

TABLE 4-2. Conditions incorrectly perceived as contraindications to vaccination (i.e., vaccines may be given under these conditions)	
Vaccine	Conditions commonly misperceived as contraindications
General for all vaccines, including DTaP, pediatric DT, adult Td, adolescent-adult Tdap, IPV, MMR, Hib, hepatitis A, hepatitis B, varicella, rotavirus, PCV13, IIV, LAIV, PPSV23, MenACWY, MPSV4, HPV, and herpes zoster	Mild acute illness with or without fever Mild to moderate local reaction (i.e., swelling, redness, soreness); low-grade or moderate fever after previous dose Lack of previous physical examination in well-appearing person Current antimicrobial therapy ^(a) Convalescent phase of illness Preterm birth (hepatitis B vaccine is an exception in certain circumstances) ^(b) Recent exposure to an infectious disease History of penicillin allergy, other nonvaccine allergies, relatives with allergies, or receiving allergen extract immunotherapy History of GBS ^(c)
DTaP	Fever of <105°F (<40.5°C), fussiness or mild drowsiness after a previous dose of DTP/DTaP Family history of seizures Family history of sudden infant death syndrome Family history of an adverse event after DTP or DTaP administration Stable neurologic conditions (e.g., cerebral palsy, well-controlled seizures, or developmental delay)
Hepatitis B	Pregnancy Autoimmune disease (e.g., systemic lupus erythematosus or rheumatoid arthritis)
HPV	Immunosuppression Previous equivocal or abnormal Papanicolaou test Known HPV infection Breastfeeding History of genital warts
IIV	Nonsevere (e.g., contact) allergy to latex, thimerosal, or egg Concurrent administration of Coumadin (generic: warfarin) or aminophylline
IPV	Previous receipt of ≥1 dose of oral polio vaccine

LAIV	<p>Health-care providers that see patients with chronic diseases or altered immunocompetence (an exception is providers for severely immunocompromised patients requiring care in a protected environment)</p> <p>Breastfeeding</p> <p>Contacts of persons with chronic disease or altered immunocompetence (an exception is contacts of severely immunocompromised patients requiring care in a protected environment)</p>
MMR ^{(d),(e)}	<p>Positive tuberculin skin test</p> <p>Simultaneous tuberculin skin or interferon-gamma release assay (IGRA) testing^(f)</p> <p>Breastfeeding</p> <p>Pregnancy of recipient's mother or other close or household contact</p> <p>Recipient is female of child-bearing age</p> <p>Immunodeficient family member or household contact</p> <p>Asymptomatic or mildly symptomatic HIV infection</p> <p>Allergy to eggs</p>
PPSV23	<p>History of invasive pneumococcal disease or pneumonia</p>
Rotavirus	<p>Prematurity</p> <p>Immunosuppressed household contacts</p> <p>Pregnant household contacts</p>
Tdap	<p>History of fever of $\geq 105^{\circ}\text{F}$ ($\geq 40.5^{\circ}\text{C}$) for <48 hours after vaccination with a previous dose of DTP or DTaP</p> <p>History of collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP</p> <p>History of seizure <3 days after receiving a previous dose of DTP/DTaP</p> <p>History of persistent, inconsolable crying lasting >3 hours within 48 hours after receiving a previous dose of DTP/DTaP</p> <p>History of extensive limb swelling after DTP/DTaP/Td that is not an Arthus-type reaction</p> <p>History of stable neurologic disorder</p> <p>History of brachial neuritis</p> <p>Latex allergy that is not anaphylactic</p> <p>Breastfeeding</p> <p>Immunosuppression</p>
Varicella	<p>Pregnancy of recipient's mother or other close or household contact</p> <p>Immunodeficient family member or household contact^(g)</p> <p>Asymptomatic or mildly symptomatic HIV infection</p> <p>Humoral immunodeficiency (e.g., agammaglobulinemia)</p>

<p>Zoster</p>	<p>Therapy with low-dose methotrexate (≤ 0.4 mg/kg/week), azathioprine (≤ 3.0 mg/kg/day), or 6-mercaptopurine (≤ 1.5 mg/kg/day) for treatment of rheumatoid arthritis, psoriasis, polymyositis, sarcoidosis, inflammatory bowel disease, or other conditions</p> <p>Health-care providers of patients with chronic diseases or altered immunocompetence</p> <p>Contacts of patients with chronic diseases or altered immunocompetence</p> <p>Unknown or uncertain history of varicella in a U.S.-born person</p>
<p>Abbreviations: DT = diphtheria and tetanus toxoids; DTP = diphtheria toxoid, tetanus toxoid, and pertussis; DTaP = diphtheria and tetanus toxoids and acellular pertussis; GBS = Guillain-Barré syndrome; HBsAg = hepatitis B surface antigen; Hib = <i>Haemophilus influenzae</i> type b; HIV = human immunodeficiency virus; HPV = human papillomavirus; IIV = inactivated influenza vaccine; IPV = inactivated poliovirus; LAIV = live, attenuated influenza vaccine; MenACWY = quadrivalent meningococcal conjugate vaccine; MMR = measles, mumps, and rubella; MPSV4 = quadrivalent meningococcal polysaccharide vaccine; PCV = pneumococcal conjugate vaccine; PPSV23 = pneumococcal polysaccharide vaccine; Td = tetanus and diphtheria toxoids; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis.</p> <p>(a) Antibacterial drugs might interfere with Ty21a oral typhoid vaccine, and certain antiviral drugs might interfere with varicella-containing vaccines and LAIV4.</p> <p>(b) Hepatitis B vaccination should be deferred for infants weighing $< 2,000$ g if the mother is documented to be HBsAg negative. Vaccination should commence at chronological age 1 month or at hospital discharge. For infants born to HBsAg-positive women, hepatitis B immune globulin and hepatitis B vaccine should be administered within 12 hours after birth, regardless of weight.</p> <p>(c) An exception is Guillain-Barré syndrome within 6 weeks of a dose of influenza vaccine or tetanus-toxoid-containing vaccine, which are precautions for influenza vaccines and tetanus-toxoid containing vaccines, respectively.</p> <p>(d) 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.</p> <p>(e) HIV-infected children should receive immune globulin after exposure to measles. HIV-infected children can receive varicella and measles vaccine if CD4+ T-lymphocyte count is $> 15\%$. (54).</p> <p>(f) Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine can be administered on the same day as tuberculin skin or IGRA 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 or IGRA, do so with the understanding that reactivity might be reduced by the vaccine.</p> <p>(g) If a vaccinee experiences a presumed vaccine-related rash 7-25 days after vaccination, the person should avoid direct contact with immunocompromised persons for the duration of the rash.</p>	