

Special Considerations incorporate three distinct type of actions:

- Precautions
- Exemptions
- Contraindications

Only Exemptions and Contraindications affect the Client Forecaster.

The following are recommendations for selecting the specific Special Consideration to record in a client record:

Clinical Factor	Type of Special Consideration	Stops the Forecast	Reason for Special Consideration	Additional Details/Actions
Laboratory confirmed case of varicella disease	Exemption	Yes	Medical – documented immunity	Source of Evidence: Laboratory or Healthcare professional Imms History Interpretation
Reported case of varicella disease	Exemption	Yes	Previous History of infection with vaccine preventable disease	Client or Parent/guardian Imms History Interpretation
Serological evidence of measles, mumps, rubella, HA, or HB immunity	Exemption	Yes	Medical – documented immunity	Source of Evidence: Laboratory or Healthcare professional Imms History Interpretation
Client with chronic HB infection or immunity due to natural infection	Exemption	Yes	Previous History of infection with vaccine preventable disease	Source of Evidence: Laboratory, Healthcare professional, Client, or Parent/guardian Imms History Interpretation
Client with HIV	Contraindication	Yes	Immunosuppression	Source of Evidence: Laboratory or Healthcare professional Document for Agent Group - All live vaccines – BCG, MMR, Polio-OPV, Rotavirus (Rot-1 and Rot-5), oral Typhoid, Varicella, and Yellow Fever. Imms History Interpretation

Clinical Factor	Type of Special Consideration	Stops the Forecast	Reason for Special Consideration	Additional Details/Actions
Person with a Primary Immunodeficiency disorder	Contraindication	Yes	Immunosuppression	Source of Evidence: Laboratory, Healthcare professional, Client, or Parent/guardian Document for Agent Group - All live vaccines – BCG, MMR, Polio-OPV, Rotavirus (Rot-1 and Rot-5), oral Typhoid, Varicella, and Yellow Fever. Record an applicable Risk Factor: Immunocompromised
Client has received a blood product that cannot be documented in Panorama (e.g., packed cells)	Contraindication	Yes	History of blood product	Source of Evidence: Laboratory, Healthcare professional, Client, or Parent/guardian Document for measles, mumps, rubella, and varicella- containing vaccines.
Immuno-compromised - Related to Disease	Contraindication (if severe)	Yes	Immunosuppression or Medical – Clinical decision	Source of Evidence: Laboratory or Healthcare professional Document for Agent Group - All live vaccines – BCG, MMR, Polio-OPV, Rotavirus (Rot-1 and Rot-5), oral Typhoid, Varicella, and Yellow Fever.
History of fainting at immunizations or needle phobia	Warning	No	N/A	Source of Evidence: Verbal Report or Written Documentation This is a general situation that is not agent specific.
Allergy to a vaccine component (i.e., eggs, thimerosal, etc.)	Precaution	No	Allergy (vaccine related)	Source of Evidence: Verbal Report or Written Documentation Document specific details in the Comments field. Add Allergy
Confirmed DHW AEFI with a recommendation not to immunize	Contraindication	Yes	Previous Adverse Event following immunization	Add comments with details of the event.