

**Table 1 (continued). Guide to Contraindications and Precautions<sup>1</sup> to Commonly Used Vaccines\* (Page 2 of 2)**

Vaccine	Contraindications	Precautions <sup>1</sup>
<b>Varicella (Var)<sup>4</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., from hematologic and solid tumors, receiving chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy<sup>5</sup> or patients with HIV infection who are severely immunocompromised)<sup>6</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>7</sup></li> <li>Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination, if possible; delay resumption of these antiviral drugs for 14 days after vaccination.</li> </ul>
<b>Hepatitis A (HepA)</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> <li>Pregnancy</li> </ul>
<b>Influenza, injectable trivalent (TIV)</b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any influenza vaccine or to a vaccine component, including egg protein</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>History of GBS within 6 weeks of previous influenza vaccine</li> </ul>
<b>Influenza, live attenuated (LAIV)<sup>4</sup></b>	<ul style="list-style-type: none"> <li>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including egg protein</li> <li>Possible reactive airways disease in a child age 2 through 4 years (e.g., history of recurrent wheezing or a recent wheezing episode)</li> <li>Immune suppression</li> <li>Certain chronic medical conditions such as asthma, diabetes, heart or kidney disease<sup>9</sup></li> <li>Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Moderate or severe acute illness with or without fever</li> <li>History of GBS within 6 weeks of previous influenza vaccine</li> <li>Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48 hours before vaccination, if possible; avoid use of these antiviral drugs for 14 days after vaccination.</li> </ul>
<b>Human papilloma-virus (HPV)</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> <li>Pregnancy</li> </ul>
<b>Meningococcal: conjugate (MCV4); polysaccharide (MPSV4)</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>

**Footnotes**

- Vaccine package inserts and the full ACIP recommendations for these vaccines should be consulted for additional information on vaccine-related contraindications and precautions and for more information on vaccine excipients. Events or conditions listed as precautions should be reviewed carefully. Benefits of and risks for 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. Whether and when to administer DTaP to children with proven or suspected underlying neurologic disorders should be decided on a case-by-case basis.
- 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)-negative 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.
- For details, see CDC. "Prevention of Rotavirus Gastroenteritis among Infants and Children: Recommendations of the Advisory Committee on Immunization Practices. (ACIP)" *MMWR* 2009;58(No. RR-2) at [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm).
- LAIV, MMR, and varicella vaccines can be administered on the same day. If not administered on the same day, these vaccines should be separated by at least 28 days.
- Substantially immunosuppressive steroid dose is considered to be 2 weeks or more of daily receipt of 20 mg (or 2 mg/kg body weight) of prednisone or equivalent.
- HIV-infected children may receive varicella and measles vaccine if CD4+ T-lymphocyte count is >15%. (Source: Adapted from American Academy of Pediatrics. *Passive Immunization*. In: Pickering LK, ed. *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics: 2009.)
- Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered (see Table 5 in CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" at [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm).)
- 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 at least 4 weeks after the vaccination. If an urgent need exists to skin test, do so with the understanding that reactivity might be reduced by the vaccine.
- For details, see CDC. "Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. *MMWR* 2010;59(No. RR-8), available at [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm).

**“Recommended Immunization Schedules for Persons Aged 0 Through 18 Years — U.S., 2012,” was approved by the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians.**

**The Immunization Action Coalition’s “Guide to Contraindications and Precautions to Commonly Used Vaccines in Children and Teens” was technically reviewed by CDC.**

**The Immunization Action Coalition modified the format of these materials for publication of this laminated version of the childhood and adolescent immunization schedules.**

**To order additional copies of this laminated document, visit the Immunization Action Coalition’s website at [www.immunize.org/shop](http://www.immunize.org/shop), call (651) 647-9009, or email [admininfo@immunize.org](mailto:admininfo@immunize.org).**