

Table 2.1.2: Responses to relevant conditions or circumstances identified through the pre-vaccination screening checklist

Condition or circumstance of person to be vaccinated	Action	Rationale ¹²⁻¹⁴
<p>Is unwell today:</p> <ul style="list-style-type: none"> acute febrile illness (current T $\geq 38.5^{\circ}\text{C}$) acute systemic illness 	<p>Defer all vaccines until afebrile.</p> <p><i>Note:</i> Children with minor illnesses (without acute systemic symptoms/signs) should be vaccinated.</p>	<p>To avoid an adverse event in an already unwell child, or to avoid attributing symptoms to vaccination</p>
<p>Has a disease that lowers immunity, is receiving treatment that lowers immunity or is an infant of a mother who received immunosuppressive therapy during pregnancy</p>	<p>Refer to 3.3.3 <i>Vaccination of immunocompromised persons</i> or 3.3.2 <i>Vaccination of women who are planning pregnancy, pregnant or breastfeeding, and preterm infants</i></p> <p>In some cases, expert advice may need to be sought before vaccination (refer to Appendix 1).</p> <p><i>Note:</i> Persons living with someone with lowered immunity should be vaccinated, including with live viral vaccines (refer below).</p>	<p>The safety and effectiveness of the vaccine may be suboptimal in persons who are immunocompromised.</p> <p>Live attenuated vaccines may be contraindicated.</p>
<p>Has had anaphylaxis following a previous dose of the relevant vaccine</p>	<p>Do not vaccinate. Seek further medical advice to confirm causality and to assist with other vaccinations.</p> <p>Refer also to ‘Contraindications to vaccination’ below.</p>	<p>Anaphylaxis to a previous dose of vaccine is a contraindication to receiving the same vaccine.</p>
<p>Has a severe allergy to a vaccine component</p>	<p>Refer to Appendix 3 for a vaccine component checklist.</p> <p>Do not vaccinate but seek specialist advice (refer to Appendix 1). The patient may still be able to be vaccinated, dependent on the allergy.</p>	<p>Anaphylaxis to a vaccine component is generally a contraindication to receiving the vaccine.</p>
<p>Has received a live attenuated viral parenteral vaccine* or BCG vaccine in past 4 weeks</p>	<p>Delay live attenuated viral parenteral vaccines by 4 weeks.</p>	<p>The immune response to a live attenuated viral vaccine (given parenterally) may interfere with the response to a subsequent live viral vaccine given within 4 weeks of the first.</p>
<p>Has had any blood product in the past 7 months, or has had IM or IV immunoglobulin in the past year</p>	<p>Check which product the person received and the interval since administration. Refer to Table 3.3.6 <i>Recommended intervals between either immunoglobulins or blood products and MMR, MMRV or varicella vaccination.</i></p> <p>If not eligible, make a return appointment for this vaccination, and send a reminder later if necessary.</p>	<p>Antibodies in these products may interfere with the immune response to MMR, MMRV and varicella vaccines.</p> <p>The recommended interval to vaccination varies depending on the immunoglobulin or blood product administered.</p>

Table 2.1.2 (continued)

Condition or circumstance of person to be vaccinated	Action	Rationale ¹²⁻¹⁴
Is planning a pregnancy or anticipating parenthood	<p>Ensure women planning pregnancy and household members have received vaccines recommended for their age group. For example, 2nd dose of MMR[†] (if born after 1966); varicella; dTpa;[‡] and/or have had appropriate pre-conception serological testing.</p> <p>Refer to 3.3.2 <i>Vaccination of women who are planning pregnancy, pregnant or breastfeeding, and preterm infants.</i></p> <p>Advise women not to become pregnant within 28 days of receiving live viral vaccines.*</p>	<p>Vaccinating before pregnancy may prevent maternal illness, which could affect the infant, and may confer passive immunity to the newborn.</p>
Is pregnant	<p>Refer to Table 3.3.1 <i>Recommendations for vaccination in pregnancy.</i></p> <p>Influenza and pertussis vaccines are recommended for all pregnant women.</p> <p>Live vaccines* should be deferred until after delivery.</p> <p>Vaccination of household contacts of pregnant women may also be required (refer to recommendations in relevant disease chapter).</p>	<p>There is insufficient evidence to ensure the safety of administering live vaccines during pregnancy.</p> <p>Inactivated vaccines are generally not contraindicated in pregnancy.</p>
Has a history of Guillain-Barré syndrome (GBS)	<p>Refer to 3.3.3 <i>Vaccination of immunocompromised persons</i> and 4.7 <i>Influenza.</i></p> <p>Risks and benefits of influenza vaccine should be weighed against the potential risk of GBS recurrence (seek further advice as per Appendix 1).</p>	<p>Persons with a history of GBS may be at risk of recurrence of the condition following influenza vaccine.</p>
Was born preterm	<p>Refer to 3.3.2 <i>Vaccination of women who are planning pregnancy, pregnant or breastfeeding, and preterm infants.</i></p> <p>Preterm infants born at <28 weeks gestation and/or with chronic lung disease require extra pneumococcal vaccinations (refer to 4.13 <i>Pneumococcal disease</i>).</p> <p>Preterm infants born at <32 weeks gestation and/or <2000 g birth weight may require an extra dose of hepatitis B vaccine (refer to 4.5 <i>Hepatitis B</i>).</p>	<p>Preterm infants may be at increased risk of vaccine-preventable diseases (e.g. invasive pneumococcal disease), and may not mount an optimal immune response to certain vaccines (e.g. hepatitis B).</p>

Table 2.1.2 (continued)

Condition or circumstance of person to be vaccinated	Action	Rationale ¹²⁻¹⁴
Has a severe or chronic illness	<p>Refer to 3.3 <i>Groups with special vaccination requirements</i>.</p> <p>These persons should receive recommended vaccines such as pneumococcal vaccine and annual influenza vaccination.</p> <p>If there is significant immunocompromise, they should not receive live vaccines* (refer above).</p>	<p>Persons with a severe or chronic illness may be at increased risk of vaccine-preventable diseases (e.g. invasive pneumococcal disease), but may not mount an optimal immune response to certain vaccines.</p> <p>The safety and effectiveness of some vaccines may be suboptimal in persons who are immunocompromised (refer above).</p>
Has a bleeding disorder	<p>Refer to 3.3.5 <i>Vaccination of persons with bleeding disorders</i>.</p> <p>The subcutaneous route could be considered as an alternative to the intramuscular route; seek specialist advice (refer to Appendix 1).</p>	<p>Intramuscular injection may lead to haematomas in patients with disorders of haemostasis.</p>
Identifies as an Aboriginal or Torres Strait Islander	<p>Refer to 3.1 <i>Vaccination for Aboriginal and Torres Strait Islander people</i>.</p> <p>Refer to the National Immunisation Program for specific recommendations for Aboriginal and Torres Strait Islander people.</p>	<p>Some Indigenous persons are at increased risk of some vaccine-preventable diseases, such as influenza, pneumococcal disease and hepatitis A.</p>
Does not have a functioning spleen	<p>Refer to 3.3.3 <i>Vaccination of immunocompromised persons</i>, 'Persons with functional or anatomical asplenia'.</p> <p>Check the person's vaccination status for pneumococcal, meningococcal, influenza and Hib vaccinations.</p>	<p>Persons with an absent or dysfunctional spleen are at an increased risk of severe bacterial infections, most notably invasive pneumococcal disease.</p>
Is a parent, grandparent or carer of an infant ≤6 months of age	<p>Ensure parents, grandparents and carers of infants up to 6 months of age have been offered all vaccines recommended for their age group, including dTpa.‡</p>	<p>Persons in close contact are the most likely sources of vaccine-preventable diseases, in particular pertussis, in the newborn.</p>
Lives with someone who is immunocompromised	<p>Ensure all recommended vaccines (in particular MMR, varicella and influenza vaccines) have been offered to household members of immunocompromised persons.</p> <p>Refer above and 3.3.3 <i>Vaccination of immunocompromised persons</i>.</p>	<p>Household members are the most likely sources of vaccine-preventable diseases among immunocompromised persons (who often are unable to be vaccinated, especially with live viral vaccines).</p>
Is planning travel	<p>Refer to 3.2 <i>Vaccination for international travel</i>.</p>	<p>Travellers may be at increased risk of certain vaccine-preventable diseases.</p>
Has certain occupation or lifestyle factors	<p>Refer to 3.3 <i>Groups with special vaccination requirements</i>, and 'Catch-up schedules for persons ≥10 years of age' in 2.1.5 <i>Catch-up</i> below.</p>	<p>Workers in certain occupations (e.g. healthcare workers and persons working in early childhood education and care), and those with certain lifestyle factors (e.g. persons who inject drugs) may be at increased risk of certain vaccine-preventable diseases.</p>

* Live attenuated vaccines are classified in Table 2.1.3.

† Refer to 4.9 *Measles*, 4.11 *Mumps* or 4.18 *Rubella* for further information.

‡ Refer to 4.2 *Diphtheria*, 4.12 *Pertussis* or 4.19 *Tetanus* for further information.