visit. However, if not given at the same visit, they should be separated by at least 28 days.
4. Immunosuppressive steroid dose is defined as 2 or more weeks of 20 mg of prednisone or equivalent. Consult the ACIP General Recommendations for use of live vaccines in immunocompromised persons.
5. HIV-infected children may receive MMR and varicella vaccines if their CD4 lymphocyte count is greater than 15 percent.
7. Vaccination with measles-containing vaccine can temporarily suppress tuberculin reactivity. However, measles-containing vaccine can be given on the same day as tuberculin skin testing. If not done on the same day postpone the skin test for 4 or more weeks after the vaccination. If the skin test is urgent do it with the understanding that the vaccine might reduce reactivity.
8. If a patient develops a presumed vaccine-related rash 7-25 days after receiving varicella-containing vaccine, they should avoid direct contact with immunocompromised persons for the duration of the rash.
9. Low dose treatment is defined as 0.4 mg/kg/week or less of methotrexate, 0.3 mg/kg/day or less of azathioprine, or 1.5 mg/kg/day or less of 6-mercaptopurine.
10. See ACIP Recommendations for further details.
### Vaccine Contraindications and Precautions

#### Meningococcal, conjugate, quadrivalent (MenACWY)
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
- Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of influenza vaccine

#### Meningococcal, polysaccharide, quadrivalent (MPSV)
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
- Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of influenza vaccine

#### Meningococcal, serogroup B (menB)
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
- Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of influenza vaccine

#### Pneumococcal, conjugate (PCV)
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of PCV7, PCV13 or any diphtheria containing vaccine or to their vaccine components

#### Pneumococcal, polysaccharide (PPSV)
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component

#### Rotavirus (RV1, RV5)
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to their vaccine components
- Severe Combined Immunodeficiency (SCID)
- History of Intussusception

#### Rotavirus (RV1 only)
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
- Guillain-Barré syndrome (GBS) within 6 weeks after previous dose of tetanus toxoid-containing vaccine
- Chronic gastrointestinal disease
- Progressive or unstable neurologic disorder, uncontrolled seizures or progressive neuropathy until stabilized
- History of Artus-type hypersensitivity reaction following a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer at least 10 years from previous dose

#### Tetanus, diphtheria, pertussis (Tdap)
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to their vaccine components
- Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) without another identified cause within 7 days of administration of prior dose of DT, DTaP, or Td

- History of intussusception
- Severe Combined Immunodeficiency (SCID)
- History of Guillain-Barré syndrome (GBS)

#### Varicella (VAR)
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
- Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of influenza vaccine
- History of Guillain-Barré syndrome (GBS)
- History of Severe Combined Immunodeficiency (SCID)

#### Vaccine Contraindications

- Severe allergic reaction (e.g., anaphylaxis) to a previous dose or to a vaccine component
- Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of influenza vaccine
- History of Guillain-Barré syndrome (GBS)

#### Vaccine Precautions

- Moderate or severe acute illness with or without fever