Immunization with Inactivated and Live Vaccines

There are no contraindications to the receipt of inactivated vaccines that are specific to people who are immunocompromised.

Immunocompromised individuals may not mount an optimal immune response to vaccines. Specific vaccine dosing (e.g., renal formulation of hepatitis B vaccine for individuals with chronic kidney disease) and/or specific immunization schedules may be recommended.

The inappropriate use of live vaccines can cause serious adverse events in some immunocompromised individuals as a result of the uncontrollable replication of the virus or bacterium.

The decision to immunize an immunocompromised individual with a live vaccine can only be made following consultation with the health care provider (i.e., primary care physician, medical specialist or nurse practitioner) most knowledgeable about the client's current health status, their immunosuppressive disease, and the vaccine.

Determine with the client which health care provider would be the most familiar with their current health status. If the client is uncertain, consult the client's specialist.

Consult the most appropriate health care provider, as described above, and obtain a written referral regarding live vaccine administration to any individual whose immune system is compromised as the result of disease or therapy.

Utilize the referral forms for LAIV, MMR, rotavirus and varicella to communicate with and obtain recommendation from that health care provider regarding immunization with these vaccines.

Many individuals with immunocompromising conditions are immune to varicella as a result of earlier immunization or disease. Assess all immunocompromised clients 12 months of age and older for varicella susceptibility prior to immunization. As of June 2018, a varicella susceptible person is one without a history of lab confirmed varicella or herpes zoster after 12 months of age and without a history of age appropriate varicella immunization. Individuals with a documented exemption in the immunization registry prior to this date due to previous disease will be considered immune. A self-reported history of varicella or physician diagnosed varicella is adequate only if disease occurred before 2004.

A family history of congenital immunodeficiency may not be evident in infants under 12 months of age but may be documented as an overwhelming infection following natural infection or receipt of a live vaccine with or without death, including in older siblings. Assess family history of these types of events prior to administering a live vaccine to an infant under 12 months of age (e.g., rotavirus vaccine). If such a history is present, live vaccines are contraindicated.