

What If They Tick Yes



A guide for managing vaccinations based on conditions and circumstances

PART 2

Condition + Circumstance	STOP Do NOT vaccinate	DEFER Delay until timely	VACCINATE Safe to vaccinate
Preterm birth (<32 weeks or <2000 g)	-	-	Vaccinate at chronological age; check extra Hep B, pneumococcal, RSV monoclonal
Close contact with infant <6 months	-	-	Ensure pertussis, influenza, COVID up to date
Anaphylaxis to same vaccine	Do NOT vaccinate	Specialist assessment	Only if cleared and unrelated
Severe allergy to vaccine component	Known severe component allergy	Specialist review	Alternative formulation if available
Infant exposed to biologics in utero	Live vaccines (e.g. rotavirus)	-	Inactivated vaccines safe
Lives with immunocompromised person	-	-	Vaccinate household contacts (live vaccines generally safe)
Recent COVID-19 infection	-	Prefer ~6 months (earlier if high risk)	Vaccinate when timing appropriate
Myocarditis / pericarditis history	-	3-6 months post recovery + specialist clearance	Vaccinate once cleared
Seizure history	-	New or uncontrolled seizures	Stable epilepsy; manage fever early
Guillain-Barré syndrome (GBS)	GBS within 6 weeks of same vaccine	Specialist risk-benefit review	Vaccinate if unrelated
Recent shingles	-	Wait 12 months before Shingrix	Vaccinate after interval
No functioning spleen (asplenia)	-	-	Ensure MenACWY, MenB, Hib, pneumococcal, influenza
Aboriginal & Torres Strait Islander people	-	-	Follow NIP and jurisdiction-specific schedules
Palliative or end-of-life care	-	Consider comfort and prognosis	Vaccinate only if aligned with wishes