

## General Vaccinations Matrix

VACCINE	DOSES	REQUIRED SCHEDULE	CONTRAINDICATIONS*	NOTES
DTap (Diphtheria, Tetanus and Acellular Pertussis-Whooping Cough)	0.5 mL IM	Four doses given at two, four, six, and 15-18 months of age. A fifth shot, or booster dose, is recommended at 4-6 years of age, unless the fourth dose was given late (after the fourth birthday).	Headache, generalized body aches, and tiredness.	Pertussis and Diphtheria are not available as a single vaccine.
Hepatitis A (HAV)	1.0 mL IM	Two doses recommended at 6-12 months apart  OR  Positive titer	Anaphylactic reactions to alum or the preservative 2-phenoxyethanol	Twinrix is a combined Hep A and Hep B vaccination and is administered in 3 vaccinations at 0,1,6 months
Hepatitis B (HBV)	0.5 mL IM	Three doses recommended at 0, 1 and 6 months.  OR  Positive titer	Anaphylactic reaction to baker's yeast  Pregnancy should not be considered a contraindication to vaccination of women	Confirmation of positive titer 1-2 months after completion of the 3-dose series.  Twinrix is a combined Hep A and Hep B vaccination and is administered in 3 vaccinations at 0,1,6 months

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Influenza (Flu)	0.5 mL IM	Annually (fall) with current vaccine	Allergy to egg	The live nasal spray vaccine may only be used in healthy, non-pregnant persons age 2 through 49 years. Children younger than age two years, persons age 50 and older, and anyone with a chronic medical condition (listed above) should receive inactivated influenza vaccine (injectable), NOT live influenza vaccine.
Measles, Mumps and Rubella (MMR)	0.5 mL SQ	Completion of basic two dose series  OR  Positive titers for Measles, Mumps and Rubella  See note	Pregnancy. Anaphylactic reactions to neomycin or gelatin. Known immunodeficiency	Regardless of age, all Health Care Workers (HCWs) are recommended to have two doses unless they can produce laboratory evidence of immunity (i.e., positive titers for Measles, Mumps, AND Rubella)
Mumps	0.5 mL SQ	First dose recommended between 12 – 15 months of age. Second dose administered between 4 – 6 years of age.	Fever, rash, temporary joint pain, and may cause thrombocytopenia (low platelet count).  Pregnant women should not receive the MMR vaccine, and pregnancy should be avoided for four weeks following vaccination with MMR.	It is recommended that it be given as part of the MMR vaccine. Two doses of MMR/MMRV are recommended for all children and certain adults at risk of measles or mumps exposure.
Poliovirus (IPV)	0.5 mL SC	Completion of basic	Anaphylactic reaction to	Only the injectable form is

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	or IM	childhood series  AND  One single lifetime "booster" dose as an adult (>18 y.o.)	neomycin, polymycin B or streptomycin	available.  Polio titers are NOT acceptable (per CDC guidance)
Rubella (German Measles)	0.5 mL SQ	First dose recommended between 12 – 15 months of age. Second dose administered between 4 – 6 years of age	Fever, rash, temporary joint pain, and may cause thrombocytopenia (low platelet count).  Pregnant women should not receive the MMR vaccine, and pregnancy should be avoided for four weeks following vaccination with MMR.	Approximately 95% of individuals become immune to rubella after a single dose of vaccine. The second dose of MMR vaccine is intended to produce immunity in the 5% of persons who did not respond to the first dose.
Rubeola (Measles)	0.5 mL SQ	The measles vaccine is part of the measles-mumps-rubella immunizations (MMR) given at 12 to 15 months of age and again at 4 to 6 years of age. Measles vaccine is not usually given to infants younger than 12 months old. But if there's a measles outbreak, the vaccine may be given when a child is 9 months old, followed by the usual	Fever, rash, temporary joint pain, and may cause thrombocytopenia (low platelet count).  Measles vaccine should not be given to pregnant women, or to kids with active tuberculosis, leukemia, lymphoma, or people whose immune systems are suppressed for some reason.	Most adults need only one measles vaccination, but if the adult works with patients or if the adult is exposed to a measles outbreak, a second dose of measles vaccine is recommended.
Rubeola				

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(Measles) (cont.)		MMR immunization at 12–15 months.		
Tetanus-diphtheria (Td)	0.5 mL IM	Completion of basic three dose series  Booster every 10 years	Neurological reactions following a prior dose. Previous episode of Guillan-Barre syndrome (GBS) occurring within 6 weeks of vaccination	Td is close to 100% effective for persons receiving the correct primary series (as a child or adult) and a routine booster dose every ten years. It is felt that Tdap vaccine will provide the same level of protection.
Varicella (Chickenpox)	0.5 mL SC	Two doses 4-8 weeks apart  Completion of basic series <b><u>OR</u></b> medical documentation of chickenpox illness <b><u>OR</u></b> positive titer	Pregnancy. Anaphylactic reaction to neomycin and gelatin. Infection with HIV  Known immunodeficiency	Serologic screening should be done for HCWs who have not received the vaccination series