

General Principles for Immunization of the Immunocompromised

Maximize benefit while minimizing harm

- There is potential for serious illness and death in the under-immunization of immunocompromised people and every effort should be made to ensure adequate protection through immunization.

Make no assumptions about susceptibility or protection

- A history of childhood infection or previous vaccination may be irrelevant.

Vaccinate at the time when maximum immune response can be anticipated

- Vaccines may be less effective when administered during the period of altered immunocompetence. Individuals who are fully immunized may remain at risk for vaccine preventable diseases.
- Vaccinate early when immunologic decline is predictable.
- Delay vaccination if the immunodeficiency is transient (if this can be done safely).
- Primary health care provider may decide to stop or reduce immunosuppressive therapy to permit better vaccine response (if this is appropriate).

Consider the vaccination environment broadly

- Vaccinate family and care givers when individuals need protection (e.g., against influenza).

Avoid live vaccines unless:

- Data are available to support their use and
- The risk of natural infection is greater than the risk of vaccination.

Administer routine boosters as indicated

- The degree and duration of vaccine-induced immunity are often reduced in immune compromised individuals.

Consider the use of passive immunizing agents which include:

- Immune globulin (Ig)
- Intravenous immune globulin (IVIg)
- The several "pathogen-specific" Ig preparations that are available (e.g., varicella zoster Ig, tetanus Ig).