<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Contraindications</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B (HepB)</strong></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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<tr>
<td><strong>Rotavirus (RV5 [RotaTeq], RV1 [Rotarix])</strong></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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<tr>
<td><strong>Diphtheria, tetanus, pertussis (DTaP)</strong></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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<tr>
<td><strong>Tetanus, diphtheria, pertussis (TdP)</strong></td>
<td>• 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 immunocompromised)⁷</td>
<td>• Moderate or severe acute illness with or without fever</td>
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<tr>
<td><strong>Haemophilus influenzae type b (Hib)</strong></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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<tr>
<td><strong>Inactivated poliovirus vaccine (IPV)</strong></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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<tr>
<td><strong>Pneumococcal (PCV13 or PPSV23)</strong></td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component (including, for PCV13, to any diphtheria toxoid-containing vaccine)</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td><strong>Measles, mumps, rubella (MMR)</strong></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>
</tr>
<tr>
<td><strong>Varicella (Var)</strong></td>
<td>• 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 immunocompromised)⁷</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td><strong>Hepatitis A (HepA)</strong></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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(continued on page 2)
# Guide to Contraindications and Precautions to Commonly Used Vaccines

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<th>Vaccine</th>
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| Influenza, inactivated injectable (IIV) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any influenza vaccine or to a vaccine component, including egg protein  
  • 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. |
| Influenza, recombinant (RIV)           | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose of RIV or to a vaccine component. RIV does not contain any egg protein.  
  (source: Adapted from *MMWR* 2011;60(No. RR-2) available at www.cdc.gov/vaccines/hcp/acip-recs/index.html.) | • 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) |
| Influenza, live attenuated (LAIV)      | • People younger than age 2 years or older than age 49 years.  
  • 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 through age 17 years  
  • In addition, ACIP recommends that LAIV not be used in the following populations: pregnant women; immunosuppressed people; people with egg allergy of any severity; children ages 2 through 4 years who have asthma or had wheezing within the past 12 months, per healthcare provider statement; people 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  
  (source: CDC. “Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)” *MMWR* 2014;63(32):691–97.) | • 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  
  (source: Hamborsky J, ed. Appendix A. Technical content reviewed by the Centers for Disease Control and Prevention) | • Moderate or severe acute illness with or without fever  
  • Pregnancy  
  *Note: Contraindications to LAIV are the same as for IIV.* |
| Meningococcal: conjugate (MenACWY), polysaccharide (MPSV4) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
  (source: CDC. “Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)” *MMWR* 2014;63(32):691–97.) | • Moderate or severe acute illness with or without fever  
  • Pregnancy  
  *Note: Contraindications to LAIV are the same as for IIV.* |
| Zoster (HZV)                           | • Severe allergic reaction (e.g., anaphylaxis) to a vaccine component  
  • Known severe cellular immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised).  
  • Pregnancy  
  (source: Hamborsky J, ed. Appendix A. Technical content reviewed by the Centers for Disease Control and Prevention) | • Moderate or severe acute illness with or without fever  
  • 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. |

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**FOOTNOTES**

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 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. 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 immunoglobulin and hepatitis B vaccine should be administered within 12 hours of birth, regardless of weight.


4. LAIV, MMR, varicella, or zoster 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 “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.)

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(32):691–97.


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