



EPI - NEWS

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COMMUNICABLE DISEASE CONTROL PROGRAM
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MEDICAL EXEMPTIONS TO VACCINATION

Invalid Contraindications to Vaccination

Some health care providers inappropriately consider certain conditions or circumstances to be true contraindications or precautions to vaccinations. Such conditions or circumstances are known as invalid contraindications and result in missed opportunities to administer needed vaccines. Some of the most common invalid contraindications are minor illnesses, conditions related to pregnancy and breast-feeding, allergies that are not anaphylactic in nature, and certain aspects of the patient's family history.

Minor Illness

Persons with mild acute illnesses, such as low-grade fever, upper respiratory infection, colds, otitis media, and mild diarrhea, can and should be vaccinated.

Antibiotic therapy

Antibiotics do not have an effect on the immune response to a vaccine. No commonly used antibiotics or antiviral medications will inactivate a live virus vaccine.

Disease exposure or convalescence

If a person is not severely ill, he or she should be vaccinated. There is no evidence that either disease exposure or convalescence will affect the response to a vaccine or increase the likelihood of an adverse event.

Pregnancy in the household or breast-feeding

All vaccines, including live virus vaccines (MMR, varicella and yellow fever) can be given to persons with pregnant household contacts, as well as to breast-feeding infants.

Measles and mumps vaccine viruses produce a non-communicable infection and are not transmitted to household contacts. Rubella vaccine virus has been

shown to be shed in breast milk, but transmission to an infant has rarely been documented (rubella is not transmitted by mouth). Transmission of varicella vaccine virus is uncommon and most women are immune from prior chickenpox.

Breast-feeding does not decrease the response to routine childhood vaccines. Breast-feeding also does not extend or improve passive immunity to vaccine-preventable disease provided by maternal antibody.

Premature birth

Vaccines should be started on schedule based on the child's chronological age. Premature infants have been shown to respond adequately to vaccines used in infancy.

Studies demonstrate that decreased seroconversion rates might occur among certain premature infants with low birth weights (i.e., < 2000 grams) after administration of hepatitis B vaccine at birth. However, by one month chronological age, all premature infants, regardless of initial birth weight or gestational age, are as likely to respond as adequately as older and larger infants.

Nonspecific allergies, allergies to antibiotics not in vaccine, non-severe egg allergies, and allergies to duck antigens

Persons with non-specific allergies, duck or feather allergy, allergy to penicillin, relatives with allergies, and persons taking allergy shots can and should be immunized. No vaccine available in the United States contains duck antigen or penicillin.

Non-anaphylactic allergy to vaccine component

Anaphylactic allergy to a vaccine component (such as egg or neomycin) is a true contraindication to vaccination. Non-anaphylactic allergy to a vaccine constituent is not a contraindication to that vaccine.

Please share this document with all physicians & staff in your facility/office.

Family history of adverse events unrelated to immunosuppression, or family history of seizures or SIDS

The only family history that is relevant in the decision to vaccinate a person is immunosuppression, and only for oral polio virus vaccine (OPV). OPV should not be given to a person with a personal or family history of immunosuppression because the vaccine virus could spread to the immunocompromised contact.

Since July 1999, the Advisory Committee on Immunization Practices (ACIP) recommended the discontinuation of OPV and that inactivated polio vaccine (IPV) be used exclusively in the United States.

Screening for Contraindications and Precautions to Vaccinations



The key to preventing serious adverse reactions is screening. Every person who administers vaccines should screen every patient for contraindications and precautions before giving the vaccine dose. Effective screening isn't difficult or complicated and can be accomplished with just a few questions.

• How are you today?

This question screens for concurrent moderate or acute illness. If the patient has been examined, this question may not be necessary, or may have already been asked.

• Do you have allergies to any food or medication?

A severe allergy to a vaccine component is a contraindication to vaccination, so this question must always be asked. It may be more time-efficient to inquire about allergies in a generic way (e.g., any food or medication), rather than to inquire about specific vaccine components. Most parents/patients will not be familiar with minor components of vaccine, but they should know if there has been an allergic reaction to a food or medication severe enough to require medical attention.

• Did you have any problems after your last shots?

This open-ended question explores the allergic reactions to previous doses, and for conditions following pertussis vaccine that may be precautions to additional doses, such as high fever or a hypotonic episode.

• Do you have any problems with your immune system?

This question will help identify patients with immunodeficiency who generally should not receive live attenuated vaccines.

• Have you received any blood products in the last year, like a transfusion, or immune globulin?

This question helps identify precautions for live attenuated MMR and varicella vaccines, which should not be given to persons who received passive antibody in the last few months. The question may also expose unreported illnesses that might not have been revealed in earlier questions.

• Are you pregnant, or trying to become pregnant?

This question should be asked of all adolescent and adult women. MMR and varicella vaccines should not be given to women known to be pregnant or for four weeks prior to the pregnancy. It is not necessary to inquire about pregnancy in household contacts because a pregnant woman in the household is not a contraindication for administration of any vaccine.

For more information on valid contraindications to vaccination, please call the District Health Department Immunization Program at 328-2477 or 328-2446. Information is also available on the CDC Immunization Hotline:

English: 800-232-2522

Spanish: 800-232-0233

Questions can also be emailed to the CDC at:

nipinfo@cdc.gov

Adapted from “*Epidemiology and Prevention of Vaccine-Preventable Diseases*”; Department of Health and Human Services – Centers for Disease Control and Prevention; 7th Edition – January 2002.