

Table 1 cont. Guide to Contraindications and Precautions to Commonly Used Vaccines in Children and Teens^{1,*}

Vaccine	Contraindications	Precautions
Hepatitis A (HepA)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Influenza, inactivated injectable (IIV)^{9,10}	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component 	<ul style="list-style-type: none"> 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)⁹
Influenza, recombinant (RIV)^{9,10}	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. RIV does not contain any egg protein.⁹ 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever History of GBS within 6 weeks of previous influenza vaccination
Human papillomavirus (HPV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Pregnancy
Meningococcal conjugate (MenACWY), serogroup B (MenB), polysaccharide (MPSV4)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever

FOOTNOTES

- 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.
- 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), available at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- 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.
- 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.
- HIV-infected children may receive varicella and measles vaccine if CD4+ T-lymphocyte count is >15%. (Source: Adapted from American Academy of Pediatrics. Immunization in Special Clinical Circumstances. In: Pickering LK, ed. Red Book: 2015 Report of the Committee on Infectious Diseases. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics: 2015.)
- Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered (see "Table 5. Recommended Intervals Between Administration of Antibody-Containing Products and Measles- or Varicella-Containing Vaccine, by Product and Indication for Vaccination" found in "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.)
- Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine may be administered on the same day as tuberculin skin testing, or should be postponed for at least 4 weeks after the vaccination.
- For additional information on use of influenza vaccines among persons with egg allergy, see CDC. "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2016–17 Influenza Season." *MMWR* 2016;64(RR-5):1–54 available at www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm.
- Live attenuated influenza vaccine (LAIV) should not be used during the 2016–2017 influenza season.

* Adapted from "Table 6. Contraindications and Precautions to Commonly Used Vaccines" found in: CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)." *MMWR* 2011;60(No. RR-2), p. 40–41, and from Hamborsky J, Kroger A, Wolfe C, eds. Appendix A. *Epidemiology and Prevention of Vaccine-Preventable Diseases*, 13th.

"Recommended Immunization Schedules for Children and Adolescents Ages 18 Years or Younger—United States, 2017," was approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists.

The Immunization Action Coalition's "Guide to Contraindications and Precautions to Commonly Used Vaccines" on pages 7 and 8 was technically reviewed by CDC.

The Immunization Action Coalition slightly modified the format of these materials in order to create this laminated version of the childhood and adolescent immunization schedule.



To order additional copies of this laminated document, visit the Immunization Action Coalition's website for healthcare professionals at www.immunize.org/shop, call (651) 647-9009, or email admininfo@immunize.org.