1. **Are you sick today? *(all vaccines)***
	1. There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.
2. **Do you have allergies to any medications, food, a vaccine component, or latex? *(all vaccines)***
	1. If a person has anaphylaxis after eating gelatin, do not administer MMR, MMRV, or varicella vaccine
	2. Fluzone contains gelatin as a stabilizer, therefore a history of anaphylactic reaction to gelatin is a contraindication. Some inactivated influenza vaccines contain thimerosal as a preservative. Most people who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines.
	3. **Any licensed inactivated influenza vaccine can be used for patients of any age reporting any allergic reaction to eggs or its components. However, inactivated influenza vaccines should only be administered to patients with a history of egg allergy and/or serious systemic or anaphylactic reaction (e.g. hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs in an inpatient or outpatient setting by a health care provider who can observe, respond, and mange severe allergic conditions. Patients no longer need to be observed for 30 minutes after receipt of the vaccine for signs of a reaction.**
	4. Some people who report allergy to egg might not be egg-allergic. If a person can eat lightly cooked eggs (e.g. scrambled eggs) they are unlikely to have an egg allergy. However, people who can tolerate egg in baked products (e.g. cake) might still have an egg allergy.
	5. For a table of vaccines supplied in vials or syringes that contain latex, please see page 5 and 6
	6. For a table of vaccine components, please see pages 6-10
3. **Have you ever had a serious reaction after receiving a vaccination? *(all vaccines)***
	1. A local reaction following a prior vaccine dose is NOT a contraindication to a subsequent dose.
		1. History of anaphylactic reaction to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses.
	2. History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccines Precautions to DTaP (not Tdap) include the following:
		1. Seizure within 3 days of a dose
		2. Pale or limp episode or collapse within 48 hours of a dose
		3. Continuous crying for 3 or more hours within 48 hours of a dose, and
		4. Fever of 105 F (40 C) within 48 hours of a dose
	3. 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. Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate-presumable allergic-reactions are usually a contraindication to further vaccination against influenza.
		1. Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccines. These mild-to-moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following a vaccination with inactivated injectable influenza is most likely a coincidental event and not related to the vaccine; these people can receive injectable vaccine without further evaluation.
		2. It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians may consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.
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? *(Rotavirus)***
	1. Infants who have a history of intussusception (the telescoping of one portion of the intestine to another) should not be given the rotavirus vaccine
5. **Do you have cancer, leukemia, HIV/AIDS or any other immune system problem? (*MMR, MMRV, VAR, ZOS, Rotavirus)***
	1. Live virus vaccines (e.g. MMR, MMRV, varicella, rotavirus) are usually contraindicated in immunocompromised people. However, there are exceptions.
		1. For example, MMR is recommended for asymptomatic HIV-infected children and adults who do not have evidence of severe immunosuppression.
		2. Likewise, the varicella vaccine should be considered for HIV-infected children and adults with age-specific CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ul.
		3. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine. Other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine.
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? (*MMR, MMRV, VAR, ZOS, Rotavirus)***
	1. Live virus vaccines (e.g. 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 in the General Recommendations on Immunization.
7. **Have you had a seizure or a brain or other nervous system problem? *(DTaP, Td, Tdap, IIV, MMRV)***
	1. DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP; an unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years.
	2. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (*exception*: children with a personal or family (parent or sibling) history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines.
	3. 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 the vaccination, give age-appropriate Tdap instead of Td if no history of prior Tdap, to improve pertussis protection.
		2. Influenza vaccine (IIV); if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV 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 antiviral drug? (*MMR, MMRV, VAR, ZOS)***
	1. Certain live virus vaccines (e.g. MMR, VAR, ZOS) 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.
9. **Have you received any vaccinations in the past 4 weeks?**
	1. Children who were given an injectable live virus vaccine (e.g. MMR, VAR, MMRV, ZOS, Yellow Fever) should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time, or at any spacing interval.
10. **Are you pregnant, or is there a chance you could become pregnant during the next month?**
	1. Live virus vaccines (e.g. MMR, MMRV, VAR) are contraindicated for one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following the receipt of the vaccine.
	2. On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy, however, it may be given if risk of exposure if imminent (e.g. travel to endemic areas) and immediate protection is needed.
	3. Use of Td or Tdap is not contraindicated in pregnancy. At the provider’s discretion, either vaccine may be administered in the 2nd or 3rd trimester.
	4. All pregnant women should be vaccinated with inactivated injectable influenza vaccine (IIV)











