Contraindications for Administering Yellow Fever Vaccine Need An Expert Opinion? Call 1-800-CDC-INFO (232-4636)

Yellow fever vaccination is contraindicated and should be avoided when the recipient has a condition that increases the risk for a serious adverse reaction.

A provider should issue a medical waiver to a person with contraindications to yellow fever vaccine and whose travel is unavoidable. A provider who declines vaccinating a patient at increased risk of serious adverse events, and who also declines providing a medical waiver because the destination is an area with increased risk of yellow fever transmission, may offer the patient who is insistent on pursuing their intended itinerary the option of consulting with another travel medicine provider.

Contraindication	Administer Vaccine?	Additional Information
History of acute hypersensitivity reaction to a previous dose of yellow fever vaccine	No *	*If vaccination is essential because of travel to a high-risk area, refer to an allergist for consideration of desensitization.
History of acute hypersensitivity reaction to any component of the vaccine (including gelatin, eggs, egg products, or chicken protein)	No*	For persons with a history of minor reactions to eggs or other vaccine components, consider skin testing to check for reactivity before administering the vaccine.
		*If vaccination is essential because of travel to a high-risk area and patient has a history of severe egg sensitivity, or has a positive skin test to the vaccine, refer to an allergist for consideration of desensitization.
Thymus disorder associated with abnormal immune cell function	No	Advise avoiding travel to yellow fever-endemic areas. If travel is unavoidable, advise of risks associated with non-vaccination, instruct in methods for avoiding mosquito bites, and issue medical waiver to meet country's entry requirements
		Persons who have undergone incidental surgical removal of the thymus, or have had indirect radiation therapy in the distant past, may receive YF vaccine; there is no evidence that these conditions cause immune dysfunction.
Infants less than 6 months	No	There is an increased risk of postvaccinal encephalitis.
 Immunosuppression from the following: Symptomatic HIV infection or AIDS^a Malignant neoplasms 	No	Advise postponing or avoiding travel to yellow fever-endemic areas. If travel is unavoidable, advise of risks associated with non-vaccination, instruct in methods for avoiding mosquito bites, and issue medical waiver to meet country's entry requirements.
 Primary immunodeficiencies Transplantation		^a CD4+ value <200/mm ³ (<15% of total lymphocytes in children <6 years)
 Immunosuppressive or immunomodulatory therapy^c Radiation therapy^d 		^b Solid organ transplant, bone marrow transplant recipients within 2 years of transplantation, or persons whose transplants occurred >2 years ago but who are still taking immunosuppressive drugs
		^c For example, corticosteroids, alkylating agents, antimetabolites, TNF-α inhibitors, IL-1 blocking agents, monoclonal antibodies targeting immune cells
		^d Current or recent

Precautions for Administering Yellow Fever Vaccine

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Certain conditions in the vaccine recipient are precautions to the administration of yellow fever vaccine. A detailed risk assessment is required to identify these conditions that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity. In general, **vaccination should be avoided when** a **precaution is present**. The provider should counsel such patients planning travel to a yellow fever endemic area to consider avoiding or postponing travel to that area. Vaccination may be considered with caution, however, if exposure to yellow fever virus is unavoidable and the benefit of vaccination outweighs the risk of an adverse reaction. Advise patients of the potential for severe adverse events, and encourage them to report to a medical provider any new symptoms that occur within 30 days of vaccination.

A provider may issue a medical waiver in lieu of yellow fever vaccination for patients with conditions that increase the risk of serious adverse events and whose travel is unavoidable. A provider who declines vaccinating a patient at increased risk of serious adverse events, and who also declines providing a medical waiver because the destination is an area with increased risk of yellow fever transmission, may offer the patient who is insistent on pursuing their intended itinerary the option of consulting with another travel medicine provider.

Precaution	Administer Vaccine?	Additional Information
Asymptomatic HIV infection with CD4+ value of 200/mm³ – 500/mm³ (15%-24% of total lymphocytes in children < 6 years)	If international travel requirements are the only reason to vaccinate, the person should be excused from immunization and issued a medical waiver to meet International Health Regulations. Consider vaccination if travel to a yellow fever-endemic area is unavoidable.	Because vaccination of asymptomatic HIV-infected persons might be less effective than that of persons not infected with HIV, measurement of their neutralizing antibody response to vaccination should be considered before travel.
Pregnancy	Do not vaccinate if travel to an endemic area is avoidable. If vaccination is required solely for country entry requirements, rather than travel to an area with increased risk of yellow fever transmission, issue a medical waiver. Consider vaccination if travel to an area with increased risk of yellow fever transmission is unavoidable.	Since pregnancy may affect immunologic function, serologic testing to document a protective immune response to yellow fever vaccination can be considered. The safety of vaccination during pregnancy has not been studied in a large prospective trial. A higher rate of spontaneous abortions in vaccinated pregnant women has been reported but not confirmed.
Breastfeeding	No in most instances. Travel to endemic areas should be avoided or postponed. Yes — when travel to high-risk areas cannot be avoided or postponed.	There are limited safety data on the use of YF vaccine in breastfeeding women and their infants.
Adults ≥ 60 years of age	Conditional	Base decision on careful consideration of age, medical conditions, medications and treatments, the specific itinerary planned, and dose of the vaccine (primary or booster dose). Consider whether the planned itinerary is to a location with significant risk for yellow fever or an area with very low risk but located in a country with yellow fever vaccine entry requirements.
Infants 6-8 months	No, in most instances. Travel to endemic areas should be avoided or postponed. Consider vaccination if travel to areas with significant risk of yellow fever is unavoidable.	Never vaccinate infants less than 6 months of age.