



Donor Services  
BBD-SOP-0639

## 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.

### IMMUNIZATIONS & VACCINATIONS

Immunizations & Vaccinations (REQUIRED DOCUMENTATION)		Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Abrysvo (RSV vaccine)		Accept immediately if feeling well and healthy		
Anthrax		Accept immediately if feeling well and healthy		
Arexvy (RSV vaccine)		Accept immediately if feeling well and healthy		
BCG (TB Vaccine)		<b>Defer 2 weeks</b>	Date	<b>6100</b>
Chicken Pox /Varicella (e.g., Varivax)		<b>Defer 4 weeks</b>	Date	<b>6100</b>
Chikungunya		See "IXCHIQ"		
Cholera		Accept immediately if feeling well and healthy		
COVID – 19 (include name and country, if applicable)	<ul style="list-style-type: none"> <li>• <b>Unknown, if received <u>outside of the USA, Europe, Canada, or Australia.</u></b></li> <li>• <b>Vaccine in use or in clinical trials in countries <u>outside of the USA, Europe, Canada, or Australia.</u></b> (e.g., Cansino, Bharat, Gamaleya, Sinopharm [Beijing], Sinopharm [Wuhan], Sinovac Biotech, Sputnik V, and Vector Institute)</li> </ul>	<b>Defer 1 year.</b>	Date	<b>6100</b>

Proprietary and Confidential – Distribution outside the company with permission only  
The official copy of this document is published in the electronic Document Management System.  
When printed or downloaded, this document is uncontrolled and used for convenience purposes only.

MEDICAL INTERVIEW PROCEDURE – Immunization, Vaccinations, and Other Miscellaneous Treatments List

Immunizations & Vaccinations (REQUIRED DOCUMENTATION)		Eligibility Requirements	Additional Deferral Documentation	Deferral Code
	<ul style="list-style-type: none"> <li>• <b>Unknown, <u>only</u> if received in USA, Europe, Canada, or Australia.</b></li> <li>• <b>Vaccine is still in clinical trials in USA, Europe, Canada, or Australia.</b> (e.g., AstraZeneca [Covishield] / Oxford, CureVac, and Sanofi / GSK)</li> </ul>	Defer 1 week.	Date	6100
	<ul style="list-style-type: none"> <li>• <b>mRNA (US approved)</b> (e.g., Pfizer / BioNTech, Comirnaty, Moderna)</li> <li>• <b>Non-Replicating, Inactivated, Viral Vector (US approved)</b> (e.g., Johnson &amp; Johnson)</li> <li>• <b>Subunit Protein (US approved)</b> (e.g., Novavax)</li> </ul>	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		
Flu (Injection or Nasal)		Accept immediately if feeling well and healthy		
Hepatitis A (e.g., Havrix, Vaqta)	<b>Prophylactic</b>	Accept immediately if feeling well and healthy		
	<b>Exposure</b>	<b>Defer 120 Days (4 months)</b> from date of <u>exposure</u> (e.g., restaurant outbreak).	Date of Exposure	6100
Hepatitis B	<b>Prophylactic</b>	<b>Defer 2 weeks</b>	Date	6100
	<b>Exposure</b>	<b>Defer 3 months</b> from date of <u>exposure</u> (e.g., needlestick).	Date of Exposure	6100

Proprietary and Confidential – Distribution outside the company with permission only  
The official copy of this document is published in the electronic Document Management System.  
When printed or downloaded, this document is uncontrolled and used for convenience purposes only.

MEDICAL INTERVIEW PROCEDURE – Immunization, Vaccinations, and Other Miscellaneous Treatments List

Immunizations & Vaccinations (REQUIRED DOCUMENTATION)		Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Hep A + Hep B	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		
Human Papilloma Virus (HPV) (e.g., Gardasil)		Accept immediately if feeling well and healthy		
IXCHIQ (Chikungunya vaccine)		Defer 4 weeks	Date	6100
Japanese Encephalitis		Accept immediately if feeling well and healthy		
Lyme		Accept immediately if feeling well and healthy		
Measles (Rubeola)		Defer 2 weeks	Date	6100
Measles, German (Rubella)		Defer 4 weeks	Date	6100
Meningococcal (including Meningitis B)		Accept immediately if feeling well and healthy		
MMR (Measles, Mumps, Rubella)		Defer 4 weeks	Date	6100
MPox (Monkeypox)	Jynneos	Prophylactic	Accept immediately if feeling well and healthy	
		Exposure	No complications – Defer for 21 days Complications – Defer for 1 month or upon resolve of symptoms, whichever is later	6100
	ACAM2000 (not FDA licensed)		Defer 8 weeks *If donor has complications, refer to <i>Smallpox with complications</i> for deferral information.	6100

Proprietary and Confidential – Distribution outside the company with permission only  
The official copy of this document is published in the electronic Document Management System.  
When printed or downloaded, this document is uncontrolled and used for convenience purposes only.

MEDICAL INTERVIEW PROCEDURE – Immunization, Vaccinations, and Other Miscellaneous Treatments List

Immunizations & Vaccinations (REQUIRED DOCUMENTATION)		Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Mumps		Defer 2 weeks	Date	6100
Paratyphoid		Accept immediately if feeling well and healthy		
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		
	Oral	Defer 2 weeks	Date	6100
Rabies	Exposure	Defer 12 months if due to animal bite ( <i>Refer to Animal Bite in BBD-SOP-0133</i> ).	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		
Rotavirus		Defer 4 weeks	Date	6100
Shingles	Zostavax	Defer 4 weeks	Date	6100
	Shingrix (Zoster Vaccine Recombinant)	Accept immediately if feeling well and healthy		

Proprietary and Confidential – Distribution outside the company with permission only  
The official copy of this document is published in the electronic Document Management System.  
When printed or downloaded, this document is uncontrolled and used for convenience purposes only.

MEDICAL INTERVIEW PROCEDURE – Immunization, Vaccinations, and Other Miscellaneous Treatments List

Immunizations & Vaccinations (REQUIRED DOCUMENTATION)		Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Smallpox  <b>NOTE: No deferral for Jynneos prophylaxis.</b>	<b>without</b> complications	<b>Defer 8 weeks</b>	Date	<b>6100</b>
	<b>with</b> complications	<b>Defer 8 weeks</b> after onset of symptoms <i>or</i> <b>14 days</b> after symptoms resolve, whichever is longer. <u>Complications include the following:</u> <ul style="list-style-type: none"> <li>▪ Rash (resembling blisters) covering a small or large area of the body,</li> <li>▪ Necrosis (tissue death) in the area of vaccination,</li> <li>▪ Inflammation of the brain (encephalitis),</li> <li>▪ Infection of the cornea (eye),</li> <li>▪ Localized or systemic skin reaction in someone with eczema or other chronic skin condition.</li> </ul>	Date *Specify onset of symptoms <i>or</i> resolution of symptoms	<b>6100</b>
Tetanus Toxoid (Booster)		Accept immediately if feeling well and healthy		
Tetanus and Diphtheria Toxoids		Accept immediately if feeling well and healthy		
TicoVac (Tick-Borne Encephalitis vaccine)		Accept immediately if feeling well and healthy		
Typhoid	<b>Injection</b>	Accept immediately if feeling well and healthy		
	<b>Oral</b>	<b>Defer 2 weeks from date of last dose.</b> <u>Note:</u> Preparation is typically administered in divided dosages over consecutive days.	Date of last dose	<b>6100</b>
Typhus, Paratyphoid		Accept immediately if feeling well and healthy		
Yellow Fever		<b>Defer 2 weeks</b>	Date	<b>6100</b>

Proprietary and Confidential – Distribution outside the company with permission only  
The official copy of this document is published in the electronic Document Management System.  
When printed or downloaded, this document is uncontrolled and used for convenience purposes only.

MEDICAL INTERVIEW PROCEDURE – Immunization, Vaccinations, and Other Miscellaneous Treatments List

## INJECTABLES & OTHER MISCELLANEOUS TREATMENTS

**NOTE:** If the donor is taking injectable antibiotics, contact the NYBCe Physician.

Injectables & Other Miscellaneous Treatments (REQUIRED DOCUMENTATION)	Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Aimovig (erenumab): Migraine treatment	Accept immediately if asymptomatic		
Ajovy (fremanezumab; Migraine treatment)	Accept immediately if asymptomatic.		
Allergy Desensitization	Accept immediately if feeling well and healthy		
Botulinum Toxin ('Botox')	<b>Defer for 24 hours after treatment</b>	Date	<b>6100</b>
Bydureon (exenatide: GLP-1) for diabetes and weight loss	Accept immediately if feeling well and healthy		
Byetta (exenatide: GLP-1) for diabetes and weight loss	Accept immediately if feeling well and healthy		
Chicken Pox Immune Globulin (VZIG)	<b>Defer 3 months</b>	Date	<b>6100</b>
Cimzia (certolizumab pegol) for Arthritis and Crohn's Disease	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	<b>6100</b>
Cosentyx (secukinumab) for Psoriasis	Accept immediately if asymptomatic		
Cuvitru (immune globulin subcutaneous)	<b>Defer 3 months</b>	Date	<b>6100</b>
Depo-Provera (birth control)	Accept immediately if feeling well and healthy		

Proprietary and Confidential – Distribution outside the company with permission only  
The official copy of this document is published in the electronic Document Management System.  
When printed or downloaded, this document is uncontrolled and used for convenience purposes only.

MEDICAL INTERVIEW PROCEDURE – Immunization, Vaccinations, and Other Miscellaneous Treatments List

Injectables & Other Miscellaneous Treatments (REQUIRED DOCUMENTATION)		Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Dupixent (dupilumab) for Eczema and Asthma		Accept immediately if asymptomatic		
Emgality (galcanezumab): Migraine treatment		Accept immediately if asymptomatic		
Entyvio (vedolizumab) for Colitis and Crohn's Disease		Accept immediately if feeling well and healthy		
Evenity (romosozumab) for Osteoporosis		Accept immediately if feeling well and healthy		
Fasenra (benralizumab) for Asthma		Accept immediately if feeling well and healthy		
Gamma Globulin (also known as Immune Serum Globulin)	<b>Prophylactic</b>	Accept immediately if feeling well and healthy and given for general prophylaxis (e.g., travel) and not for exposure.		
	<b>Exposure</b> (include reason)	<b>Defer 120 Days (4 months)</b> if given as precaution to Hepatitis A exposure (e.g., restaurant outbreak). <b>Evaluate</b> if given for exposure to any other disease.	Date of Exposure	<b>6100</b>
Growth Hormone (Human / Pituitary / Synthetic)		Human derived growth hormone – Permanent deferral <b>NOTE: The use of human derived pituitary growth hormone was discontinued by the FDA in 1985</b>  Recombinant or synthetic growth hormone – Accept immediately if asymptomatic	Date	<b>6100</b>
HIV Prevention (PrEP and PEP): Apretude/cabotegravir, Yeztugo/lenacapavir, Sunlenca/lenacapavir		<b>Defer 2 years</b> from date of last injection	Date	<b>6100</b>
Hormone Replacement Therapy (HRT)		<b>Estrogen and/or Progesterone:</b> Accept immediately if feeling well and healthy <b>Testosterone:</b> See "Testosterone"		

Proprietary and Confidential – Distribution outside the company with permission only  
The official copy of this document is published in the electronic Document Management System.  
When printed or downloaded, this document is uncontrolled and used for convenience purposes only.

MEDICAL INTERVIEW PROCEDURE – Immunization, Vaccinations, and Other Miscellaneous Treatments List

<b>Injectables &amp; Other Miscellaneous Treatments</b> (REQUIRED DOCUMENTATION)	<b>Eligibility Requirements</b>	<b>Additional Deferral Documentation</b>	<b>Deferral Code</b>
Humira (adalimumab) for Colitis and Crohn's Disease	Accept immediately if feeling well and healthy		
Ilumya (tildrakizumab) for Psoriasis	Accept immediately if asymptomatic		
IVIG (Intravenous Immune Globulin)	<b>Defer 3 months</b>	Date	<b>6100</b>
Leqvio (inclisiran) for High Cholesterol	Accept immediately if feeling well and healthy		
Mounjaro (tirzepatide: GLP-1) injection for diabetes and weight loss	Accept immediately if feeling well and healthy		
Ozempic (semaglutide: GLP-1) injection for diabetes and weight loss	Accept immediately if feeling well and healthy		
Prolia (denosumab) for Osteoporosis	Accept immediately if feeling well and healthy		
Reclast (zoledronic acid) for Osteoporosis	Accept immediately if feeling well and healthy		
Repatha (evolocumab) for High Cholesterol	Accept immediately if feeling well and healthy		
Rinvoq (Upadacitinib) for Colitis and Crohn's Disease	<b>Defer for 1 month</b>	Date	<b>6100</b>
Rybelsus (semaglutide: GLP-1) tablets for diabetes and weight loss	Accept immediately if feeling well and healthy		
Saxenda (liraglutide: GLP-1) for diabetes and weight loss	Accept immediately if feeling well and healthy		
Skyrizi (risankizumab-rzaa) for Psoriasis, Colitis and Crohn's Disease	Accept immediately if asymptomatic		
Stelara (ustekinumab for Psoriasis and/or Ulcerative Colitis (UC) / Crohn's Disease / Irritable Bowel Disease (IBD))	Accept immediately if asymptomatic		
Taltz (ixekizumab) for Psoriasis	Accept immediately if asymptomatic		

Proprietary and Confidential – Distribution outside the company with permission only  
The official copy of this document is published in the electronic Document Management System.  
When printed or downloaded, this document is uncontrolled and used for convenience purposes only.



MEDICAL INTERVIEW PROCEDURE – Immunization, Vaccinations, and Other Miscellaneous Treatments List

Injectables & Other Miscellaneous Treatments (REQUIRED DOCUMENTATION)	Eligibility Requirements	Additional Deferral Documentation	Deferral Code
Tanzeum (albiglutide: GLP-1) for diabetes and weight loss	Accept immediately if feeling well and healthy		
Testosterone	<p>Accept if:</p> <ul style="list-style-type: none"> <li>Hgb is <math>\leq 17.0</math> g/dL (51% Hct)</li> </ul> <p><b>AND IF</b></p> <ul style="list-style-type: none"> <li>donor has not been referred by their physician to donate in order to lower their RBC count.</li> </ul> <p>Otherwise, see <i>Polycythemia</i> in BBD-SOP-0133 “Medical Condition Table.”</p>	Date	<b>6100</b>
Tremfya (guselkumab) for Psoriasis	Accept immediately if asymptomatic		
Trulicity (dulaglutide: GLP-1) for diabetes and weight loss	Accept immediately if feeling well and healthy		
Victoza (liraglutide: GLP-1) for diabetes and weight loss	Accept immediately if feeling well and healthy		
Vitamin B12 (all versions; injection, spray, or tablet)	<p>Accept immediately if feeling well and healthy.</p> <p>If taken for Pernicious Anemia, donor may donate if Hgb meets criteria.</p>		
Vivitrol (naltrexone: Treatment for alcohol use disorder)	Accept immediately if feeling well and healthy		
Vyepti (eptinezumab): Migraine treatment	Accept immediately if asymptomatic		
Wegovy (semaglutide: GLP-1) injection for diabetes and weight loss	Accept immediately if feeling well and healthy		
Xembify (immune globulin subcutaneous)	<b>Defer 3 months</b>	Date	<b>6100</b>
Xolair (omalizumab) for Asthma	Accept immediately if feeling well and healthy		
Yorvipath (palopegteriparatide) for Hypoparathyroidism	Accept immediately if feeling well and healthy		

Proprietary and Confidential – Distribution outside the company with permission only  
The official copy of this document is published in the electronic Document Management System.  
When printed or downloaded, this document is uncontrolled and used for convenience purposes only.

MEDICAL INTERVIEW PROCEDURE – Immunization, Vaccinations, and Other Miscellaneous Treatments List

<b>Injectables &amp; Other Miscellaneous Treatments</b> <b>(REQUIRED DOCUMENTATION)</b>	<b>Eligibility Requirements</b>	<b>Additional Deferral Documentation</b>	<b>Deferral Code</b>
Zepbound (Tirzepatide: GLP-1) for diabetes and weight loss	Accept immediately if feeling well and healthy		

---

Proprietary and Confidential – Distribution outside the company with permission only  
The official copy of this document is published in the electronic Document Management System.  
When printed or downloaded, this document is uncontrolled and used for convenience purposes only.