Table 1 continued. Guide to Contraindications and Precautions to Commonly Used Vaccines¹, ², ³

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<tr>
<th>Vaccine</th>
<th>Contraindications</th>
<th>Precautions</th>
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| Varicella (Var)⁴             | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
  • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy) or patients with HIV infection who are severely immunocompromised⁵  
  • 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)⁶  
  • 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. |
| Hepatitis A (HepA)           | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component | • Moderate or severe acute illness with or without fever                                          |
| Influenza, inactivated injectable (IIV)⁹ | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any influenza vaccine or to a vaccine component, including egg protein | • Moderate or severe acute illness with or without fever  
  • History of GBS within 6 weeks of previous influenza vaccination  
  • Persons who experience only hives with exposure to eggs may receive RIV or, with additional safety precautions, IIV.⁹ |
| Influenza, live attenuated (LAIV)⁴, ⁹ | • Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine, or to a previous dose of any influenza vaccine  
  • Concomitant use of aspirin or aspirin-containing medication in children or adolescents  
  • In addition, ACIP recommends that LAIV not be used in persons who are pregnant; immunosuppressed, who have egg allergy of any severity, or who have taken influenza antiviral medications (amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours; avoid use of these antiviral drugs for 14 days after vaccination | • Moderate or severe acute illness with or without fever  
  • History of GBS within 6 weeks of previous influenza vaccination  
  • Asthma in persons age 5 years and older  
  • Other chronic medical conditions (e.g., other chronic lung diseases, chronic cardiovascular disease [excluding isolated hypertension], diabetes, chronic renal or hepatic disease, hematologic disease, neurologic disease, and metabolic disorders) |
| 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: conjugate (MenACWY), polysaccharide (MPSV4)                   | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component | • Moderate or severe acute illness with or without fever |

Footnotes for “Guide to Contraindications and Precautions to Commonly Used Vaccines”

1. 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 recipients. 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. A contraindication increases the chance of a serious adverse reaction. Therefore, a vaccine should not be administered when a contraindication is present. 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)-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 immune globulin and hepatitis B vaccine should be administered within 12 hours of birth, regardless of weight.


4. LAIV, MMR, and varicella 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 dose 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 “General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)” MMWR 2011;60(No. RR-2) available at www.cdc.gov/vaccines/hcp/acip-recs/index.html.)

8. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine may 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.

9. For more information on use of influenza vaccines among persons with egg allergies and a complete list of conditions that CDC considers to be reasons to avoid getting LAIV, see CDC. “Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15.” MMWR 2014;63(2):991–97.


† Regarding latex allergy, consult the package insert for any vaccine administered.