

Lista de verificación de contradicciones de las vacunas para niños y adolescentes

NOMBRE DEL PACIENTE _____

FECHA DE NACIMIENTO _____ / _____ / _____
mes día año

Para padres/tutores: las siguientes preguntas nos ayudarán a determinar qué vacunas se le pueden administrar hoy a su hijo. Si responde “sí” a alguna pregunta, no significa necesariamente que su hijo no deba vacunarse. Solo significa que se deben hacer otras preguntas. Si una pregunta no está clara, pídale a su proveedor de atención médica que se la explique.

	sí	no	no sé
1. ¿El niño está enfermo hoy?	☐	☐	☐
2. ¿El niño tiene alergias a medicamentos, alimentos, un componente de la vacuna o látex?	☐	☐	☐
3. ¿El niño ha tenido una reacción grave a una vacuna en el pasado?	☐	☐	☐
4. ¿El niño tiene un problema de salud a largo plazo con enfermedades cardíacas, pulmonares (incluida asma), renales, hepáticas, del sistema nervioso o metabólicas (p. ej., diabetes), un trastorno de la sangre, ausencia de bazo, implante coclear o una fuga de líquido cefalorraquídeo? ¿Está tomando regularmente aspirina o medicamento con salicilato?	☐	☐	☐
5. Para niños de 2 a 4 años: ¿Le ha dicho un proveedor de atención médica que el niño ha tenido sibilancias o asma en los últimos 12 meses?	☐	☐	☐
6. Para bebés: ¿Le han dicho alguna vez que el niño tuvo intususcepción?	☐	☐	☐
7. ¿El niño, un hermano o un padre ha tenido una convulsión? ¿El niño ha tenido un problema cerebral u otro problema del sistema nervioso?	☐	☐	☐
8. ¿Se le ha diagnosticado alguna vez al niño una condición cardíaca (miocarditis o pericarditis) o ha tenido síndrome inflamatorio multisistémico (SIM-C) después de una infección con el virus que causa el COVID-19?	☐	☐	☐
9. ¿El niño tiene algún problema con el sistema inmunitario, como cáncer, leucemia, VIH/SIDA?	☐	☐	☐
10. En los últimos 6 meses, ¿el niño ha tomado medicamentos que afectan al sistema inmunitario, como prednisona, otros esteroides o fármacos contra el cáncer; fármacos para tratar la artritis reumatoide, la enfermedad de Crohn o la psoriasis; o ha recibido radioterapia?	☐	☐	☐
11. ¿Tienen los padres o los hermanos del niño algún problema con el sistema inmunitario?	☐	☐	☐
12. Durante el año pasado, ¿el niño ha recibido globulina inmunitaria (gamma), hemoderivados o un fármaco antiviral?	☐	☐	☐
13. ¿La niña/adolescente está embarazada?	☐	☐	☐
14. ¿El niño ha recibido vacunas en las últimas 4 semanas?	☐	☐	☐
15. ¿El niño se ha mareado o desmayado alguna vez antes, durante o después de una inyección?	☐	☐	☐
16. ¿El niño está ansioso por ponerse una inyección hoy?	☐	☐	☐

FORMULARIO COMPLETADO POR _____ FECHA _____

FORMULARIO REVISADO POR _____ FECHA _____

¿Trajo la tarjeta de registro de inmunización? sí ☐ no ☐

Es importante tener un registro personal de las vacunas de su hijo. Si no tiene uno, pida al proveedor de atención médica del niño que le proporcione uno con todas las vacunas de su hijo. Guárdelo en un lugar seguro y llévelo consigo cada vez que busque atención médica para su hijo. Su hijo necesitará este documento para acceder a la guardería o a la escuela, para trabajar o para viajes internacionales.



Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

Read the following information for help interpreting responses to the screening checklist.
Additional information can be found in the numbered references below.

REFERENCES:

1. CDC's "Child and Adolescent Immunization Schedule" (www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html)
2. General Best Practices for Immunization section on "Contraindications and Precautions" (www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html)
3. General Best Practices for Immunization section on "Altered Immunocompetence" (www.cdc.gov/vaccines/hcp/imz-best-practices/alterd-immunocompetence.html)
4. "Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations" (www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)
5. Yellow Book section on "Immunosuppressive and immunomodulatory biologic agents that preclude use of live vaccines" (www.cdc.gov/yellow-book/hcp/travelers-with-additional-considerations/immunocompromised-travelers.html)

1. Is the child sick today? (all vaccines)

There is no evidence that acute illness reduces vaccine effectiveness or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved. Mild illnesses with or without fever (e.g., otitis media, "colds," diarrhea) and antibiotic use are neither contraindications nor precautions to routine vaccination.

2. Does the child have allergies to medicine, food, a vaccine component, or latex? (all vaccines)

Gelatin: If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin. **Latex:** A history of an anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine's packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

COVID-19 vaccine: History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a COVID-19 vaccine component is a contraindication to use of the same vaccine type. People may receive the alternative COVID-19 vaccine type (either mRNA or protein subunit) if they have a contraindication or an allergy-related precaution to one COVID-19 vaccine type. Allergy-related precautions include history of 1) diagnosed non-severe allergy to a COVID-19 vaccine component; 2) non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one COVID-19 vaccine type (see **Reference 4**).

Not contraindications: **Eggs:** ACIP and CDC do not consider egg allergy of any severity to be a contraindication or precaution to any egg-based influenza vaccine. **Injection site reaction** (e.g., soreness, redness, delayed-type local reaction) to a prior dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component.

3. Has the child had a serious reaction to a vaccine in the past? (all vaccines)

- Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of corresponding vaccines (see response to question 2).
- A history of encephalopathy within 7 days of DTP/DTaP is a contraindication for further doses of any pertussis-containing vaccine.

- Other "serious reactions" that this child experienced following vaccination might constitute a contraindication or precaution to future doses.
- When a precaution is present, vaccination is usually deferred unless the benefit outweighs the risk (e.g., during an outbreak). See the appendix on vaccine contraindications and precautions in **Reference 2** above.

4. Does the child have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g., diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are they taking regular aspirin or salicylate medication? (MMR, MMRV, LAIV, VAR)

LAIV is not recommended for children currently using aspirin or salicylate-containing medication, or children with a cerebrospinal fluid leak, anatomic or functional asplenia, cochlear implant, or those age 2 through 4 years with a history of asthma or wheezing. Precautions to LAIV include any underlying health condition that increases the risk of influenza complications (see package insert or the CDC schedule [**Reference 1**] for details). **MMR & MMRV:** A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV. **VAR:** Aspirin use is a precaution to VAR due to the association of aspirin use, chickenpox, and Reye syndrome in children and adolescents.

5. For children ages 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? (LAIV)

Children ages 2 through 4 years who had a wheezing episode within the past 12 months should not get LAIV. Give IIV or RIV instead.

6. For babies: Have you ever been told the child had intussusception? (rotavirus vaccine)

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should **not** be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problem? (DTaP, Td, Tdap, MMRV, RIV, all influenza vaccines)

For patients with stable neurologic disorders (including seizures) unrelated to vaccination, or with a family history of seizures, vaccinate as usual (exception: children with a first degree relative [e.g., parent or sibling] or personal

history of seizures generally should receive separate MMR and VAR, not MMRV). **Pertussis-containing vaccines:** DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to using DTaP and Tdap. **A history of Guillain-Barré syndrome (GBS):** a) **Td/Tdap:** GBS within 6 weeks of a tetanus-toxoid vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td; b) **all influenza vaccines:** GBS within 6 weeks of an influenza vaccine is a precaution; influenza vaccination should generally be avoided unless the benefits outweigh the risks (e.g., for those at higher risk for influenza complications).

8. Has the child ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19?

Precautions to COVID-19 vaccination include a history of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine or a history of Multisystem Inflammatory Syndrome (MIS-C). A person who develops myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 should generally not receive additional COVID-19 vaccine. A child with a history of myocarditis or pericarditis unrelated to vaccination may receive a COVID-19 vaccine once the condition has completely resolved. A child with a history of MIS-C may be vaccinated if the condition has fully resolved and it has been at least 90 days since diagnosis. Refer to CDC COVID-19 vaccine guidance for additional considerations for myocarditis, pericarditis, and MIS (see **Reference 4**).

9. Does the child have an immune system problem, such as cancer, leukemia, or HIV/AIDS? (LAIV, MMR, MMRV, rotavirus, VAR)

Live virus vaccines are usually contraindicated in immunocompromised people with exceptions. For example, **MMR** is recommended for asymptomatic HIV-infected patients who are not severely immunosuppressed. **VAR** should be administered (if indicated) to people with isolated humoral immunodeficiency. **LAIV** is contraindicated in immuno-suppressed people; give IIV or RIV instead. Infants with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including **rotavirus vaccine**, but other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. See **Reference 3** "General Best Practice Guidelines: Altered Immunocompetence."

10. In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? (LAIV, MMR, MMRV, rotavirus, VAR)

Live virus vaccines should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended (see **Reference 3**). Some immune mediator and modulator drugs (especially anti-necrosis factor [TNF] agents) may be immunosuppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A partial list of such drugs is in Table 2.2.4 in CDC's Yellow Book (see **Reference 5**).

11. Does the child's parent or sibling have an immune system problem? (MMR, MMRV, VAR)

MMR, MMRV, and VAR vaccines should **not** be given to a patient with a family history of congenital or hereditary immunodeficiency in a first-degree relative (e.g., parent, sibling) unless the patient's immune competence has been verified clinically or by a laboratory.

12. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug? (MMR, MMRV, LAIV, VAR)

See **Reference 1** (schedule) for antiviral drug information (VAR, LAIV). For intervals between MMR, VAR, and certain blood/blood products and immune globulin, see Table 3-6 of "Timing and Spacing of Immunobiologics" at www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html.

13. Is the child/teen pregnant? (HPV, IPV, LAIV, MenB, MMR, MMRV, VAR)

Some live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) are contraindicated in pregnancy due to the theoretical risk of virus transmission to the fetus. People who could become pregnant and receive a live virus vaccine should be instructed to avoid pregnancy for 1 month after vaccination. For the non-live vaccines listed, **IPV** and **MenB** should not be given except to those with an elevated risk of exposure during pregnancy. **HPV** is not recommended during pregnancy.

14. Has the child received vaccinations in the past 4 weeks? (LAIV, MMR, MMRV, VAR, yellow fever)

Children given injectable or intranasally administered live virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine. Non-live vaccines may be given at the same time or at any spacing interval.

15. Has the child ever felt dizzy or faint before, during or after a shot?

Fainting (syncope) or dizziness is not a contraindication or precaution to vaccination; it may be an anxiety-related response to any injection or needlestick. CDC recommends vaccine providers consider observing all patients for 15 minutes after vaccination. See Immunize.org's resource on vaccination and syncope at www.immunize.org/catg.d/p4260.pdf.

16. Is the child anxious about getting a shot today?

Anxiety can lead to vaccine avoidance. Simple steps can ease a patient's anxiety about vaccination. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/clinical/topic/addressing-anxiety

VACCINE ABBREVIATIONS

DTaP = Diphtheria, tetanus, & acellular pertussis vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
cclIV = cell culture inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
LAIV = Live attenuated influenza vaccine
MenB = Meningococcal B vaccine
MMR = Measles, mumps, and rubella vaccine