

Medical Interview Procedure – Immunizations, Vaccinations, and Other Miscellaneous Treatments List

Immunizations and eligibility guidelines are addressed in the chart below. THE NAME OF THE IMMUNIZATION, VACCINE, OR TREATMENT IS REQUIRED

DOCUMENTATION. Additional documentation required for deferrals is provided below.

Immunization, Vaccination, or Other Miscellaneous Treatments (REQUIRED DOCUMENTATION)	Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Abrysvo (RSV vaccine)	Accept immediately if feeling well and healthy		
Allergy Desensitization	Accept immediately if feeling well and healthy		
Ajovy (fremanezumab; Migraine treatment)	Accept immediately if asymptomatic.		
Anthrax	Accept immediately if feeling well and healthy		
Arexvy (RSV vaccine)	Accept immediately if feeling well and healthy		
Botulinum Toxin ('Botox')	Defer for 24 hours after treatment	Date	6100
BCG (TB Vaccine)	Defer 2 weeks	Date	6100
Chicken Pox /Varicella (e.g., Varivax)	Defer 4 weeks	Date	6100
Chicken Pox Immune Globulin (VZIG)	Defer 12 months	Date	6100
Cholera	Accept immediately if feeling well and healthy		
Cortisone shots (for musculoskeletal pain)	Accept immediately if asymptomatic. If not for musculoskeletal pain, contact MD if condition is not listed in BBD-SOP-0133.	Date	6100

Immunization, Vaccination, or Other Miscellaneous Treatments (REQUIRED DOCUMENTATION)		Eligibility Requirements	Additional Deferral Documentation	Deferral Code
COVID – 19 (include name and country, if applicable)	 Unknown, if received <u>outside</u> <u>of</u> the USA, Europe, Canada, or Australia. Vaccine in use or in clinical trials in countries <u>outside of</u> the USA, Europe, Canada, or Australia. (e.g., Cansino, Bharat, Gamaleya, Sinopharm [Beijing], Sinopharm [Wuhan], Sinovac Biotech, Sputnik V, and Vector Institute) 	Defer 1 year.	Date	6100
	 Unknown, <u>only</u> if received in USA, Europe, Canada, or Australia. Vaccine is still in clinical trials in USA, Europe, Canada, or Australia. (e.g., AstraZeneca [Covishield] / Oxford, CureVac, and Sanofi / GSK) 	Defer 1 week.	Date	6100
	 mRNA (US approved) (e.g., Pfizer / BioNTech, Comirnaty, Moderna) Non-Replicating, Inactivated, Viral Vector (US approved) (e.g., Johnson & Johnson) Subunit Protein (US approved) (e.g., Novavax) 	Accept immediately if feeling well and healthy		
Depo-Provera (birth control)		Accept immediately if feeling well and healthy		
Diphtheria		Accept immediately if feeling well and healthy		
DT (Diphtheria and Tetanus)		Accept immediately if feeling well and healthy		
DPT / TDAP (Diphtheria, Pertussis and Tetanus)		Accept immediately if feeling well and healthy		

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Flu (Injection or	·Nasal)	Accept immediately if feeling well and healthy		
Gamma Globuli	Prophylactic	Accept immediately if feeling well and healthy and given for general prophylaxis (e.g., travel) and not for exposure.		
(also known as Immune Serum Globulin)	Exposure (include reason)	Defer 120 Days (4 months) if given as precaution to Hepatitis A exposure (e.g., restaurant outbreak). <u>Evaluate</u> if given for exposure to any other disease.	Date of Exposure	6100
Gardasil (HPV V	/accine)	Accept immediately if feeling well and healthy		
Hepatitis A	Prophylactic	Accept immediately if feeling well and healthy		
(e.g., Havrix, Vaqta)	Exposure	Defer 120 Days (4 months) from date of <u>exposure</u> (e.g., restaurant outbreak).	Date of Exposure	6100
Hepatitis B	Prophylactic	Defer 2 weeks	Date	6100
Tiepatitis D	Exposure	Defer 3 months from date of <u>exposure</u> (e.g., needlestick).	Date of Exposure	6100
Нер А + Нер В	Prophylactic	Defer 2 weeks	Date	6100
	Exposure	Defer 4 months from date of <u>exposure</u> .	Date of Exposure	6100
HIB, Haemophilus Influenzae B		Accept immediately if feeling well and healthy		
HIV Prevention (PrEP & PEP) (e.g., Apretude / cabotegravir)		Defer 2 years from date of last injection	Date	6100
Hormone Replacement Therapy (HRT)		Estrogen and/or Progesterone: Accept immediately if feeling well and healthy Testosterone: Contact MD for evaluation	Date	6100

Immunization, Vaccination, or Other Miscellaneous Treatments (REQUIRED DOCUMENTATION)			Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Human Papilloma Virus (HPV) (e.g., Gardasil)		PV) (e.g.,	Accept immediately if feeling well and healthy		
IVIG (Intravenous Immune Globulin)		obulin)	Defer 12 months	Date	6100
IXCHIQ (Chiku	ungunya vaco	cine)	Defer 4 weeks	Date	6100
Japanese Encep	halitis		Accept immediately if feeling well and healthy		
Lyme			Accept immediately if feeling well and healthy		
MMR (Measles	, Mumps, Ru	ıbella)	Defer 4 weeks	Date	6100
Measles (Rubed	ola)		Defer 2 weeks	Date	6100
Measles, Germa	an (Rubella)		Defer 4 weeks	Date	6100
Meningococcal	(including Mo	eningitis B)	Accept immediately if feeling well and healthy		
	Jynneos	Prophylactic	Accept immediately if feeling well and healthy		
MPox (Monkeypox)		Exposure	No complications - Defer for 21 days Complications – Defer for 1 month or upon resolve of symptoms, whichever is later	Date	6100
	ACAM2000 (not FDA licensed)		Defer 8 weeks *If donor has complications, refer to <i>Smallpox</i> <i>with complications</i> for deferral information.	Date	6100
Mounjaro (tirzepatide) injection		tion	Accept immediately if feeling well and healthy		
Mumps			Defer 2 weeks	Date	6100
Ozempic (semaglutide) injection		ction	Accept immediately if feeling well and healthy		
Paratyphoid			Accept immediately if feeling well and healthy		

Miscella	n, Vaccination, or Other neous Treatments D DOCUMENTATION)	Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Pertussis		Accept immediately if feeling well and healthy		
Plague		Accept immediately if feeling well and healthy		
Pneumonia (e.g.,	, Pneumovax, Prevnar 13)	Accept immediately if feeling well and healthy		
Polio	Injection	Accept immediately if feeling well and healthy		
1 0110	Oral	Defer 2 weeks	Date	6100
Rabies	Exposure	Defer 12 months if due to animal bite (<i>Refer</i> to Animal Bite in BBD-SOP-0133).	Date of exposure	6100
	Prophylactic	Accept immediately if received for prophylaxis (e.g., animal care worker) and not for exposure.		
Rocky Mountain Spotted Fever		Accept immediately if feeling well and healthy		
RSV – see Abrysvo or Arexvy		If donor does not know the name of the RSV vaccine they received, determine if the vaccine was received in an appropriate manner in the USA (e.g., doctor's office, pharmacy) – Accept if feeling well and healthy, and document RSV. If unable to determine, contact the Medical Director and/or defer.	Date	6100
Rybelsus (semaglutide) tablets		Accept immediately if feeling well and healthy		

Immunization, Vaccination, or Other Miscellaneous Treatments (REQUIRED DOCUMENTATION)		Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Shingles	Zostavax	Defer 4 weeks	Date	6100
Shingles	Shingrix (Zoster Vaccine Recombinant)	Accept immediately if feeling well and healthy		
Skyrizi (risanki	zumab-rzaa)	Accept immediately if feeling well and healthy		
	without complications	Defer 8 weeks	Date	6100
Smallpox <u>NOTE:</u> No deferral for Jynneos prophylaxis.	<u>with</u> complications	 Defer 8 weeks after onset of symptoms or 14 days after symptoms resolve, whichever is longer. Complications include the following: Rash (resembling blisters) covering a small or large area of the body, Necrosis (tissue death) in the area of vaccination, Inflammation of the brain (encephalitis), Infection of the cornea (eye), Localized or systemic skin reaction in someone with eczema or other chronic skin condition. 	Date *Specify onset of symptoms <i>or</i> resolution of symptoms	6100
Stelara (ustekinumab for Psoriasis and/or Ulcerative Colitis (UC) / Crohn's Disease / Irritable Bowel Disease (IBD))		Accept immediately if asymptomatic		
Tetanus Toxoid (Booster)		Accept immediately if feeling well and healthy		

Miscell	on, Vaccination, or Other laneous Treatments ED DOCUMENTATION)	Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Tetanus and Diphtheria Toxoids		Accept immediately if feeling well and healthy		
TicoVac (Tick-	Borne Encephalitis vaccine)	Accept immediately if feeling well and healthy		
	Injection	Accept immediately if feeling well and healthy		
Typhoid	Oral	Defer 2 weeks from date of last dose. <u>Note</u> : Preparation is typically administered in divided dosages over consecutive days.	Date of last dose	6100
Typhus, Paraty	phoid	Accept immediately if feeling well and healthy		
Vitamin B12		Ask underlying reason for treatment and contact MD if condition is not listed in BBD- SOP-0133.	Date	6100
Vivitrol (naltrexone: Treatment for alcohol use disorder)		Accept immediately if feeling well and healthy		
Wegovy (semaglutide) injection		Accept immediately if feeling well and healthy		
Yellow Fever		Defer 2 weeks	Date	6100
Zepbound (tirzepatide for weight loss)		Accept immediately if feeling well and healthy		
Zostavax (Shingles)		Defer 4 weeks	Date	6100