

Table 2. (continued) Guide to Contraindications and Precautions to Commonly Used Vaccines in Children and Teens

Vaccine	Contraindications	Precautions ¹
Pneumococcal (PCV or PPSV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR)⁶	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component Pregnancy Known severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy⁴; or patients with HIV infection who are severely immunocompromised) 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁷ History of thrombocytopenia or thrombocytopenic purpura
Varicella (Var)⁶	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component Substantial suppression of cellular immunity Pregnancy 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁷
Hepatitis A (HepA)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Pregnancy
Human papillomavirus (HPV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Pregnancy
Meningococcal, conjugate (MCV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever History of GBS (if not at high risk for meningococcal disease)
Meningococcal, polysaccharide (MPSV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever

Footnotes

- 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.
- 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. For infants born to HBsAg-positive women, hepatitis B immunoglobulin and hepatitis B vaccine should be administered at or soon after birth, regardless of weight.
- Acetaminophen or other appropriate antipyretic can be administered to infants and children with a history of previous seizures at the time of DTaP vaccination and every 4 hours for 24 hours thereafter to reduce the possibility of postvaccination fever (Source: American Academy of Pediatrics. *Red Book: Report of the Committee on Infectious Diseases, 2006*: page 512).
- Substantially immunosuppressive steroid dose is considered to be 2 weeks or more of daily receipt of 20 mg or more (or 2 mg/kg body weight or more) of prednisone or equivalent.
- For details, see CDC. "Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" at www.cdc.gov/vaccines/pubs/acip-list.htm.
- 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.
- For details, see CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" at www.cdc.gov/vaccines/pubs/acip-list.htm.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years — U.S., 2009 was approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. The Immunization Action Coalition's Guide to Contraindications and Precautions to Commonly Used Vaccines in Children and Teens was technically reviewed by CDC.

The Immunization Action Coalition modified the format of these materials for publication of 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 at www.immunize.org/shop, call (651) 647-9009, or email admininfo@immunize.org.