

# Guide to Contraindications and Precautions to Commonly Used Vaccines

Vaccine	Contraindications	Precautions
Diphtheria, tetanus, pertussis (DTaP)	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to their vaccine components</li> <li>Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) without another identified cause within 7 days of administration of prior dose of DTP or DTaP</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Fever of 105°F or higher (40.5°C or higher) within 48 hours after a previous dose of DTP or DTaP</li> <li>Progressive neurological disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy: defer DTaP until neurologic status clarified and stabilized</li> <li>Collapse or shock-like state (hypotonic hypo-responsive episode) within 48 hours of receiving a previous dose of DTP/DTaP</li> <li>Seizure within 3 days of receiving a previous dose of DTP/DTaP</li> <li>Persistent, inconsolable crying lasting 3 hours or more within 48 hours after receiving a previous dose of DTP/DTaP</li> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus or diphtheria toxoid-containing vaccine</li> <li>History of arthus-type hypersensitivity reaction following a previous dose of tetanus or diphtheria toxoid-containing vaccine</li> </ul>
	<p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Temperature less than 105°F or 40.5°C within 48 hours of receiving DTaP or DTP</li> <li>Fussiness or mild drowsiness after a previous dose of DTP/DTaP</li> <li>Family history of seizures</li> <li>Family history of sudden infant death syndrome</li> <li>Family history of an adverse event after DTP or DTaP administration</li> <li>Stable neurological conditions (e.g., cerebral palsy, well controlled convulsions, developmental delay)</li> <li>History of pertussis disease</li> </ul>	
Diphtheria, tetanus, (DT and Td)	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to their vaccine components</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine</li> <li>History of Arthus-type hypersensitivity reaction following a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer until at least 10 years from previous dose</li> </ul>
Tetanus, diphtheria, pertussis, (Tdap) See page 3		
Haemophilus influenzae type B (Hib)	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to their vaccine components</li> <li>Age less than 6 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>
Hepatitis A (HepA)	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to their vaccine components</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>
Hepatitis B (HepB)	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to their vaccine components</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Infant weighing less than 2000 grams<sup>1</sup></li> </ul>
	<p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Pregnancy</li> <li>Autoimmune disease (e.g., systemic lupus erythematosus, rheumatoid arthritis)</li> </ul>	
Human Papillomavirus (2vHPV, 4vHPV, 9vHPV)	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to their vaccine components</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Pregnancy</li> </ul>
	<p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Previous HPV infection</li> <li>Immunosuppression</li> <li>Breastfeeding</li> <li>History of genital warts</li> <li>Previous questionable or abnormal PAP test</li> </ul>	



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<b>Inactivated polio vaccine (IPV)</b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) to previous dose or to a vaccine component</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Pregnancy</li> </ul>
<p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Previous receipt of oral polio vaccine (OPV)</li> </ul>		
<b>Influenza, inactivated (IIV)</b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) to previous dose or to a vaccine component<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of influenza vaccine</li> </ul>
<p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Non-systemic allergy to latex or thimerosal</li> <li>Current administration of coumadin (warfarin) or aminophylline</li> </ul>		
<b>Influenza, live attenuated (LAIV)<sup>3</sup></b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) to previous dose or to a vaccine component<sup>2</sup></li> <li>Aspirin therapy in children and adolescents through age 17 years</li> <li>Immune suppression</li> <li>Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Children with recurrent wheezing or asthma</li> <li>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of influenza vaccine</li> <li>Persons with chronic medical conditions for which yearly influenza vaccination is recommended should receive IIV instead of LAIV</li> <li>Receipt of specific influenza antivirals (i.e., amantadine, rimantadine, oseltamivir, or zanamivir) 48 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination.</li> </ul>
<p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Immunosuppressed family member or household contact</li> <li>Pregnant or breastfeeding family member or household contact</li> <li>Breastfeeding</li> <li>Health care workers (those that care for patients in protective isolation should receive a TIV or defer care for 7 days following LAIV)</li> <li>Contacts of persons with chronic medical conditions</li> </ul>		
<b>Measles, mumps, rubella (MMR)<sup>3</sup></b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</li> <li>Known severe immunodeficiency (e.g., hematologic and solid tumors, congenital immunodeficiency, long term immunosuppressive therapy<sup>4</sup> including chemotherapy, severely symptomatic HIV infection<sup>5</sup>)</li> <li>Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)<sup>6</sup></li> <li>History of thrombocytopenia or thrombocytopenic purpura</li> <li>Need for tuberculin skin testing<sup>7</sup></li> </ul>
<p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Positive tuberculin skin test</li> <li>Breastfeeding</li> <li>Pregnancy of recipient's mother or other close or household contact</li> <li>Recipient is female of childbearing-age</li> <li>Immunosuppressed family member or household contact</li> <li>Asymptomatic or mildly symptomatic HIV infection<sup>5</sup></li> <li>Allergy to eggs</li> <li>Receipt of RSV monoclonal antibody (Synagis)</li> </ul>		
<b>Measles, mumps, rubella, varicella (MMRV)<sup>3</sup></b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</li> <li>Known severe immunodeficiency (e.g., hematologic and solid tumors, congenital immunodeficiency, long term immunosuppressive therapy<sup>4</sup> including chemotherapy, severely symptomatic HIV infection<sup>5</sup>)</li> <li>Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Personal or family history of seizures</li> <li>Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)<sup>6</sup></li> <li>History of thrombocytopenia or thrombocytopenic purpura</li> <li>Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination.</li> <li>Need for tuberculin skin testing<sup>7</sup></li> </ul>
<p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Positive tuberculin skin test</li> <li>Breastfeeding</li> <li>Pregnancy of recipient's mother or other close or household contact</li> <li>Recipient is female of childbearing-age</li> <li>Immunosuppressed family member or household contact<sup>8</sup></li> <li>Asymptomatic or mildly symptomatic HIV infection<sup>5</sup></li> <li>Allergy to eggs</li> <li>Receipt of RSV monoclonal antibody (Synagis)</li> </ul>		

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<b>Meningococcal, conjugate, quadrivalent (MenACYW)</b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</li> </ul> <hr/> <p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>History of Guillain-Barré syndrome (GBS)</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>
<b>Meningococcal, polysaccharide, quadrivalent (MPSV)</b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>
<b>Meningococcal, serogroup B (menB)</b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>
<b>Pneumococcal, conjugate (PCV)</b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose of PCV7, PCV13 or any diphtheria containing vaccine or to their vaccine components</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>
<b>Pneumococcal, polysaccharide (PPSV)</b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</li> </ul> <hr/> <p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>History of pneumonia or previous invasive pneumococcal disease</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> </ul>
<b>Rotavirus (RV1, RV5)</b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to their vaccine components</li> <li>Severe Combined Immunodeficiency (SCID)</li> <li>History of intussusception</li> </ul> <hr/> <p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Immunosuppressed family member or household contact</li> <li>Mild diarrheal disease</li> <li>Prematurity</li> <li>Pregnant family member or household contact</li> <li>Receipt of RSV monoclonal antibody (Synagis)</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Chronic gastrointestinal disease<sup>10</sup></li> <li>Altered immunocompetence other than SCID</li> <li>Spina bifida or bladder exstrophy (RV1 only)<sup>10</sup></li> </ul>
<b>Tetanus, diphtheria (Td)</b> See page 1		
<b>Tetanus, diphtheria, pertussis (Tdap)</b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to their vaccine components</li> <li>Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) without another identified cause within 7 days of administration of prior dose of DTP, DTaP, or Tdap</li> </ul> <hr/> <p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Less than 10 years since previous dose of Td</li> <li>Temperature less than 105°F or 40.5°C within 48 hours of receiving DTaP or DTP</li> <li>Collapse or shock within 48 hours of receiving DTaP or DTP</li> <li>Persistent, inconsolable crying lasting more than 3 hours within 48 hours of receiving DTaP or DTP</li> <li>History of severe limb swelling after receiving DTaP or DTP</li> <li>Stable neurological conditions (e.g., cerebral palsy, well controlled convulsions, developmental delay)</li> <li>History of bronchial neuritis</li> <li>Non-systemic allergy to latex</li> <li>Immunosuppression</li> <li>Breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe illness with or without fever</li> <li>Guillain-Barré syndrome (GBS) within 6 weeks after previous dose of tetanus toxoid-containing vaccine</li> <li>Progressive or unstable neurologic disorder, uncontrolled seizures or progressive neuropathy until stabilized</li> <li>History of Arthus-type hypersensitivity reaction following a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer until at least 10 years from previous dose</li> </ul>
<b>Varicella (VAR)<sup>3</sup></b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</li> <li>Known severe immunodeficiency (e.g., hematologic and solid tumors, congenital immunodeficiency, long term immunosuppressive therapy<sup>4</sup> including chemotherapy; severely symptomatic HIV infection<sup>5</sup>)</li> <li>Pregnancy</li> </ul> <hr/> <p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Pregnancy of recipient's mother or other close or household contact</li> <li>Immunosuppressed family member or household contact<sup>8</sup></li> <li>Asymptomatic or mildly symptomatic HIV infection<sup>5</sup></li> <li>Humoral immunodeficiency (e.g., agammaglobulinemia)</li> <li>Receipt of RSV monoclonal antibody (Synagis)</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)<sup>6</sup></li> <li>Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination, avoid use of these antiviral drugs for 14 days after vaccination.</li> </ul>

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Zoster (ZOS) <sup>3</sup>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to their vaccine components</li> <li>Known severe immunodeficiency (e.g., hematologic and solid tumors, severely immunocompromised HIV infection, long term immunosuppressive therapy<sup>4</sup>, receiving chemotherapy for malignancy, undergoing stem-cell transplantation, receiving immune mediators or modulators)</li> <li>Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination, if possible; avoid use of these antiviral drugs for 14 days after vaccination.</li> </ul>
	<p><b>Not True (give vaccines)</b></p> <ul style="list-style-type: none"> <li>Short-term, low-dose, or local (e.g., topical or non-systemic administration) corticosteroid therapy<sup>4</sup></li> <li>Receipt of blood products</li> <li>History of zoster not a consideration for vaccination</li> <li>Contacts of patients with chronic diseases or altered immunocompetence</li> <li>Low-dose treatment for rheumatoid arthritis, psoriasis, polymyositis, sarcoidosis, inflammatory bowel disease, or other conditions<sup>9</sup></li> </ul>	

### 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 severe allergic reaction (e.g., anaphylaxis)? Sudden or gradual onset of generalized itching, redness, or hives; swelling of the lips, face, or throat; bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.

### 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 vaccinate 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<sup>1</sup>
- Recent exposure to an infectious disease
- Allergy to products not in the vaccine, relative with allergies, or an allergen extract immunodeficiency

### Footnotes

- 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.
- 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.
- 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.
- Immunosuppressive steroid dose is defined as 2 or more weeks of 20 mg/day of prednisone or equivalent. Consult the ACIP General Recommendations for use of live vaccines in immunocompromised persons.
- HIV-infected children may receive MMR and varicella vaccines if their CD4 T-lymphocyte count is greater than 15 percent.
- For details on receipt of antibody-containing blood product see page 39 of ACIP's General Recommendations on Immunization in the January 28, 2011 MMWR at [www.cdc.gov/vaccines/pubs/ACIP-List.htm](http://www.cdc.gov/vaccines/pubs/ACIP-List.htm).
- 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.
- 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.
- 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.
- See ACIP Recommendations for further details.