<table>
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<th>Vaccine</th>
<th>Contraindications</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 | • Moderate or severe acute illness with or without fever  
• History of Guillain-Barré Syndrome (GBS) within 6 weeks of previous influenza vaccination  
• Persons who experience only hives with exposure to eggs should receive IIV with the additional safety precautions found in the 2012–13 ACIP influenza recommendations, pages 813–818 at www.cdc.gov/mmwr/pdf/wk/mm6132.pdf |
| Influenza, live attenuated (LAIV) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any influenza vaccine or to a vaccine component, including egg protein  
• Conditions for which the ACIP recommends against use, but which are not contraindications in vaccine package insert: immune suppression, certain chronic medical conditions such as asthma, diabetes, heart or kidney disease, and pregnancy | • Moderate or severe acute illness with or without fever  
• GBS within 6 weeks after a previous dose of tetanus toxoid-containing vaccine  
• History of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine was received.  
For LAIV only: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized |
| Tetanus, diphtheria, pertussis (Tdap) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
For Tdap only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP, DTaP, or Tdap | • Moderate or severe acute illness with or without fever  
• GBS within 6 weeks after a previous dose of tetanus toxoid-containing vaccine  
• History of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine was received.  
For Tdap only: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized |
| 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, receipt of chemotherapy, primary or acquired immunodeficiency, or long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised)  
• Pregnancy  
| 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, receipt of chemotherapy, primary or acquired immunodeficiency, or long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised)  
• Pregnancy  
| Measles, mumps, rubella (MMR) | • 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 immunocompromised)  
• Pregnancy  
| Measles, mumps, rubella (MMR) | • 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 immunocompromised)  
• Pregnancy  
| Pneumococcal (PCV13 or PPSV23) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component (including to any vaccine containing diphtheria toxoid for PCV13)  
| Pneumococcal (PCV13 or PPSV23) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
| Meningococcal: conjugate (MCV4), polysaccharide (MPSV4) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
| Meningococcal: conjugate (MCV4), polysaccharide (MPSV4) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
| Hepatitis A (HepA) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
| Hepatitis A (HepA) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
| Hepatitis B (HepB) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
| Hepatitis B (HepB) | • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  

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 exipients. 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.

2. 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.

3. For a complete list of conditions that CDC considers to be reasons to avoid getting LAIV, see CDC’s “Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP),” 2010. MMWR 2010;59(No. RR-8), available at www.cdc.gov/vaccines/pubs/acip-list.htm.

4. 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.

5. Vaccine should be deferred for the appropriate interval if replacement globulin products are being administered (see Table 5 in CDC’s “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/pubs/acip-list.htm.

6. 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 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.


† Regarding latex allergy: some types of prefilled syringes contain natural rubber latex or dry natural latex rubber. Consult the package insert for any vaccine given.