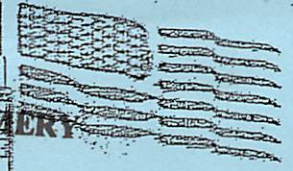


# ADOLESCENT ADULT IMMUNIZATION RECORD

CLINIC:

Protect Our Future!



Name: Merrill Ingram

Date of birth: 6/18/57 Record #

Allergies:

AUBURN UNIVERSITY MONTGOMERY  
STUDENT HEALTH CENTER  
IRMA B. MOORE HALL RM. 102  
P.O. BOX 244023

Read MONTGOMERY, AL 36124-4023

History of Chickenpox? YES or NO If yes, date if known:

Immunize!

| Vaccine                   | Date Admin |     |    | Age at the time | VIS Form Given |    |    | Manuf Abbr* | Lot Number | Dose  | Admin Site** | Route | Provider Initials*** or Outside Provider Name |
|---------------------------|------------|-----|----|-----------------|----------------|----|----|-------------|------------|-------|--------------|-------|-----------------------------------------------|
|                           | Mo         | Day | Yr |                 | Type           | Mo | Yr |             |            |       |              |       |                                               |
| Td                        |            |     |    |                 | Td             |    |    |             |            | 0.5cc |              | IM    |                                               |
| Td                        |            |     |    |                 | Td             |    |    |             |            | 0.5cc |              | IM    |                                               |
| Td                        |            |     |    |                 | Td             |    |    |             |            | 0.5cc |              | IM    |                                               |
| Td                        |            |     |    |                 | Td             |    |    |             |            | 0.5cc |              | IM    |                                               |
| Tdap                      |            |     |    |                 | Tdap           |    |    |             |            | 0.5cc |              | IM    |                                               |
| Hep B                     |            |     |    |                 | Hep B          |    |    |             |            |       |              | IM    |                                               |
| Hep B                     |            |     |    |                 | Hep B          |    |    |             |            |       |              | IM    |                                               |
| Hep B                     |            |     |    |                 | Hep B          |    |    |             |            |       |              | IM    |                                               |
| Hep B (booster if needed) |            |     |    |                 | Hep B          |    |    |             |            |       |              | IM    |                                               |
| MMR Rubella Rubeola       |            |     |    |                 | MMR            |    |    |             |            | 0.5cc |              | SQ    |                                               |
| MMR Rubella Rubeola       |            |     |    |                 | MMR            |    |    |             |            | 0.5cc |              | SQ    |                                               |
| Varicella                 |            |     |    |                 | Var            |    |    |             |            | 0.5cc |              | SQ    |                                               |
| Varicella                 |            |     |    |                 | Var            |    |    |             |            | 0.5cc |              | SQ    |                                               |
| IPV                       |            |     |    |                 | Polio          |    |    |             |            | 0.5cc |              | SQ    |                                               |
| IPV                       |            |     |    |                 | Polio          |    |    |             |            | 0.5cc |              | SQ    |                                               |
| IPV                       |            |     |    |                 | Polio          |    |    |             |            | 0.5cc |              | SQ    |                                               |
| IPV                       |            |     |    |                 | Polio          |    |    |             |            | 0.5cc |              | SQ    |                                               |
| PPV23                     |            |     |    |                 | PPV            |    |    |             |            | 0.5cc |              | IM    |                                               |
| PPV23                     |            |     |    |                 | PPV            |    |    |             |            | 0.5cc |              | IM    |                                               |
| Hepatitis A               | 9          | 3   | 14 |                 | Hep A          | 10 | 11 | CSK         |            | 0.0   | LD           | IM    | AM                                            |
| Hepatitis A               | 3          | 11  | 15 |                 | Hep A          | 10 | 11 | CSK Y-4R 59 |            | 1.0   | LD           | IM    | AM                                            |
| HPV                       |            |     |    |                 | HPV            |    |    |             |            | 0.5cc |              | IM    |                                               |
| HPV                       |            |     |    |                 | HPV            |    |    |             |            | 0.5cc |              | IM    |                                               |
| HPV                       |            |     |    |                 | HPV            |    |    |             |            | 0.5cc |              | IM    |                                               |
| Influenza                 |            |     |    |                 | Flu            |    |    |             |            | 0.5cc |              | IM    |                                               |
| Influenza                 |            |     |    |                 | Flu            |    |    |             |            | 0.5cc |              | IM    |                                               |
| Influenza                 |            |     |    |                 | Flu            |    |    |             |            | 0.5cc |              | IM    |                                               |
| MCV4                      |            |     |    |                 | Mening         |    |    |             |            |       |              | IM    |                                               |
| MPSV4                     |            |     |    |                 | Mening         |    |    |             |            |       |              | SQ    |                                               |

LOT/EXP: XD72G 11/05/16

Hepatitis A Vaccine HAVRIX® 1440 ELU/mL

\* Manufacturers: M = Merck; S = Sanofi Pasteur; W = Wyeth; G = GlaxoSmithKline.

\*\* Sites: LT = Left Thigh, RT = Right Thigh, LA = Left Arm, RA = Right Arm, LD = Left Deltoid, RD = Right Deltoid

\*\*\* VIS Language given, if not English:

### \*\*\*Provider Information

[illegible]

## Tuberculin Test

[illegible]

### Titer Test Results for Non Susceptibility (IgM)

| Date |     |    | Disease | ✓ Results |     | Notes |
|------|-----|----|---------|-----------|-----|-------|
| Mo   | Day | Yr |         | Neg       | Pos |       |
|      |     |    |         |           |     |       |
|      |     |    |         |           |     |       |
|      |     |    |         |           |     |       |
|      |     |    |         |           |     |       |
|      |     |    |         |           |     |       |

[illegible]

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo.) (day) (yr.)

# Screening Checklist for Contraindications to Vaccines for Adults

**For patients:** The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

|                                                                                                                                                                                               | Yes                                 | No                                  | Don't Know               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Are you sick today?                                                                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have allergies to medications, food, a vaccine component, or latex?                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had a serious reaction after receiving a vaccination?                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you had a seizure or a brain or other nervous system problem?                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you received any vaccinations in the past 4 weeks?                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Form completed by: \_\_\_\_\_

Mear: 11 H Inger

Date: March 11 2015

Form reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Did you bring your immunization record card with you? yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/bag-4065.pdf - form#P4065 (10/12)

Immunization Action Coalition - 1573 Selby Ave. - St. Paul, MN 55104 - (651) 647-9009 - www.immunize.org - www.vaccineinformation.org

## Information for Health Professionals about the Screening Checklist for Contraindications To Vaccines for Adults

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

### 1. Are you sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

### 2. Do you have allergies to medications, food, a vaccine component, or latex? [all vaccines]

If a person reports they have an allergy to egg, ask if they can eat lightly cooked eggs (e.g., scrambled eggs). If they can, trivalent influenza vaccine (TIV) may be administered. If after eating eggs or egg-containing foods, they have a reaction consisting of only hives, TIV may be given and the person should be observed for at least 30 minutes. If a person experiences a serious systemic or anaphylactic reaction (e.g., hives and either swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs, do not administer TIV or live attenuated influenza vaccine (LAIV). It is possible that they may be eligible to be given TIV, but only after they have seen a physician with expertise in the management of allergic conditions. If a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions are not contraindications. For a table of vaccines supplied in vials or syringes that contain latex, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf). For an extensive list of vaccine components, see reference 2.

### 3. Have you ever had a serious reaction after receiving a vaccination? [all vaccines]

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

### 4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? [LAIV]

People with any of these health conditions should not be given the intranasal live attenuated influenza vaccine (LAIV). Instead, they should be vaccinated with the injectable influenza vaccine.

### 5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, VAR, ZOS]

Live virus vaccines (e.g., LAIV, measles-mumps-rubella [MMR], varicella [VAR], zoster [ZOS]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ $\mu$ L. Immunosuppressed people should not receive LAIV. For details, consult the ACIP recommendations (3, 4, 5).

### 6. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments? [LAIV, MMR, VAR, ZOS]

Live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1, 5).

To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 6. LAIV can be given only to healthy non-pregnant people younger than age 50 years.

### 7. Have you had a seizure or a brain or other nervous system problem? [various Td/Tdap]

Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with TIV if at high risk for severe influenza complications.

### 8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [LAIV, MMR, VAR]

Certain live virus vaccines (e.g., LAIV, MMR, VAR) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines (1).

### 9. For women: Are you pregnant or is there a chance you could become pregnant during the next month? [MMR, LAIV, VAR, ZOS]

Live virus vaccines (e.g., MMR, VAR, ZOS, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent and immediate protection is needed (e.g., travel to endemic areas). Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester. (1, 3, 4, 5, 7, 8)

### 10. Have you received any vaccinations in the past 4 weeks?

[LAIV, MMR, VAR, yellow fever] If the person to be vaccinated was given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZOS, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

### References:

1. CDC. General recommendations on immunization, at [www.cdc.gov/vaccines/pubs/kip-factsh](http://www.cdc.gov/vaccines/pubs/kip-factsh).
2. Table of Vaccine Components: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/ingredient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/ingredient-table-2.pdf).
3. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella and congenital rubella syndrome and control of mumps. MMWR 1998; 47 (RR-8).
4. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2007; 56 (RR-4).
5. CDC. Prevention and control of influenza—recommendations of ACIP, at [www.cdc.gov/flu/professionals/vaccination](http://www.cdc.gov/flu/professionals/vaccination).
6. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients. MMWR 2000; 49 (RR-10). [www.cdc.gov/vaccines/pubs/downloads/hsct-recs.pdf](http://www.cdc.gov/vaccines/pubs/downloads/hsct-recs.pdf).
7. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. MMWR 2001; 50 (49).
8. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. MMWR 2008; 57 (RR-4).



## Hepatitis A Reminder

Date:

Dear Mr. Ingram

Your final Hepatitis A vaccination is due on March 3, 2015.  
It is important that you continue your series within the recommended schedule to obtain the maximum effect from your vaccination.

In order to achieve maximum benefits, you should receive your vaccine no later than  
March 17, 2015.

If you have received this immunization elsewhere, please submit a copy for our records.  
If you wish to continue the series at the AUM Nursing Care Center, contact our clinic at 244-3281 to set up an appointment at your earliest convenience.

Thank you for allowing us to participate in the protection of your good health.

Sincerely,

*Amy Morris, RN* <sup>RM</sup>

Amy Morris, MPA, RN-BC

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo.) (day) (yr.)

# Screening Checklist for Contraindications to Vaccines for Adults

**For patients:** The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

|                                                                                                                                                                                               | Yes                                 | No                                  | Don't Know               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Are you sick today?                                                                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have allergies to medications, food, a vaccine component, or latex?                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had a serious reaction after receiving a vaccination?                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., <u>diabetes</u> ), anemia, or other blood disorder?              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. Have you had a seizure or a brain or other nervous system problem?                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you received any vaccinations in the past 4 weeks?                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

Flu

Form completed by: M. [Signature] Date: 9-3-14  
 Form reviewed by: [Signature] Date: 9/3/14

Did you bring your immunization record card with you? yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

Technical content reviewed by the Center for Disease Control and Prevention

www.immunize.org/catg.d/p4065.pdf - Item#P4065 (10/12)

## Information for Health Professionals about the Screening Checklist for Contraindications To Vaccines for Adults

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

### 1. Are you sick today? (all vaccines)

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

### 2. Do you have allergies to medications, food, a vaccine component, or latex? (all vaccines)

If a person reports they have an allergy to egg, ask if they can eat lightly cooked eggs (e.g., scrambled eggs). If they can, trivalent influenza vaccine (TIV) may be administered. If after eating eggs or egg-containing foods, they have a reaction consisting of only hives, TIV may be given and the person should be observed for at least 30 minutes. If a person experiences a serious systemic or anaphylactic reaction (e.g., hives and either swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs, do not administer TIV or live attenuated influenza vaccine (LAIV). It is possible that they may be eligible to be given TIV, but only after they have seen a physician with expertise in the management of allergic conditions. If a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions are not contraindications. For a table of vaccines supplied in vials or syringes that contain latex, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf). For an extensive list of vaccine components, see reference 2.

### 3. Have you ever had a serious reaction after receiving a vaccination? (all vaccines)

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

### 4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? (LAIV)

People with any of these health conditions should not be given the intranasal live attenuated influenza vaccine (LAIV). Instead, they should be vaccinated with the injectable influenza vaccine.

### 5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? (LAIV, MMR, VAR, ZOS)

Live virus vaccines (e.g., LAIV, measles-mumps-rubella [MMR], varicella [VAR], zoster [ZOS]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ $\mu$ L. Immunocompromised people should not receive LAIV. For details, consult the ACIP recommendations (3, 4, 5).

### 6. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments? (LAIV, MMR, VAR, ZOS)

Live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1, 5).

To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 6. LAIV can be given only to healthy non-pregnant people younger than age 50 years.

### 7. Have you had a seizure or a brain or other nervous system problem? (influenza, Td/Tdap)

Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with TIV if at high risk for severe influenza complications.

### 8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? (LAIV, MMR, VAR)

Certain live virus vaccines (e.g., LAIV, MMR, VAR) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines. (1)

### 9. For women: Are you pregnant or is there a chance you could become pregnant during the next month? (MMR, LAIV, VAR, ZOS)

Live virus vaccines (e.g., MMR, VAR, ZOS, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent and immediate protection is needed (e.g., travel to endemic areas). Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester. (1, 3, 4, 5, 7, 8)

### 10. Have you received any vaccinations in the past 4 weeks?

(LAIV, MMR, VAR, yellow fever) If the person to be vaccinated was given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZOS, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

### References:

1. CDC. General recommendations on immunization, at [www.cdc.gov/vaccines/pubs/acip-1st.htm](http://www.cdc.gov/vaccines/pubs/acip-1st.htm).
2. Table of Vaccine Components: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excerpt-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excerpt-table-2.pdf).
3. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
4. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
5. CDC. Prevention and control of influenza—recommendations of ACIP, at [www.cdc.gov/flu/professionals/vaccination](http://www.cdc.gov/flu/professionals/vaccination).
6. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients. *MMWR* 2000; 49 (RR-10). [www.cdc.gov/vaccines/pubs/downloads/hsc-recs.pdf](http://www.cdc.gov/vaccines/pubs/downloads/hsc-recs.pdf).
7. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
8. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).