

Vaccine	Indication/Recommendations	Schedule	Contraindications/Precautions	Dosing/Administration
Pneumovax-23 Pneumococcal Polysaccharide (PPSV)	<ul style="list-style-type: none"> • Age ≥ 65 • Age < 65 with any of the following: <ul style="list-style-type: none"> ○ Chronic Cardiac Disease (Excluding Hypertension) ○ Chronic Pulmonary Disease (Including Asthma) ○ Chronic Liver Disease ○ Alcoholism ○ Diabetes ○ CSF Leaks ○ Cigarette Smoking ○ Candidates for or Recipients of Cochlear Implants ○ People living in special environments or special settings (including American Indian/Alaska Natives age 50 through 64) • HIGHEST RISK PATIENTS <ul style="list-style-type: none"> ○ Asplenia (Anatomic or Functional) ○ Sickle Cell Disease ○ Immunocompromising Conditions <ul style="list-style-type: none"> ▪ HIV Infection ▪ Leukemia ▪ Lymphoma ▪ Hodgkin’s Disease ▪ Multiple Myeloma ▪ Generalized Malignancy ▪ Chronic Renal Failure ▪ Nephrotic Syndrome ○ Immunosuppressive Chemo (Including Corticosteroids) ○ Organ or Bone Marrow Transplant Pts 	<ul style="list-style-type: none"> • Give 1 dose if unvaccinated OR if vaccine history is unknown • Give a 1-time revaccination if: <ul style="list-style-type: none"> ○ Age ≥ 65 and 1st dose was given prior to age 65 and at least 5 years have elapsed ○ OR ○ Age 19 – 64 who are at HIGHEST RISK or have rapid antibody loss given that at least 5 years have elapsed 	Contraindications: <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components Precautions: <ul style="list-style-type: none"> • Moderate or Severe Acute Illness 	<ul style="list-style-type: none"> • 0.5 mL IM <p><i>Avoid giving within 4 weeks of Zostavax if possible.</i></p>
Engerix-B Hepatitis B	<ul style="list-style-type: none"> • All adults who want to be protected from Hep B • Household contacts and sex partners of HBsAg-Positive People • Injecting Drug Users • Sexually Active People not in a long term, monogamous relationship • Men who have sex with men • Pts with HIV • People seeking STD evaluation or treatment • Hemodialysis Patients and those with renal disease that may result in dialysis • Healthcare personnel and public safety workers who are exposed to blood • Clients/Staff of institutions for the developmentally disabled • Inmates of long-term correctional facilities • Certain International Travelers • People with Chronic Liver Disease <p>NOTE: should provide serologic screening for immigrants from endemic areas. If pt is chronically infected, assure appropriate disease management. For sex partners and household contacts of HBsAg-Pos Patients, provide serologic screening AND administer initial dose of HepB vaccine at same visit.</p>	<ul style="list-style-type: none"> • 3 Doses at 0, 1, and 6 month schedule • Must be at least 4 weeks between doses 1 and 2 • Must be at least 8 weeks between doses 2 and 3 • Overall must be at least 16 weeks between doses 1 and 3 <p>NEVER restart a series for those who have fallen behind. Continue where you left off.</p> <ul style="list-style-type: none"> • Adult hemodialysis patients need 2 mL IM at 0, 1, 2, and 12 months 	Contraindications: <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components Precautions: <ul style="list-style-type: none"> • Moderate or Severe Acute Illness 	<ul style="list-style-type: none"> • 1 mL IM • Shake well prior to withdrawal and use • Hemodialysis—use 2 mL <p><i>Brands may be used interchangeably</i></p>

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Varivax Varicella	<ul style="list-style-type: none"> All adults without evidence of immunity <p>NOTE: evidence of immunity is defined as written documentation of 2 doses of varicella vaccine; a history of varicella disease or herpes zoster based on healthcare-provider diagnosis; lab evidence of immunity; and/or birth in the US before 1980 with the following exceptions:</p> <ul style="list-style-type: none"> Healthcare personnel born in the US before 1980 who do not meet any of the above criteria should be tested or given the 2-dose series. If testing indicates that they are not immune, give the 1st dose immediately and give the 2nd dose 4 to 8 weeks later Pregnant women born in the US before 1980 who do not meet any of the above criteria should either be 1) tested for susceptibility during pregnancy and if found susceptible, given the 1st dose postpartum before hospital discharge, or 2) not be tested for susceptibility and given the 1st dose postpartum before hospital discharge. Give the 2nd dose 4 to 8 weeks later. 	<ul style="list-style-type: none"> Give 2 doses 2nd dose given 4 to 8 weeks after the 1st If 2nd dose is delayed, do NOT repeat first dose. Just give dose 2. May be used as postexposure prophylaxis if given within 5 days <p><i>If 2 or more live vaccine are to be given (FluMist, MMR, Varicella, Zoster, and/or Yellow Fever) they should be given on the same day OR spaced apart by at least 28 days</i></p> <p>Note: Routine post-vaccination serologic testing is not recommended.</p>	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components including neomycin or gelatin Pregnancy or the possibility of pregnancy within 4 weeks (3 months per package insert) Pts on high-dose immunosuppressive therapy Pts with active TB that is not treated Pts who are immunocompromised because of malignancy and primary acquired cellular immunodeficiency, including HIV/AIDS (although may consider vaccination if CD4 ≥ 200) <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness If blood, plasma, and/or immune globulin were given in the past 11 months, see additional ACIP guidelines Receipt of specific antivirals (acyclovir, famciclovir, or valacyclovir) 24 hrs before vaccination, if possible; delay resumption of these meds for 14 days after vaccination 	<ul style="list-style-type: none"> LIVE VACCINE 0.5 mL SUB-Q Store in FREEZER <p>To Reconstitute:</p> <ol style="list-style-type: none"> Withdraw 0.7 mL of diluent into a syringe Inject all of the diluent in the syringe into the vial of lyophilized vaccine Gently agitate to mix thoroughly. Product should be clear, colorless to pale yellow liquid. Withdraw the entire contents into a new syringe Inject the total volume (about 0.5 mL) sub-q into outer aspect of upper arm (preferred site) <p><i>Vaccine must be used within 30 minutes of reconstitution</i></p>
Zoster	<ul style="list-style-type: none"> People age 60 and older <p><i>Package Insert states anyone 50 years of age and older however ACIP/CDC currently only recommend it for ages 60 and older</i></p>	<ul style="list-style-type: none"> Give 1 time dose if unvaccinated regardless of previous history of shingles or chickenpox <p><i>If 2 or more live vaccine are to be given (MMR, Zoster, and/or Yellow Fever) they should be given on the same day OR spaced apart by at least 28 days</i></p>	<p>Contraindications</p> <ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components including gelatin and neomycin Primary cellular or acquired immunodeficiency Pregnancy <p>Precautions</p> <ul style="list-style-type: none"> Moderate or severe acute illness Receipt of specific antivirals (acyclovir, famciclovir, or valacyclovir) 24 hrs before vaccination, if possible; delay resumption of these meds for 14 days after vaccination 	<ul style="list-style-type: none"> LIVE VACCINE 0.65 mL SUB-Q Store in FREEZER <p>To Reconstitute:</p> <ol style="list-style-type: none"> Withdraw the entire contents of diluent into a syringe Inject all of the diluent in the syringe into the vial of lyophilized vaccine Gently agitate to mix thoroughly. Withdraw the entire contents into a new syringe Inject the total volume sub-q into outer aspect of upper arm (preferred site) <p><i>Vaccine must be used within 30 minutes of reconstitution</i></p>

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MMR-II Measles, Mumps, Rubella	<ul style="list-style-type: none"> • Pts born in 1957 or later (especially if born outside the US) should receive at least 1 dose of MMR if there is no lab evidence of immunity or documentation of a dose given on or after the 1st birthday • HIGH RISK PATIENTS- should receive 2 doses <ul style="list-style-type: none"> ○ Healthcare personnel (Paid, Unpaid, Volunteer) ○ Students entering college and other post-high school educational institutions ○ International travelers • Pts born before 1957 are usually considered immune, but evidence of immunity (serology or documented history of 2 doses of MMR) should be considered for healthcare personnel • Women of childbearing age who do not have acceptable evidence of rubella immunity or vaccination should receive vaccine • IF pregnant woman is found to be rubella susceptible, give 1 dose of MMR postpartum 	<ul style="list-style-type: none"> • Give 1 or 2 doses depending on indication • If giving 2 doses, should separate by at least 4 weeks • Within 72 hrs of measles exposure, give 1 dose as postexposure prophylaxis to susceptible adults <p><i>If 2 or more live vaccine are to be given (FluMist, MMR, Varicella, Zoster, and/or Yellow Fever) they should be given on the same day OR spaced apart by at least 28 days</i></p> <p>Note: Routine post-vaccination serologic testing is not recommended.</p>	<p>Contraindications:</p> <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components including gelatin or neomycin • Pregnancy or the possibility of pregnancy within 4 weeks • Severe immunodeficiency <ul style="list-style-type: none"> ○ Hematologic and solid tumors ○ Receiving Chemo ○ Congenital Immunodeficiency ○ Long-term immunosuppressive therapy ○ Severely symptomatic HIV <p>NOTE: HIV infection is NOT a contraindication to MMR for those who are not severely immunocompromised (i.e. CD4 ≥ 200)</p> <p>Precautions:</p> <ul style="list-style-type: none"> • Moderate or severe acute illness • If blood, plasma, and/or immune globulin were given in the past 11 months, see additional ACIP guidelines • History of thrombocytopenia or thrombocytopenic purpura <p>Note: If TB test and MMR are both needed but not given on the same day, delay TB test for 4 to 6 weeks after MMR</p>	<ul style="list-style-type: none"> • LIVE VACCINE • 0.5 mL SUB-Q • Store in FREEZER <p>To Reconstitute:</p> <ol style="list-style-type: none"> 6. Withdraw the entire volume of diluent into a syringe 7. Inject all of the diluent in the syringe into the vial of lyophilized vaccine 8. Gently agitate to mix thoroughly – product should be clear yellow in color 9. Withdraw the entire contents into a new syringe 10. Inject the total volume (about 0.5 mL) sub-q into outer aspect of upper arm (preferred site) <p><i>If not used immediately, may store vaccine vial in dark place 36 – 46 ° F for up to max of 8 hours</i></p>
Gardasil HPV	<ul style="list-style-type: none"> • All previously unvaccinated women through age 26 • Consider giving HPV4 to men through age 26 to reduce their likelihood of acquiring genital warts 	<ul style="list-style-type: none"> • 3 doses at 0, 2, and 6 months • Must be at least 4 weeks between dose 1 and 2 • Must be at least 12 weeks between dose 2 and 3 • Overall, must be at least 24 weeks between dose 1 and 3 	<p>Contraindications:</p> <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components including yeast, amorphous aluminum hydroxyphosphate sulfate, or polysorbate 80 <p>Precautions:</p> <ul style="list-style-type: none"> • Moderate or severe acute illness • Pregnancy- data is limited so delay until after completion of the pregnancy 	<ul style="list-style-type: none"> • 0.5 mL IM <p><i>If possible use the same product for all 3 doses</i></p>

References: All information is from either the CDC website or the individual product package inserts.