

MEDICAL INTERVIEW PROCEDURE – Immunization, 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	Accept immediately if feeling well and healthy		
Allergy Desensitization	Accept immediately if feeling well and healthy		
Anthrax	Accept immediately if feeling well and healthy		
Arexvy	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		

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	<ul style="list-style-type: none"> • Unknown, if received <u>outside of the USA, Europe, Canada, or Australia.</u> • Vaccine in use or in clinical trials in countries <u>outside of the USA, Europe, Canada, or Australia.</u> (e.g., Cansino, Bharat, Gamaleya, Sinopharm [Beijing], Sinopharm [Wuhan], Sinovac Biotech, Sputnik V, and Vector Institute) 	<p>Defer 1 year.</p> <p><i>Donors who have received a COVID vaccine may be eligible for CP – refer to BBD-SOP-0623 – Question 70.</i></p>	<p>Date</p> <p>6100</p>
<p>COVID – 19 (include name and country, if applicable)</p>	<ul style="list-style-type: none"> • 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) 	<p>Defer 2 weeks.</p> <p><i>Donors who have received a COVID vaccine may be eligible for CP – refer to BBD-SOP-0623 – Question 70.</i></p>	<p>Date</p> <p>6100</p>
	<ul style="list-style-type: none"> • 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) 	<p>Accept immediately if feeling well and healthy.</p> <p><i>Donors who have received a COVID vaccine may be eligible for CP – refer to BBD-SOP-0623 – Question 70.</i></p>	
	<ul style="list-style-type: none"> ▪ Monoclonal antibody treatment (Clinical Trial, Authorized, or Licensed) 	<p>CP: Defer 3 months.</p> <p>All other donatables: Accept immediately if feeling well and healthy.</p>	<p>Date</p> <p>6100</p>

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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		
Gamma Globulin (also known as Immune Serum Globulin)	Prophylactic	Accept immediately if feeling well and healthy and given for general prophylaxis (e.g., travel) and not for exposure.		
	Exposure (include reason)	Defer 120 Days (4 months) if given as precaution to Hepatitis A exposure (e.g., restaurant outbreak). Evaluate if given for exposure to any other disease.	Date of Exposure	6100
Gardasil (HPV Vaccine)		Accept immediately if feeling well and healthy		
Hepatitis A (e.g., Havrix, Vaqta)	Prophylactic	Accept immediately if feeling well and healthy		
	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
	Exposure	Defer 12 months from date of <u>exposure</u> (e.g., needlestick).	Date of Exposure	6100
Hep A + Hep B	Prophylactic	Defer 2 weeks	Date	6100
	Exposure	Defer 12 months from date of <u>exposure</u> .	Date of Exposure	6100
HIB, Haemophilus Influenzae B		Accept immediately if feeling well and healthy		

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HIV Prevention (PrEP & PEP) (e.g., Apretude / cabotegravir)		Defer 2 years from date of last injection	Date	6100
Human Papilloma Virus (HPV) (e.g., Gardasil)		Accept immediately if feeling well and healthy		
IVIG (Intravenous Immune Globulin)		Defer 12 months	Date	6100
Japanese Encephalitis		Accept immediately if feeling well and healthy		
Lyme		Accept immediately if feeling well and healthy		
MMR (Measles, Mumps, Rubella)		Defer 4 weeks	Date	6100
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		
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	Date 6100
	ACAM2000 (not FDA licensed)	Defer 8 weeks *If donor has complications, refer to <i>Smallpox with complications</i> for deferral information.	Date	6100
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		

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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		
RSV – see Abrysvo or Arexvy		<p>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.</p> <p>If unable to determine, contact the Medical Director and/or defer.</p>	Date	6100
Shingles	Zostavax	Defer 4 weeks	Date	6100
	Shingrix (Zoster Vaccine Recombinant)	Accept immediately if feeling well and healthy		

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Smallpox NOTE: No deferral for Jynneos prophylaxis.	without complications	Defer 8 weeks	Date	6100
	with complications	<p>Defer 8 weeks after onset of symptoms <i>or</i> 14 days after symptoms resolve, whichever is longer.</p> <p><i>Complications include the following:</i></p> <ul style="list-style-type: none"> ▪ 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
Tetanus Toxoid (Booster)		Accept immediately if feeling well and healthy		
Tetanus and Diphtheria Toxoids		Accept immediately if feeling well and healthy		
Typhoid	Injection	Accept immediately if feeling well and healthy		
	Oral	<p>Defer 2 weeks from date of last dose.</p> <p><u>Note:</u> Preparation is typically administered in divided dosages over consecutive days.</p>	Date of last dose	6100
Typhus, Paratyphoid		Accept immediately if feeling well and healthy		
Yellow Fever		Defer 2 weeks	Date	6100
Zostavax (Shingles)		Defer 4 weeks	Date	6100