Guide to Contraindications and Precautions to Commonly Used Vaccines¹,∗

<table>
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<th>Vaccine</th>
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<tr>
<td><strong>Hepatitis B (HepB)</strong></td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Hypersensitivity to yeast</td>
<td>• Moderate or severe acute illness with or without fever • Infant weighing less than 2000 grams (4 lbs, 6.4 oz)²</td>
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<td><strong>Rotavirus (RV5 [RotaTeq], RV1 [Rotarix])</strong></td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Severe combined immunodeficiency (SCID) • History of intussusception</td>
<td>• Moderate or severe acute illness with or without fever • Altered immunocompetence other than SCID • Chronic gastrointestinal disease³ • Spina bifida or bladder extrophy³</td>
</tr>
<tr>
<td><strong>Diphtheria, tetanus, pertussis (DTaP)</strong></td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • For pertussis-containing vaccines: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP or DTaP (for DTaP); or of previous dose of DTP, DTaP, or Tdap (for Tdap)</td>
<td>• Moderate or severe acute illness with or without fever • Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria- or tetanus-toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine • For DTaP and Tdap only: Progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy; defer until a treatment regimen has been established and the condition has stabilized • For DTaP only: Temperature of 105° F or higher (40.5° C or higher) within 48 hours after vaccination with a previous dose of DTP/DTaP • Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP • Seizure within 3 days 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</td>
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<td><strong>Haemophilus influenzae type b (Hib)</strong></td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Age younger than 6 weeks</td>
<td>• Moderate or severe acute illness with or without fever</td>
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<tr>
<td><strong>Inactivated poliovirus vaccine (IPV)</strong></td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td>• Moderate or severe acute illness with or without fever • Pregnancy</td>
</tr>
<tr>
<td><strong>Hepatitis A (HepA)</strong></td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</td>
<td>• Moderate or severe acute illness with or without fever</td>
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<tr>
<td><strong>Pneumococcal (PCV13 or PPSV23)</strong></td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component (including, for PCV13, to any diphtheria toxoid-containing vaccine)</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td>**Measles, mumps, rubella (MMR)**⁴</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy⁵), or persons with human immunodeficiency virus [HIV] infection who are severely immunocompromised⁶ • Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test • Pregnancy</td>
<td>• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁷ • For MMRV only: Family history of seizures • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing⁸</td>
</tr>
</tbody>
</table>

¹ Technical content reviewed by the Centers for Disease Control and Prevention
² Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
³ www.immunize.org/catg.d/p3072a.pdf • Item #P3072a (3/18)
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| Varicella (Var)*                            | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
• Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy)*, or persons with HIV infection who are severely immunocompromised*  
• Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test  
• Pregnancy                                                                                     | • Moderate or severe acute illness with or without fever  
• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)*  
• 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. |
| Influenza, inactivated injectable (IIV)*     | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component                                                                                                                   | • Moderate or severe acute illness with or without fever  
• History of GBS within 6 weeks of previous influenza vaccination  
• Egg allergy other than hives (e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis); or required epinephrine or another emergency medical intervention (IIV may be administered in an inpatient or outpatient medical setting, under the supervision of a healthcare provider who is able to recognize and manage severe allergic conditions)* |
| Human papillomavirus (HPV)                  | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component                                                                                                                   | • Moderate or severe acute illness with or without fever  
• Pregnancy                                                                                     |
| Meningococcal                               | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component                                                                                                                   | • Moderate or severe acute illness with or without fever  
• Pregnancy                                                                                     |
| Recombinant zoster vaccine (RZV)            | • Severe allergic reaction (e.g., anaphylaxis) to a vaccine component  
• For ZVL only: Severe cellular immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, or long-term immunosuppressive therapy)*, or persons with HIV infection who are severely immunocompromised.  
• For ZVL only: Pregnancy                                                                         | • Moderate or severe acute illness with or without fever  
• For ZVL only: 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.  
• For RZV only: Pregnancy                                                                        |

**FOOTNOTES**
1. The Advisory Committee on Immunization Practices (ACIP) recommendations and package inserts for vaccines provide information on contraindications and precautions related to vaccines. Contraindications are conditions that increase chances of a serious adverse reaction in vaccine recipients and the vaccine should not be administered when a contraindication is present. Precautions should be reviewed for potential risks and benefits for vaccine recipient. For a person with a severe allergy to latex (e.g., anaphylaxis), vaccines supplied in vials or syringes that contain natural rubber latex should not be administered unless the benefit of vaccination clearly outweighs the risk for a potential allergic reaction. For latex allergies other than anaphylaxis, vaccines supplied in vials or syringes that contain dry, natural rubber or natural rubber latex may 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.
2. Hepatitis B vaccination should be deferred for preterm infants and infants weighing less than 2000 g if the mother is documented to be hepatitis B surface antigen (HBsAg)-positive at the time of the infant’s birth. Vaccination can commence at chronological age 1 month or at hospital discharge. For infants born to women who are HBsAg-positive, hepatitis B immunoglobulin and hepatitis B vaccine should be administered within 12 hours of birth, regardless of weight.
4. MMR, varicella, or zoster vaccines can be administered on the same day. If not administered on the same day, these live vaccines should be separated by at least 28 days.
5. Immunosuppressive steroid does 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 recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression because of other reasons.
7. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered (see “Table 3-5. Recommended Intervals Between Administration of Antibody-Containing Products and Measles- or Varicella-Containing Vaccine, by Product and Indication for Vaccination” found in “Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP),” available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.)
8. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine may be administered on the same day as tuberculosis skin testing, or should be postponed for at least 4 weeks after the vaccination.
10. Live attenuated influenza vaccine (LAIV) should not be used during the 2017–2018 influenza season.

*Adapted from “Table 4-1. Contraindications and Precautions to Commonly Used Vaccines” found in: CDC. “Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP)” available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.