6.1 IMMUNIZATIONS AND VACCINATIONS

6.1.1 Post-exposure prophylaxis

6.1.2 Live attenuated viral and bacterial vaccines

Question

What deferral period should be applied to prospective blood donors who have recently received immunization with live attenuated bacteria or viruses?
<table>
<thead>
<tr>
<th>Population</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prospective blood donors</td>
<td>Acceptance or deferral for blood donation</td>
<td>- Minimize adverse events related to blood donation</td>
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<tr>
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<td></td>
<td>- Avoid unnecessary deferral of suitable blood donors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Minimize risk of transfusion-transmitted infection or other adverse reaction in recipient of blood</td>
</tr>
</tbody>
</table>

**Key search and MeSH words**

live attenuated bacterial and viral vaccines include BCG, yellow fever, measles, mumps, rubella, polio (oral), live attenuated typhoid, live attenuated cholera and smallpox.

immunization with live vaccines, smallpox vaccination, transfusion-transmission of vaccinia

**Search strategy: PUBMED**

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#5Search (#1) AND#3 Limits: Humans, English, published in the last 10 years10:48:52 120
Number of citations screened 5
Relevant papers selected 2

Key references
1 Table 1: Summary of WHO position papers – Recommendations for routine immunization. World Health Organization (updated 31 May 2012).
2 Table 3: Summary of WHO position papers – Recommendations for interrupted or delayed routine immunization. World Health Organization (updated 31 May 2012).

Decision-making process
The Guideline Development Group agreed on the following recommendations based on the above references, and on their medical knowledge and experience from best practice.

6.1.1 Post-exposure prophylaxis

Recommendations

HEPATITIS B POST-EXPOSURE PROPHYLAXIS
Accept
- Individuals who have received hepatitis B post-exposure prophylaxis with vaccine and/or immunoglobulin: accept 12 months after exposure if they have been tested and found to be negative for HBsAg and negative for anti-HBc or, if anti-HBc positive, must have anti-HBs greater than 100 mIU/ml

Defer
- Individuals who have received hepatitis B post-exposure prophylaxis with vaccine and/or immunoglobulin: defer for 12 months after exposure

RABIES
Defer
- Individuals who have received rabies post-exposure prophylaxis with vaccine and/or immunoglobulin: defer for 12 months after exposure

6.1.2 Live attenuated viral and bacterial vaccines

Recommendation

Defer
- Individuals who have received live attenuated vaccines: defer for 28 days following vaccination
6.1.3 Inactivated vaccines

Question

What deferral period, if any, should be applied to prospective blood donors who have recently received routine immunization with non-live vaccines or toxoids?

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Key search and MeSH words

non-live vaccines, toxoids, cholera, typhoid, rabies, tick-borne encephalitis, polio (injected), influenza, tetanus (vaccine and toxoid), diphtheria toxoid, HAV and HBV

Search strategy: PUBMED

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Number of citations screened 262
Relevant papers selected 2

Key references
1 Table 1: Summary of WHO position papers – Recommendations for routine immunization. World Health Organization (updated 31 May 2012).
2 Table 3: Summary of WHO position papers – Recommendations for interrupted or delayed routine immunization. World Health Organization (updated 31 May 2012).

Decision-making process
The Guideline Development Group therefore recommended endorsement of currently accepted recommendations based on published literature, medical principles and experience from best practice.

Recommendations

Accept
- Individuals who have received non-live vaccines and toxoids (with the exception of HBV vaccine) with no history or known exposure and who feel well

Defer
- Individuals with no known exposure to hepatitis B who have recently received routine vaccination: defer for 14 days