<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Contraindications</th>
<th>Precautions¹</th>
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</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</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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<td>Rotavirus (RV5 [RotaTeq], RV1 [Rotarix])</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component &lt;br&gt;• Severe combined immunodeficiency (SCID)</td>
<td>• Moderate or severe acute illness with or without fever &lt;br&gt;• Altered immunocompetence other than SCID &lt;br&gt;• History of intussusception &lt;br&gt;• Chronic gastrointestinal disease² &lt;br&gt;• Spina bifida or bladder extrophy²</td>
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| Varicella (Var)         | • 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, receiving chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised)  
• 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, if possible; delay resumption 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  
| Influenza, injectable trivalent (TIV) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose 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 vaccine |
| Influenza, live attenuated (LAIV) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including egg protein  
• Possible reactive airways disease in a child age 2 through 4 years (e.g., history of recurrent wheezing or a recent wheezing episode)  
• Pregnancy                      | • Moderate or severe acute illness with or without fever  
• History of GBS within 6 weeks of previous influenza vaccine  
• Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48 hours before vaccination. Avoid use of these antiviral drugs for 14 days after vaccination. |
| Human papillomavirus (HPV) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
• Substantial suppression of cellular immunity  
• Pregnancy                      | • Moderate or severe acute illness with or without fever  
• Pregnancy |
| Meningococcal, conjugate (MCV4) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
• Substantial suppression of cellular immunity  
• Pregnancy                      | • Moderate or severe acute illness with or without fever |
| Meningococcal, polysaccharide (MPSV4) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
• Substantial suppression of cellular immunity  
• Pregnancy                      | • Moderate or severe acute illness with or without fever  
• 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. |

Footnotes

1. 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.

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 immunoglobulin 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 vaccines should be separated by at least 28 days.

5. 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.


7. 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.)

8. 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.
