

# Vaccination

Vaccination	Conditions of Acceptability **
<ul style="list-style-type: none"> <li>• Adenovirus Type 4 and Type 7, Live (Oral)</li> <li>• Bacille Calmette Guerin (BCG-Tuberculosis immunization), Live</li> <li>• Cholera, Live (Oral)</li> <li>• Dengue, Live</li> <li>• German Measles (Rubella)</li> <li>• Influenza (Flu) Nasal Spray (FluMist)</li> <li>• Japanese Encephalitis (Live Attenuated)</li> <li>• Measles (Rubeola)</li> </ul>	<ul style="list-style-type: none"> <li>• MMR</li> <li>• Mumps</li> <li>• Polio (Oral)</li> <li>• Rotavirus, Live (Oral)</li> <li>• Typhoid (Oral)</li> <li>• Varicella (Chicken Pox)</li> <li>• Yellow Fever</li> <li>• Zoster (Shingles) - Zostavax (Live Attenuated)</li> </ul> <p style="text-align: center;">Defer for 28 days after last dose. For Rubella, deferral does not apply if collecting for rubella antibodies.</p>
<ul style="list-style-type: none"> <li>• Anthrax (if NOT donating anti-Anthrax)</li> <li>• COVID-19 Vaccine (e.g., mRNA, viral vector, or protein subunit)</li> <li>• Diphtheria</li> <li>• Haemophilus b</li> <li>• Hepatitis A</li> <li>• Human Papilloma Virus (HPV)</li> <li>• Influenza (Flu) (Injection)</li> <li>• Japanese Encephalitis (inactivated)</li> <li>• Meningococcal (Meningitis)</li> </ul>	<ul style="list-style-type: none"> <li>• Pertussis</li> <li>• Plague</li> <li>• Pneumococcal (Pneumonia)</li> <li>• Polio (injectable)</li> <li>• Rocky Mountain Spotted Fever</li> <li>• Tetanus</li> <li>• Typhoid (injectable)</li> <li>• Zoster (Shingles) – Shingrix (Inactivated Recombinant)</li> </ul> <p style="text-align: center;">Defer until the day after the immunization if symptom free and afebrile.</p>
<ul style="list-style-type: none"> <li>• Hepatitis B or Combined Hepatitis A &amp; B (Twinrix)</li> </ul>	<p style="text-align: center;">10 days after last injection.</p>
<ul style="list-style-type: none"> <li>• Anthrax (if donating on anti-Anthrax program)</li> </ul>	<p style="text-align: center;">15 days after last injection.</p>
<ul style="list-style-type: none"> <li>• Ebola Zaire Vaccine, Live (ERVEBO)</li> </ul>	<p style="text-align: center;">Defer for 8 weeks after last dose.</p>
<ul style="list-style-type: none"> <li>• Rabies (Therapeutic)</li> <li>• Tick-borne Encephalitis</li> </ul>	<p style="text-align: center;">If given due to exposure, defer for twelve (12) months after last injection. If no exposure or if collecting for rabies antibodies, may accept the day after the immunization if symptom free and afebrile.</p>
<ul style="list-style-type: none"> <li>• Any unlicensed vaccine</li> </ul>	<p style="text-align: center;">Contact Director, Plasma Medical Department.</p>
<ul style="list-style-type: none"> <li>• Allergy Shots</li> </ul>	<p style="text-align: center;">Allowed to donate only with approval from personal physician.</p>