

Vaccine Requirements for National Disaster Medical Assistance (NDMS) Teams

Vaccine	Dose	Routine Schedule	Contraindications**	Notes
Hepatitis A	1.0 mL IM	Two doses 6-12 months apart.	Anaphylactic reactions to alum or the preservative 2-phenoxxyethanol.	
Hepatitis B (HBV)	0.5 mL IM	Three doses at 0, 1 and 6 months. Booster doses are not necessary.	Anaphylactic reaction to baker's yeast. Pregnancy should not be considered a contraindication to vaccination of women.	Confirmation of positive titer required 1-2 months after completion of the 3-dose series.
Influenza	0.5 mL IM	Annually (fall) with current vaccine.	Allergy to egg. Pregnancy should not be considered a contraindication if beyond the first trimester, or if the woman is at increased risk for complications from influenza.	
Measles, Mumps and Rubella (MMR)	0.5 mL SQ	Completion of two dose series, or, at least, two doses of live rubeola (measles), one dose of rubella, and one dose of mumps. See note.	Pregnancy. Anaphylactic reactions to neomycin or gelatin. Known immunodeficiency.	All Health Care Workers recommended to have vaccine regardless of age unless they can produce laboratory evidence of immunity.
Poliovirus (IPV)	0.5 mL SC or IM	Completion of basic series. One single lifetime "booster" dose as an adult.	Anaphylactic reaction to neomycin, polymycin B or streptomycin.	
Tetanus-diphtheria (Td)	0.5 mL IM	Completion of basic three dose series. Booster every 10 years.	Neurological reactions following a prior dose. Previous episode of Guillan-Barre syndrome (GBS) occurring within 6 weeks of vaccination.	
Varicella	0.5 mL SC	Two doses 4-8 weeks apart. Completion of basic series OR reliable history of chickenpox.	Pregnancy. Anaphylactic reaction to neomycin and gelatin. Infection with HIV. Known immunodeficiency.	Serologic screening should be done for HCW who have a negative or uncertain history of varicella.
Tuberculin Skin Test (TST)	0.1mL ID	Annually.		Three month post-exposure testing after deployment if known TB exposure.

* Recommended but not required

** General Contraindications:

- Anaphylactic reaction to a vaccine / vaccine constituent contraindicates further doses of that vaccine.
- Moderate or severe illness with or without a fever requires deferral to a later date.
- Although no conclusive evidence documents the adverse effects of killed or inactivated vaccines in pregnant women and their developing fetuses, vaccination of pregnant women should be avoided.
- There are special considerations for the vaccination of pregnant women with Hepatitis A and/or influenza vaccine

Routine immunization for typhoid is not recommended for sanitation workers or persons living in areas in which natural disasters (e.g., floods) have occurred. Vaccination is indicated only for persons living in typhoid-endemic areas.

Other Recommendations				
Vaccine	Dose	Routine Schedule	Contraindications*	Notes
* Pneumococcal polysaccharide vaccine (PPV)	0.5 mL IM or SC	One dose for high risk adults (recommended not required)	Pregnancy.	High risk is defined as those with functional anatomic asplenia, cerebrospinal fluid leaks, underlying diseases including chronic respiratory (excluding asthma) or cardiac disease, diabetes mellitus, renal failure, malignancies, alcoholism, chronic liver disease or cirrhosis, and diseases or medications that result in immunodeficiency including HIV/AIDS. Also recommended for Alaska Natives and certain American Indian populations. May be administered at the same time as influenza if given by separate injection in the opposite arm.