

**Criteria for Assessment of Donor Eligibility:****Vaccinations**

<b>DISEASE</b>	<b>VACCINE NAME BRAND</b>	<b>DEFERRAL PERIOD</b>
Anthrax	-	<b>No deferral</b>
BCG	-	<b>6 weeks</b>
Chicken Pox	<i>Varivax</i>	<b>3 months</b>
Cholera	<i>Dukoral</i>	<b>No deferral</b>
	<i>Mutacol Berna</i>	<b>4 weeks</b>
Diarrhea (travellers)	<i>Dukoral</i>	<b>No deferral</b>
Diphtheria	<i>Boostrix, Adacel</i>	<b>No deferral</b>
DTP (Diphtheria, Tetanus, Pertussis)	<i>Boostrix,</i>	<b>No deferral</b>
DTP + Hepatitis B and Polio	<i>Pediarix</i>	<b>4 weeks</b>
DTP + Hepatitis B, Polio and Hemophilus	<i>Infanrix-hexa</i>	<b>4 weeks</b>
Hemophilus	<i>Infanrix-IPV/Hib,</i>	<b>2 days</b>
	<i>Infanrix-hexa</i>	<b>4 weeks</b>
Hepatitis A	<i>Avaxim,, Havrix, Vaqta, Vivaxim, Epaxal</i>	<b>No deferral</b>
Hepatitis B	<i>Engerix B, Infanrix-hexa, Pediarix, Recombivax-HB</i>	<b>4 weeks</b>
Hepatitis B Immunoglobulin	-	<b>1 year</b>
Hepatitis A & Hepatitis B	<i>Twinrix</i>	<b>4 weeks</b>
Herpes Zoster	<i>Zostavax</i>	<b>3 months</b>
HPV (Human Papillomavirus)	<i>Gardasil, Cervarix</i>	<b>No deferral</b>
Influenza (Flu Shot, Intranasal)	-	<b>No deferral</b>
Japanese Encephalitis	<i>IXIARO</i>	<b>No deferral</b>
Measles, Mumps, Rubella	<i>MMR</i>	<b>4 weeks</b>
Measles (Rubeola)	<i>MMR</i>	<b>4 weeks</b>



<b>DISEASE</b>	<b>VACCINE NAME BRAND</b>	<b>DEFERRAL PERIOD</b>
Meningococcal	<i>Meningitec, Menjugate Menactra, Menveo, Nimenrix, Bexsero</i>	<b>No deferral</b>
Mumps	<i>MMR</i>	<b>4 weeks</b>
Paratyphoid	-	<b>No deferral</b>
Pertussis	<i>Adacel, Boostrix</i>	<b>No deferral</b>
Plague		<b>No deferral</b>
Pneumococcal	<i>Pneumovax, Prevnar</i>	<b>No deferral</b>
Polio	<i>Sabin</i>	<b>6 weeks</b>
Oral Injection	<i>Salk, Imovax, IPV</i>	<b>No deferral</b>
Rabies	<i>Immune Globulin</i>	<b>52 weeks</b>
After exposure	<i>RabAvert only</i>	<b>No deferral</b>
Pre exposure prophylaxis	<i>RabAvert</i>	<b>No deferral</b>
Rocky Mountain Spotted Fever	-	<b>No deferral</b>
Rubella (German measles)	<i>MMR</i>	<b>4 weeks</b>
Smallpox	<b>See Smallpox in List</b>	-
Tetanus	<i>Adacel, Boostrix</i>	<b>No deferral</b>
Tick Born Encephalitis	<i>FSME-IMMUN</i>	<b>No deferral</b>
Typhoid	<i>Vivotif (oral)</i>	<b>4 weeks</b>
Oral Injection	<i>Typherix, Typhim Vi, Vivaxim</i>	<b>No deferral</b>
Typhoid, Hepatitis A	<i>Vivaxim</i>	<b>No deferral</b>
Typhus	-	<b>No deferral</b>
Yellow Fever	<i>YF-VAX</i>	<b>4 weeks</b>