

**eTable 3. Vaccine Considerations for Women of Childbearing Potential (Adapted from Galati et al. 2022)**

<b>Vaccine</b>	<b>Timing</b>	<b>Mechanisms</b>	<b>ACOG and IDSA recommendations before pregnancy<sup>1,2</sup></b>	<b>Consider during pregnancy</b>	<b>Consider before B-cell–depleting therapy</b>	<b>Consider during B-cell–depleting therapy</b>
<b>Routinely recommended during pregnancy</b>						
<b>Influenza inactivated or recombinant</b>	1 dose annually	Inactivated	Yes	Yes, recommended for maternal and fetal protection, regardless of gestational age	Yes	Yes
<b>COVID-19</b>	1 or 2 doses, depending on vaccine, plus booster	mRNA, adenovirus	Yes	Yes	Yes	Yes
<b>Tdap or Td</b>	1 dose Tdap, then Tdap or Td booster every 10y	Toxoid, inactivated	Yes	Yes, recommended during 27–36 weeks gestation age to provide passive immunity to the fetus	Yes	Yes, if indicated

<b>Vaccine</b>	<b>Timing</b>	<b>Mechanisms</b>	<b>ACOG and IDSA recommendations before pregnancy<sup>1,2</sup></b>	<b>Consider during pregnancy</b>	<b>Consider before B-cell–depleting therapy</b>	<b>Consider during B-cell–depleting therapy</b>
<b>Not routinely recommended during pregnancy</b>						
<b>Pneumococcal polysaccharid<sup>a</sup></b>	1 or 2 doses	Inactivated	Yes, if indicated	Yes, if indicated	Yes, if indicated	Yes, if indicated
<b>Pneumococcal conjugate (PCV13)<sup>a</sup></b>	1 dose	Inactivated	Yes, if indicated	Yes, if indicated	Yes, if indicated	Yes, if indicated
<b>Hepatitis A</b>	2 or 3 doses, depending on the vaccine	Inactivated	Yes, if indicated	Yes, if at risk for infection	Yes, if indicated	Yes, if indicated
<b>Hepatitis B</b>	2 or 3 doses, depending on the vaccine	Recombinant	Yes, if indicated	Yes, if at risk for infection	Yes, if indicated	Yes, if indicated
<b>Meningococcal A, C, W, Y</b>	1 or 2 doses	Inactivated	Yes, if indicated	Yes, if indicated	Yes, if indicated	Yes, if indicated
<b>Human papillomavirus (Gardasil)</b>	2 or 3 doses, depending on age	Recombinant	Yes, if indicated, for women aged 13–26 years not previously vaccinated, and	No	Yes, if indicated	Yes, if indicated

<b>Vaccine</b>	<b>Timing</b>	<b>Mechanisms</b>	<b>ACOG and IDSA recommendations before pregnancy<sup>1,2</sup></b>	<b>Consider during pregnancy</b>	<b>Consider before B-cell–depleting therapy</b>	<b>Consider during B-cell–depleting therapy</b>
			formally approved up to age 45 years in the United States			
<b>Measles, mumps, rubella</b>	1 dose	Live	Yes, if indicated; avoid conception for 4 weeks	No	Yes, if indicated	No
<b>Influenza live, attenuated</b>	1 dose annually	Live, attenuated	Yes	No	Yes	No
<b>Herpes zoster<sup>3,b</sup> (SHINGRIX)</b>	2 doses	Recombinant	NA	N/A	Yes	No

Abbreviations: ACOG = American College of Obstetricians and Gynecologists; IDSA = Infectious Diseases Society of America; mRNA = messenger RNA; NA = not available; Td = tetanus, diphtheria; Tdap = tetanus, diphtheria, acellular pertussis.

<sup>a</sup>For adults aged <65 years with immunocompromising conditions, including immunosuppression.

<sup>b</sup>For adults aged >18 years with increased risk due to immunodeficiency or immunosuppression caused by known disease or therapy.

1. American College of Obstetricians and Gynecologists. ACOG committee opinion no. 741: maternal immunization. *Obstet Gynecol.*

2. Pickering LK, Baker CJ, Freed GL, et al; Infectious Diseases Society of America. Immunization programs for infants, children, adolescents, and adults: clinical practice guidelines by the Infectious Diseases Society of America. *Clin Infect Dis*. 2009;15;49(6):817-840. doi:10.1086/605430; Erratum in: *Clin Infect Dis*. 2009;49(9):1465. doi:10.1086/647973
3. SHINGRIX [package insert]. Research Triangle Park, NC: GlaxoSmithKline; 2021.
4. Galati A, McElrath T, Bove R. Use of B-cell–depleting therapy in women of childbearing potential with multiple sclerosis and neuromyelitis optica spectrum disorder. *Neurol Clin Pract*. 2022;12(2):154-163. doi:10.1212/CPJ.0000000000001147.