

Contraindications and Precautions to commonly used vaccines:

Vaccine Name	Contraindications	Precautions
Hepatitis B	<p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p> <p>Hypersensitivity to yeas</p>	<p>Moderate or severe acute illness with or without fever</p> <p>Infant weighing less than 2000 grams (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)</p>
Polio (Inactivated poliovirus vaccine (IPV))	<p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p>	<p>Moderate or severe acute illness with or without fever</p> <p>Pregnancy</p>
Diphtheria, tetanus, pertussis (DTaP)	<p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p>	<p>Moderate or severe acute illness with or without fever</p>

<p>Tetanus, diphtheria, pertussis (Tdap)</p> <p>Tetanus, diphtheria (DT, Td)</p>	<p>For pertussis-containing vaccines: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP or DTaP (for DTaP); or of previous dose of DTP, DTaP, or Tdap (for Tdap)</p>	<p>Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine</p> <p>History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria- or tetanus toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine</p> <p>For DTaP and Tdap only: Progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy; defer until a treatment regimen has been established and the condition has stabilized</p>
<p>HiB (Haemophilus influenzae type b)</p>	<p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p> <p>Age younger than 6 weeks</p>	<p>Moderate or severe acute illness with or without fever</p>
<p>Pneumococcal (PCV13 or PPSV23)</p>	<p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component (including, for PCV13, to any vaccine containing diphtheria toxoid)</p>	<p>Moderate or severe acute illness with or without fever</p>

<p>Rotavirus</p>	<p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p> <p>Severe combined immunodeficiency (SCID)</p> <p>History of intussusception</p>	<p>Moderate or severe acute illness with or without fever</p> <p>Altered immunocompetence other than SCID</p> <p>Chronic gastrointestinal disease</p> <p>Spina bifida or bladder exstrophy</p>
<p>MMR (Measles, Mumps and Rubella)</p>	<p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p> <p>Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy⁵), or persons with human immunodeficiency virus [HIV] infection who are severely immunocompromised ⁶</p> <p>Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test</p> <p>Pregnancy</p>	<p>Moderate or severe acute illness with or without fever</p> <p>Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁷</p> <p>History of thrombocytopenia or thrombocytopenic purpura</p> <p>Need for tuberculin skin testing⁸ or interferon gamma release assay (IGRA) testing</p> <p>For MMRV only: Family or personal history of seizures</p>
<p>Varicella</p>	<p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p>	<p>Moderate or severe acute illness with or without fever</p>

	<p>Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy⁵), or persons with HIV infection who are severely immunocompromised</p> <p>Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test</p> <p>Pregnancy</p>	<p>Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁷</p> <p>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.</p> <p>Use of aspirin or aspirin-containing products</p> <p>For MMRV only: Family or personal history of seizures</p>
Hepatitis A	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)	Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine (except egg) or to a previous dose of influenza vaccine	<p>Moderate or severe acute illness with or without fever</p> <p>History of GBS within 6 weeks of previous influenza vaccination</p> <p>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</p>

		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
Influenza, recombinant (RIV)	Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine (except egg) or to a previous dose of influenza vaccine	Moderate or severe acute illness with or without fever History of GBS within 6 weeks of previous influenza vaccination
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