

Step 4: Deciding Whom to Vaccinate

By now you have selected and obtained one or more top-priority vaccines to administer to the population you serve. (If not, we'll be reviewing which settings need which vaccines.) But most likely you are not going to vaccinate every single client or patient who comes in for an appointment. You have to determine two things about each individual in a process known as "assessment and screening for contraindications." First, are there any special reasons, or indications, that this person should be vaccinated? (That's the assessment part.) And second, are there any special reasons, or contraindications, that this person should NOT be vaccinated? (That's the screening for contraindications part.) Assessing and screening are the ways you will decide whom to vaccinate.

Depending on your health care setting, your patients may come in partially assessed, which makes the job a bit easier. That is, if you work in an OB/GYN clinic, your patients may be women with reproductive considerations. If your patients are primarily males who have sex with other males (MSM), they have automatic risk factors. Ideally, you will not miss an opportunity to

Step-by-Step Assessing and Screening Tasks

- Assess the patient's current health condition, age, lifestyle, and occupation (HALO)
- Determine the patient's previous vaccination history
- Screen for possible contraindications and precautions
- Educate the patient about disease(s) for which he/she may be at risk and the vaccine(s) that can prevent them
- Advise the patient if he or she should be vaccinated and/or tested for possible existing antibody

vaccinate someone who needs it, but you also will not vaccinate someone who doesn't need, or shouldn't receive, vaccination. Luckily, we are providing you with a number of excellent tables and other reference guides to help you determine who needs to be vaccinated against which diseases.

Assess the patient's current HALO

Here is a way to remember the basic idea: whether you work in an STD clinic, family planning clinic, homeless shelter, college health service, OB/GYN clinic, a juvenile detention center, adult correctional facility, or drug treatment program, the vaccinations that your clients need will be determined by their HALO, that is, their current health condition, age, lifestyle, and/or occupation.

Various materials exist that will help many of your patients/clients self-screen for needed vaccinations, which can be particularly helpful to reduce the workload of your existing staff. You

Materials for you to use

- Do You Vaccinate Adults? Think H-A-L-O! (41)
- Summary of Recommendations for Adult Immunization (42–43)
- Screening Questionnaire for Adult Immunization (113–114)
- Guide to Contraindications and Precautions to Commonly Used Vaccines in Adults (44)
- Hepatitis A, B, and C: Learn the Differences (87)
- Hepatitis B Facts: Testing and Vaccination (89)
- Hepatitis A & B Vaccines—Be Sure Your Patient Gets the Correct Dose! (88)
- Give These People Influenza Vaccine! (90)
- Pneumococcal Polysaccharide Vaccine (PPV23)—Who Needs It and Who Needs It Again? (91)
- Vaccine Information Statements (133–150)

will find a number of these tools in the Resources section at the end of this guide, such as “Do I Need Any Vaccinations Today?”, “Are You at Risk for Hepatitis A?”, and “Are You at Risk for Hepatitis B?”. We recommend that you start with the very simple checklist provided at the end of this chapter titled “Do You Vaccinate Adults? Think H-A-L-O!”

If you work in a clinic or program that has a focused target population, you may already have a good idea of the vaccines you will need to offer. This will make using the HALO checklist even easier. For example:

Type of Setting	Vaccines to Have Available
STD clinic	HepB, HepA, Td, MMR, Var, Flu
Clinics serving MSM patients	HepB, HepA, Td, MMR, Var, Flu
Family planning clinic	HepB, Td, MMR, Var
OB/GYN clinic	HepB, Flu, MMR, Var, Td, PPV (for 65+)
College health service	HepB, Men, MMR, Flu, Var, Td
Juvenile detention center	HepB, MMR, Var, Td, HepA
Adult correctional facility	HepB, Flu, Td, MMR, Var, HepA
Drug treatment program	HepB, Td, HepA, MMR, Var
Senior citizen center	Flu, PPV, Td

Determine the patient’s previous vaccination history

Before you can decide which of your clients/patients need which vaccines from among those you will offer, it is important to know what shots they’ve had in the past and to what diseases they may have acquired natural immunity. If they were born in the U.S. before 1957, it’s likely that they had measles, mumps, and rubella diseases as a child. Many younger adults, particularly those

under the age of 35 years, may have been vaccinated against measles and rubella to meet the requirements of their enrollment in school or college. If they can't provide a personal record of the shots they've had, see if they (or you) can easily get that information. If not, it's better to err on the conservative side and get the person vaccinated. Revaccination will not hurt a patient.

Screen for possible contraindications and precautions

As with all medicines, not every patient is a candidate. All vaccines carry the possibility of causing an adverse reaction, although most reactions are mild and temporary. As a provider, your job is to screen your patients for conditions that might lead to a serious reaction. Such indications can be classified as either a contraindication (i.e., the condition *greatly increases* the chance of a serious adverse reaction) or a precaution (i.e., the condition *may increase* the chance of a serious reaction). We've included several tools to help with this important screening. The first, "Screening Questionnaire for Adult Immunization" (see pages 113–114), must be completed by your patients while in the exam or waiting room. (Text on the back explains why you are asking each question.) This is one of the most important documents within your patient's medical record. Make sure you review it carefully and that a nurse or doctor addresses any concerns raised by your patient's responses. After you have reviewed it with your patient, add any pertinent comments and place it in your patient's medical record. The second tool, a "Guide to Contraindications and Precautions to Commonly Used Vaccines in Adults" (see page 44), is a reference for your use as the practitioner.

Educate the patient about disease(s) for which he or she may be at risk and the vaccine(s) that can prevent them

Your clients/patients may understand vaccine information in different ways. Their education, personal values, perceived risk for disease, and perceived risk of vaccine reactions can all contribute to their acceptance or rejection of vaccination. Many patients, too, will have gained some amount of information from resources found in the popular media, the Internet, and/or their friends and neighbors. While providing patients with accurate and reliable information takes time, there are many patient handouts that can help you educate your clients/patients about vaccine-preventable diseases and the vaccines that will prevent them. We have included several of these patient-friendly pieces in Appendix B: Patient Materials. We have also listed many valuable publications and Internet resources in Appendix C: Resources from Other Sources.

Advise the patient if he or she should be vaccinated and/or tested for possible existing antibody

Depending on your patient population, you may save resources by testing certain patients for pre-existing antibody to determine if they might not need subsequent doses of vaccine. For example, patients who are injection drug users or are males who have sex with other males are more likely to already have immunity to hepatitis B, depending on the length of time they have engaged in high-risk behavior. In these instances, you may choose to take a blood sample to test the individual for hepatitis A (anti-HAV) or hepatitis B antibody (anti-HBs) and, following this, at the same visit, give him or her the first dose of vaccine. If the test result comes back positive, the person won't need any subsequent vaccine doses. If some patients believe they've had chickenpox,

they're probably right and don't need testing or vaccination. On the other hand, if a patient believes she has not had chickenpox, it still may be advisable to do an antibody test for chickenpox since 90% of adults have already been infected (and many don't realize it). Antibody testing is also an alternative to administering certain vaccine antigens (e.g., measles, mumps, rubella); however, in many cases, the cost of such testing is more expensive than simply giving the vaccine. In any case, there is no harm in vaccinating someone who is already immune.

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Do You Vaccinate Adults? Think “H-A-L-O!”

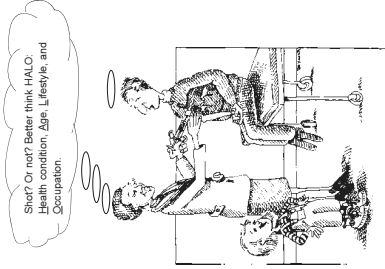
H-A-L-O: the first step in deciding what vaccinations an adult patient needs

What is H-A-L-O? It’s an easy-to-use chart that lists factors in your patient’s Health condition, Age, Lifestyle, and Occupation that may make them a candidate for vaccination. In general, you’ll make a vaccination plan based on the presence of these factors. The only exception is the Td booster: every adult needs one every ten years.

How do I use H-A-L-O? While some of the factors can be easily determined (e.g., age, pregnancy), you will need to query the patient about the presence or absence of others. Once you determine which of the H-A-L-O factors apply, scan down each column to see

which vaccinations are possibly indicated (they are shown with a check mark). It will help you see at a glance if your patient might need vaccination.

Why is H-A-L-O just the first step? Not all patients who mention one or more H-A-L-O factors will need to be vaccinated. To make a final vaccination decision, always refer to the more detailed information in IAC’s *Summary of Recommendations for Adult Immunization*.



H-A-L-O checklist of factors that indicate a possible need for adult vaccination

Vaccine	Health factors				Age factors			Lifestyle factors					Occupational factors				
	Chronic disease	Pregnant	History of STD	Immunosuppressed (including HIV)	Adolescents and young adults	Age 50 & above	Age 65 and above	Born outside the U.S.	Men who have sex with men	Has had more than 1 sex partner in 6 mos	Injection drug user	International traveler	College student	Day care worker	Health care worker	Severage worker	Prisoner
Hepatitis A	✓								✓		✓						
Hepatitis B			✓	✓	✓			✓	✓	✓	✓						
Influenza	✓			✓		✓											
PPV	✓			✓													
MMR																	
Meningococcal				✓													
Varicella				✓													
Td	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Summary of Recommendations for Adult Immunization

Adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP)[®] by the Immunization Action Coalition, December 2003

Vaccine name and route	For whom it is recommended	Schedule for routine and "catch-up" administration	Contraindications (mild illness is not a contraindication)
Influenza Inactivated influenza vaccine (TIIV) <i>Give IM</i> Live attenuated influenza vaccine (LAIV) <i>Give intranasally</i>	<ul style="list-style-type: none"> All adults who are 50yrs of age or older. People 6m–50yrs of age with medical problems (e.g., heart disease, lung disease, diabetes, renal dysfunction, hemoglobinopathies, immunosuppression) and/or people living in chronic-care facilities. People (<6m of age) working or living with at-risk people. Pregnant women who have underlying medical conditions should be vaccinated before influenza season, regardless of the stage of pregnancy. Healthy pregnant women who will be in their 2nd or 3rd trimesters during influenza season. All health care workers and those who provide essential community services. Travelers who go to areas where influenza activity exists or who may be among people from areas of the world where there is current influenza activity (e.g., on organized tours). Anyone wishing to reduce the likelihood of becoming ill with influenza. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Special Note on Influenza Vaccines: Inactivated influenza vaccine (TIIV) may be given to any person ≥6 months of age for whom the vaccine is not contraindicated. Live attenuated influenza vaccine (LAIV) may be given to healthy, non-pregnant persons 5–49 years of age for whom the vaccine is not contraindicated.</p> </div>	<ul style="list-style-type: none"> Given every year. October through November is the <i>optimal</i> time to receive an annual influenza shot to maximize protection. Influenza vaccine may be given at any time during the influenza season (typically December through March) or at other times when the risk of influenza exists. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs. Moderate or severe acute illness. Do not give live attenuated influenza vaccine (LAIV) to persons ≥50 years of age, pregnant women, or to persons who have asthma, reactive airway disease or other chronic disorder of the pulmonary or cardiovascular systems; an underlying medical condition, including metabolic diseases such as diabetes, renal dysfunction, and hemoglobinopathies; a known or suspected immune deficiency disease or who are receiving immunosuppressive therapy; a history of Guillain-Barré Syndrome. Note: Use of inactivated influenza vaccine (TIIV) is preferred for persons in close contact with immunosuppressed persons.
Pneumococcal polysaccharide (PPV23) <i>Give IM or SC</i>	<ul style="list-style-type: none"> Adults who are 65yrs of age or older. People 2–64yrs of age who have chronic illness or other risk factors, including chronic cardiac or pulmonary diseases, chronic liver disease, alcoholism, diabetes mellitus, CSF leaks, candidate for or recipient of cochlear implant, as well as people living in special environments or social settings (including Alaska Natives and certain American Indian populations). Those at highest risk of fatal pneumococcal infection are people with anatomic asplenia, functional asplenia, or sickle cell disease; immunocompromised persons including those with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome; persons receiving immunosuppressive chemotherapy (including corticosteroids); and those who received an organ or bone marrow transplant. Pregnant women with high-risk conditions should be vaccinated if not done previously. 	<ul style="list-style-type: none"> Routinely given as a one-time dose; administer if previous vaccination history is unknown. One-time revaccination is recommended 5yrs later for people at highest risk of fatal pneumococcal infection or rapid antibody loss (e.g., renal disease) and for people ≥65yrs of age if the 1st dose was given prior to age 65 and ≥5yrs have elapsed since previous dose. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Moderate or severe acute illness. Note: Pregnancy and breastfeeding are not contraindications to the use of this vaccine.
Hepatitis B (Hep B) <i>Give IM</i> Brands may be used interchangeably.	<ul style="list-style-type: none"> All adolescents. High-risk adults, including household contacts and sex partners of HBsAg-positive persons; users of illicit injectable drugs; heterosexuals with more than one sex partner in 6 months; men who have sex with men; people with recently diagnosed STDs; patients receiving hemodialysis and patients with renal disease that may result in dialysis; recipients of certain blood products; health care workers and public safety workers who are exposed to blood; clients and staff of institutions for the developmentally disabled; inmates of long-term correctional facilities; and certain international travelers. Note: Prior serologic testing may be recommended depending on the specific level of risk and/or likelihood of previous exposure. Note: In 1997, the NIH Consensus Development Conference, a panel of national experts, recommended that hepatitis B vaccination be given to all anti-HCV positive persons. Ed. note: Provide serologic screening for immigrants from endemic areas. When HBsAg-positive persons are identified, offer appropriate disease management. In addition, screen their sex partners and household members and, if found susceptible, vaccinate. 	<ul style="list-style-type: none"> Three doses are needed on a 0, 1, 6m schedule. Alternative timing options for vaccination include 0, 2, 4m and 0, 1, 4m. There must be 4wks between doses #1 and #2, and 8wks between doses #2 and #3. Overall there must be at least 16wks between doses #1 and #3. Schedule for those who have fallen behind: If the series is delayed between doses, DO NOT start the series over. Continue from where you left off. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Moderate or severe acute illness. Note: Pregnancy and breastfeeding are not contraindications to the use of this vaccine.
Hepatitis A (Hep A) <i>Give IM</i> Brands may be used interchangeably.	<ul style="list-style-type: none"> People who travel outside of the U.S. (except for Western Europe, New Zealand, Australia, Canada, and Japan). People with chronic liver disease, including people with hepatitis C; people with hepatitis B who have chronic liver disease; illicit drug users; men who have sex with men; people with clotting-factor laboratories; and food handlers when health authorities or private employers determine vaccination to be cost effective. Note: Pre-vaccination testing is likely to be cost effective for persons >40yrs of age as well as for younger persons in certain groups with a high prevalence of hepatitis A virus infection. 	<ul style="list-style-type: none"> Two doses are needed. The minimum interval between dose #1 and #2 is 6m. If dose #2 is delayed, do not repeat dose #1. Just give dose #2. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Moderate or severe acute illness. Safety during pregnancy has not been determined, so benefits must be weighed against potential risk. Note: Breastfeeding is not a contraindication to the use of this vaccine.

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Vaccine name and route	For whom it is recommended	Schedule for routine and "catch-up" administration	Contraindications (mild illness is not a contraindication)
<p>Td (Tetanus, diphtheria) <i>Give IM</i></p>	<ul style="list-style-type: none"> All adolescents and adults. After the primary series has been completed, a booster dose is recommended every 10yrs. Make sure your patients have received a primary series of 3 doses. A booster dose as early as 5yrs later may be needed for the purpose of wound management, so consult ACIP recommendations.* Use Td, not tetanus toxoid (TT), for all indications. 	<ul style="list-style-type: none"> Give booster dose every 10yrs after the primary series has been completed. For those who are unvaccinated or behind, complete the primary series (spaced at 0, 1-2m, 6-12m intervals). Don't restart the series, no matter how long since the previous dose. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic or neurologic reaction to this vaccine or to any of its components. Moderate or severe acute illness. <p>Note: Pregnancy and breastfeeding are not contraindications to the use of this vaccine.</p>
<p>MMR (Measles, mumps, rubella) <i>Give SC</i></p>	<ul style="list-style-type: none"> Adults born in 1957 or later who are ≥18yrs of age (including those born outside the U.S.) should receive at least one dose of MMR if there is no serologic proof of immunity or documentation of a dose given on or after the first birthday. Adults in high-risk groups, such as health care workers, students entering colleges and other post-high school educational institutions, and international travelers, should receive a total of two doses. Adults born before 1957 are usually considered immune but proof of immunity may be desirable for health care workers. All women of childbearing age (i.e., adolescent girls and premenopausal adult women) who do not have acceptable evidence of rubella immunity or vaccination. Special attention should be given to immunizing women born outside the United States in 1957 or later. 	<ul style="list-style-type: none"> One or two doses are needed. If dose #2 is recommended, give it no sooner than 4wks after dose #1. May give with all other vaccines. If varicella vaccine and MMR are both needed and are not administered on the same day, space them at least 4wks apart. If a pregnant woman is found to be rubella-susceptible, administer MMR postpartum. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Pregnancy or possibility of pregnancy within 4 weeks (use contraception). Persons immunocompromised because of cancer, leukemia, lymphoma, immunosuppressive drug therapy, including high-dose steroids or radiation therapy. Note: HIV positivity is NOT a contraindication to MMR except for those who are severely immunocompromised. If blood, plasma, and/or immune globulin were given in past 11m, see ACIP statement <i>General Recommendations on Immunization*</i> regarding time to wait before vaccinating. Moderate or severe acute illness. <p>Note: Breastfeeding is not a contraindication to the use of this vaccine.</p> <p>Note: MMR is not contraindicated if a tuberculin skin test (i.e., PPD) was recently applied. If PPD and MMR not given on same day, delay PPD for 4-6wks after MMR.</p>
<p>Varicella (Var) (Chickenpox) <i>Give SC</i></p>	<p>All susceptible adults and adolescents should be vaccinated. It is especially important to ensure vaccination of the following groups: susceptible persons who have close contact with persons at high risk for serious complications (e.g., health care workers and family contacts of immunocompromised persons) and susceptible persons who are at high risk of exposure (e.g., teachers of young children, day care employees, residents and staff in institutional settings such as colleges and correctional institutions, military personnel, adolescents and adults living with children, non-pregnant women of childbearing age, and international travelers who do not have evidence of immunity).</p> <p>Note: People with reliable histories of chickenpox (such as self or parental report of disease) can be assumed to be immune. For adults who have no reliable history, serologic testing may be cost effective since most adults with a negative or uncertain history of varicella are immune.</p>	<ul style="list-style-type: none"> Two doses are needed. Dose #2 is given 4-8wks after dose #1. May give with all other vaccines. If varicella vaccine and MMR are both needed and are not administered on the same day, space them at least 4wks apart. If the second dose is delayed, do not repeat dose #1. Just give dose #2. 	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Pregnancy or possibility of pregnancy within 4 weeks (use contraception). Persons immunocompromised because of malignancies and primary or acquired cellular immunodeficiency including HIV/AIDS. (See <i>MMWR</i> 1999, Vol. 48, No. RR-6.) Note: For those on high-dose immunosuppressive therapy, consult ACIP recommendations regarding delay time.* If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP statement <i>General Recommendations on Immunization*</i> regarding time to wait before vaccinating. Moderate or severe acute illness. <p>Note: Breastfeeding is not a contraindication to the use of this vaccine.</p> <p>Note: Manufacturer recommends that salicylates be avoided for 6wks after receiving varicella vaccine because of a theoretical risk of Reye's syndrome.</p>
<p>Polio (IPV) <i>Give IM or SC</i></p>	<p>Not routinely recommended for persons 18yrs of age and older.</p> <p>Note: Adults living in the U.S. who never received or completed a primary series of polio vaccine need not be vaccinated unless they intend to travel to areas where exposure to wild-type virus is likely. Previously vaccinated adults can receive one booster dose if traveling to polio endemic areas.</p>	<ul style="list-style-type: none"> Refer to ACIP recommendations* regarding unique situations, schedules, and dosing information. May give with all other vaccines. 	<ul style="list-style-type: none"> Previous anaphylactic or neurologic reaction to this vaccine or to any of its components. Moderate or severe acute illness. <p>Note: Pregnancy and breastfeeding are not contraindications to the use of this vaccine.</p>
<p>Meningococcal <i>Give SC</i></p>	<p>Vaccinate people with risk factors. Discuss disease risk and vaccine availability with college students. Consult ACIP statement* on meningococcal disease (6/30/00) for details.</p>		

* For specific ACIP immunization recommendations, refer to the statements, which are published in *MMWR*. To obtain a complete set of ACIP statements, call (800) 232-2522, or to access individual statements, visit CDC's website: www.cdc.gov/mip/publications/ACIP-list.htm or visit IAC's website: www.immunize.org/acip. This table is revised yearly because of the changing nature of U.S. immunization recommendations. Visit the Immunization Action Coalition's website at www.immunize.org/adultrules to make sure you have the most current version. We extend our thanks to William Atkinson, MD, MPH, from CDC's National Immunization Program, and Linda Moyer, RN, from the Division of Viral Hepatitis, at CDC's National Center for Infectious Diseases for their assistance. This table is published by the Immunization Action Coalition, 1573 Selby Avenue, St. Paul, MN 55104, (651) 647-9009. Email: admin@immunize.org

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Guide to Contraindications and Precautions to Commonly Used Vaccines in Adults

Vaccine	Contraindications	Precautions ¹
Tetanus, diphtheria (Td)	<ul style="list-style-type: none"> • Serious allergic reaction after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> • Guillain-Barre syndrome ≤ 6 weeks after previous dose of tetanus toxoid-containing vaccine • Moderate or severe acute illness with or without fever
Measles, Mumps, Rubella² (MMR)	<ul style="list-style-type: none"> • Serious allergic reaction after a previous vaccine dose or to a vaccine component • Pregnant now or may become pregnant within 1 month • Known severe immunodeficiency (e.g., hematologic and solid tumors; congenital immunodeficiency; long-term immunosuppressive therapy³, or severely symptomatic HIV infection) 	<ul style="list-style-type: none"> • Recent (≤ 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁴ • History of thrombocytopenia or thrombocytopenic purpura • Moderate or severe acute illness with or without fever
Hepatitis B (HepB)	<ul style="list-style-type: none"> • Serious allergic reaction after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever
Hepatitis A (HepA)	<ul style="list-style-type: none"> • Serious allergic reaction after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> • Pregnancy • Moderate or severe acute illness with or without fever
Varicella² (Var)	<ul style="list-style-type: none"> • Serious allergic reaction after a previous vaccine dose or to a vaccine component • Substantial suppression of cellular immunity • Pregnant now or may become pregnant within 1 month 	<ul style="list-style-type: none"> • Recent (≤ 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁴ • Moderate or severe acute illness with or without fever
Influenza: trivalent inactivated (TIV) and live, attenuated (LAIV)	<ul style="list-style-type: none"> • Serious allergic reaction to previous vaccine dose or vaccine component, including egg protein • Live, attenuated influenza vaccine (LAIV) may be given only to healthy, non-pregnant persons 5–49 years of age. Do not give LAIV to persons with chronic disease that constitutes an increased risk when exposed to wild influenza virus (e.g., asthma, heart and renal disease, diabetes). 	<ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever • Trivalent inactivated influenza vaccine (TIV) is preferred for persons with close contact with immunosuppressed persons, including health care workers
Pneumococcal polysaccharide (PPV) and/or Meningococcal (Men)	<ul style="list-style-type: none"> • Serious allergic reaction after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever

1. Events or conditions listed as precautions should be reviewed carefully. Benefits and risks of administering a specific vaccine to a person under these circumstances should be considered. If the risk from the vaccine is believed to 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.
2. MMR and varicella vaccines can be administered on the same day. If not administered on the same day, these vaccines should be separated by ≥ 28 days.
3. Substantially immunosuppressive steroid dose is considered to be ≥ 2 weeks of daily receipt of ≥ 20 mg or ≥ 2 mg/kg body weight of prednisone or equivalent.
4. See pages 6–7 of source document noted below for details.

Adapted from "Guide to Contraindications and Precautions to Commonly Used [Pediatric] Vaccines," found in: CDC. *General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP)*. MMWR 2002;51(RR-2).

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