

E. Varicella

Primary Schedule and Boosters

Two SC doses 1 month apart-
Live attenuated vaccine

Indications

Woman who are IgG negative or who have a negative history for chicken pox.

Contraindications and Precautions

Contraindicated in pregnancy.

Special Considerations

Long-term efficacy not determined.

F. Polio

Primary Schedule and Boosters

1. E-IPV 15 preferred for primary adult vaccination. Two doses SC 4 to 8 weeks apart; third dose 6 to 12 months after second dose.
2. For adults who have completed primary vaccination and who need a booster, either E-IPV or OPV can be given

Indications

1. Persons traveling outside of U.S. and all health care workers.
2. If an incomplete series of vaccinations was given as a child, the entire series with either OPV or E-IPV should be given.

Contraindications and Precautions

1. Avoid in pregnant woman unless immediate protection is needed.
2. If immediate protection is needed, OPV is recommended.
3. OPV should not be given to immunocompromised persons or to noncompromised family members. E-IPV is recommended in those situations.
4. OPV has been associated with paralytic polio on rare occasions.

Special Considerations

1. E-IVP = Enhanced-potency inactivated poliovirus vaccine.
2. OPV = Oral poliovirus vaccine (live)
3. E-IVP may not induce a protective immune response in Immunocompromised individuals.

G. Hepatitis B

Primary Schedule and Boosters

1. Two IM doses 4 weeks apart with third dose 5 months after the second.
2. Protection lasts 7 years
3. Screening with HbsAB should be done before booster given.

Indications

1. Adults at increased risk of occupational environmental , social, or family exposure.
2. All health care workers should be vaccinated.
3. All individuals at risk for sexually transmitted diseases should be vaccinated.

Contraindications and Precautions

None

Special Considerations

1. Prevacination serologic screening for susceptibility may or may not be cost effective.
2. The vaccine produces neither therapeutic nor adverse effects on HBV-infected persons.

H. Hepatitis A

Primary Schedule and Boosters

Two IM doses 6 months apart. Protection lasts at least 10 years. No recommendation for booster at this time.

Indications

Travelers, homosexuals, intravenous drug abusers, food handlers, employees of day care centers, health care workers.

Contraindications and Precautions

Pregnancy category C

Special Considerations

Inactivated vaccine Havrix 1440 ELU per dose in two –dose schedule.
VAQTA 50 per dose in a two-dose schedule.

I. Influenza

Primary Schedule and Boosters

Annual vaccination with current vaccine.

Either whole- or split –virus vaccine may be used.

Indications

1. Adults with high risk conditions, residents of nursing homes or other chronic care facilities.
2. All health care personnel
3. Healthy person 65 years of age or older.

Contraindications and Precautions

History of anaphylactic hypersensitivity to egg ingestion is a contraindication.

Special Considerations

Inactivated whole –virus and split –virus vaccine.

J. Rabies

Primary Schedule and Boosters

1. Preexposure prophylaxis- two doses IM or ID one week apart, third dose 3 weeks after second. Booster every 2 years if exposure continues.
2. Post exposure prophylaxis ----clean wound. If not previously vaccinated : give rabies immune globulin ---half at bite site; half IM ; 5 doses of rabies vaccine IM on each of days 0,3,7,14,28.
3. Persons who have received preexposure prophylaxis , or have a previously documented antibody titer considered adequate : 2 doses rabies vaccine –one each on days 0 and 3.

Indications

1. Veterinarians, animal handlers, certain laboratory workers, and visitors to countries where rabies are a threat.
2. If substantial risk to rabies, preexposure vaccination should be given before pregnancy.

Contraindications and Precautions

1. Certain steroids and immunosuppressive agents can interfere with the development of active immunity.
2. History of anaphylaxis to a previous dose of rabies vaccine is a contraindication to further rabies vaccination

Special Considerations

1. HDCV: human diploid cell vaccine . Rabies vaccine , absorbed (RVA)

J. Rabies (continued)

2. Complete preexposure prophylaxis does not eliminate the need for additional therapy with rabies vaccine after a rabies exposure.
3. For post exposure prophylaxis, rabies vaccine should always be administered IM, not ID.

K. Yellow Fever

Primary Schedule and Boosters

One dose SC 10 days to 10 years before travel. Booster every 10 years.

Indications

Selected persons traveling or living in area where yellow fever exists

Contraindications and Precautions

1. Avoid vaccinating pregnant woman unless individual must travel to highly endemic areas.
2. Immunocompromised persons, history of hypersensitivity to egg ingestion.

Special Considerations

1. 17D= Live –attenuated.
2. Some countries request a valid international certification of vaccination showing receipt of vaccine.

L. Cholera

Primary Schedule and Boosters

Two 0.5 ml doses SC or IM or two 0.2 ml doses ID 1 week to 1 month apart. Booster doses 0.5 ml IM or 0.2 ml ID every 6 months.

Indications

The World Health Organization no longer recommends cholera vaccination for international travels to cholera endemic areas.

Contraindications and Precautions

1. No safety data on use in pregnancy.
2. Persons who have had severe local or systemic reactions to a previous dose should not be vaccinated.

Special Considerations

1. Inactivated bacterial vaccine
2. Some countries still require a complete series of vaccination.
3. Cholera and yellow fever vaccines should be administered at least 3 weeks apart.