

Criteria for Assessment of Donor Eligibility:

Vaccinations

If a donor presents with a vaccination that is not on the following list, initiate an internal medical inquiry as per SOP 0801A: Medical Examinations and Investigations. A donor deferral may be required.

NOTE: Exposure refers to the incident where a donor was in contact with an infectious agent. Post-exposure vaccination refers to vaccination administered to the donor after an exposure. No exposure refers to the vaccination administered to the donor as a preventive measure.

NOTE: It is responsibility of the designated administrator to ensure that any changes to this appendix that are applicable to questionnaire related deferrals are applied in Donor-ID (D-ID). Changes must be in effect in D-ID on the same day as the effective date of the appendix. For further instructions APP 0509A-01: Donor-ID™ Administrative Functions: Instructions of use for Admin.

DISEASE	VACCINE NAME BRAND	DEFERRAL PERIOD
Anthrax	-	No deferral
BCG	-	6 weeks
Chicken Pox	<i>Varivax</i>	3 months
Cholera	<i>Dukoral</i>	No deferral
	<i>Mutacol Berna</i>	4 weeks
COVID-19 (mRNA based vaccines)*	<i>Moderna COVID-19 vaccine</i>	No deferral
	<i>Pfizer-BioNTech COVID-19 vaccine</i>	No deferral
COVID-19 (Non-replicating Viral vector based vaccines)*	<i>AstraZeneca COVID-19 vaccine</i>	No deferral
	<i>Janssen COVID-19 vaccine</i>	No deferral
COVID-19 (Inactivated vaccines)	-	No deferral
Diarrhea (travellers)	<i>Dukoral</i>	No deferral
Diphtheria	<i>Boostrix, Adacel</i>	No deferral
DTP (Diphtheria, Tetanus, Pertussis)	<i>Boostrix,</i>	No deferral

Appendix #:	APP 0801A-06	Revision Number:	06	Effective Date:	27.09.2021	Page:	Page 1 of 3
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*List is non-exhaustive as a result for vaccine brand names that are not listed apply deferral based on vaccine type (mRNA, viral vector). For management of other vaccine types see APP 0801A-01: Criteria for Assessment of Donor Eligibility: Health

DTP + Hepatitis B and Polio	<i>Pediarix</i>	4 weeks
DTP + Hepatitis B, Polio and Hemophilus	<i>Infanrix-hexa</i>	4 weeks
Hemophilus	<i>Infanrix-IPV/Hib,</i>	2 days
	<i>Infanrix-hexa</i>	4 weeks
Hepatitis A	<i>Avaxim, Havrix, Vaqta, Vivaxim, Epaxal</i>	No deferral if well and no exposure. See APP 0801A-01 under “Hepatitis A” if donor has been exposed
Hepatitis B	<i>Engerix B, Infanrix-hexa, Pediarix, Recombivax-HB</i>	4 weeks
Hepatitis B Immunoglobulin	-	1 year
Hepatitis A & Hepatitis B	<i>Twinrix</i>	4 weeks
Herpes Zoster (Shingles)	<i>Zostavax</i>	3 months
	<i>Shingrix</i>	No deferral if symptom free
HPV (Human Papillomavirus)	<i>Gardasil, Cervarix</i>	No deferral
Influenza (Flu Shot, Intranasal)	-	No deferral
Japanese Encephalitis	<i>IXIARO</i>	No deferral
Measles, Mumps, Rubella	<i>MMR</i>	4 weeks
Measles (Rubeola)	<i>MMR</i>	4 weeks
Meningococcal	<i>Meningitec, Menjugate Menactra, Menveo, Nimenrix, Bexsero</i>	No deferral
Mumps	<i>MMR</i>	4 weeks
Paratyphoid	-	No deferral
Pertussis	<i>Adacel, Boostrix</i>	No deferral
Plague	-	No deferral
Pneumococcal	<i>Pneumovax, Prevnar</i>	No deferral

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Polio (Oral)	<i>Sabin, Salk</i>	6 weeks
Polio (IM or SubQ Injection)	<i>Imovax Polio, IPV</i>	No deferral
Rabies	<i>Immune Globulin</i>	52 weeks
Rabies After exposure	<i>RabAvert only</i>	1 year
Rabies Pre exposure prophylaxis	<i>RabAvert</i>	No deferral
Rocky Mountain Spotted Fever	-	No deferral
Rubella (German measles)	<i>MMR</i>	4 weeks
Smallpox	-	21 days after vaccination date See Smallpox in APP 0801A-01 for further details
Tetanus	<i>Adacel, Boostrix</i>	No deferral
Tick Borne Encephalitis	<i>FSME-IMMUN</i>	No deferral if no exposure. See APP 0801A-01 under “Tick Bite” if donor has been exposed
Typhoid (Oral)	<i>Vivotif</i>	4 weeks
Typhoid (Injection)	<i>Typherix*, Typhim Vi</i>	No deferral
Typhoid, Hepatitis A	<i>Vivaxim</i>	No deferral
Typhus	-	No deferral
Yellow Fever	<i>YF-VAX</i>	4 weeks

NOTE: *Vaccine cancelled post-market on 21.12.2017

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