

Cuestionario de contraindicaciones para vacunación de niños y adolescentes

NOMBRE DEL PACIENTE _____

FECHA DE NACIMIENTO ____/____/____
mes día año

A los padres/tutores: Las siguientes preguntas nos ayudarán a determinar cuáles vacunas le podremos dar hoy a su hijo. Si contesta “sí” a alguna pregunta, eso no siempre quiere decir que no deben vacunar a su hijo. Simplemente quiere decir que hay que hacerle más preguntas. Si alguna pregunta no está clara, pida a su profesional de la salud que se la explique.

	sí	no	no sabe
1. ¿Está enfermo hoy el niño?	☐	☐	☐
2. ¿Es alérgico el niño a algún medicamento, alimento, a algún componente de las vacunas o al látex?	☐	☐	☐
3. ¿Tuvo alguna vez el niño alguna reacción seria a una vacuna en el pasado?	☐	☐	☐
4. ¿Ha tenido el niño algún problema de salud como enfermedad de los pulmones, del corazón, de los riñones o metabólica (como diabetes), asma o un trastorno de la sangre? ¿Está en terapia de aspirina a largo plazo?	☐	☐	☐
5. Si el niño que va a ser vacunado tiene entre 2 y 4 años de edad, ¿le dijo algún profesional de la salud en los últimos 12 meses que el niño tuvo sibilancias o asma?	☐	☐	☐
6. Si el niño es bebé, ¿le dijeron alguna vez que tuvo intususcepción?	☐	☐	☐
7. ¿El niño, uno de sus hermanos o padres, ha tenido convulsiones; ha tenido el niño problemas del cerebro o algún otro problema del sistema nervioso?	☐	☐	☐
8. ¿Tiene el niño cáncer, leucemia, VIH/SIDA o algún otro problema del sistema inmunológico?	☐	☐	☐
9. ¿En los últimos 3 meses el niño ha tomado medicamentos que afecten el sistema inmunológico, como prednisona, otros esteroides o medicamentos contra el cáncer; medicamentos para el tratamiento de la artritis reumatoide, la enfermedad de Crohn o la psoriasis; o tuvo tratamientos de radiación?	☐	☐	☐
10. Durante el año pasado, ¿le hicieron al niño una transfusión de sangre o de productos de la sangre, o le dieron inmunoglobulina o gamaglobulina o algún medicamento antiviral?	☐	☐	☐
11. ¿Está la niña/adolescente embarazada o hay alguna posibilidad de que quede embarazada durante el próximo mes?	☐	☐	☐
12. ¿Le aplicaron alguna vacuna al niño en las últimas 4 semanas?	☐	☐	☐

FORMULARIO LLENADO POR _____ FECHA _____

FORMULARIO REVISADO POR _____ FECHA _____

¿Trajo su comprobante de vacunación hoy? sí ☐ no ☐

Es importante que tenga un comprobante de vacunación personal de las vacunas de su hijo. Si no lo tiene, pídale al profesional de la salud de su hijo que le dé uno con todas las vacunas de a su hijo. Guárdelo en un lugar seguro y llévelo todas las veces que su hijo reciba atención médica. Su hijo necesitará este documento importante por el resto de su vida para ingresar a la guardería o a la escuela, para empleos o para viajar al extranjero.

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

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed at the end.

1. Is the child sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events.^{1,2} However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, a vaccine component, or latex? [all vaccines]

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see reference 3; for an extensive list of vaccine components, see reference 4. People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV or RIV) that is otherwise appropriate for the patient's age. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office. Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.⁵

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

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses.¹ History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTaP (not Tdap) include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 or more hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? [LAIV]

The safety of live, attenuated influenza vaccine (LAIV) in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV.

5. If the child to be vaccinated is 2 through 4 years of age, 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 have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IIV.

6. If your child is a baby, have you ever been told that he or she has had intussusception? [Rotavirus]

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 brain or other nervous system problem? [DTaP, Td, Tdap, IIV, LAIV, MMRV]

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 the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has

NOTE: Live attenuated influenza vaccine (LAIV4; FluMist), is not recommended by CDC's Advisory Committee on Immunization Practices for use in the U.S. during the 2016–17 influenza season. Because LAIV4 is still a licensed vaccine that might be available and that some providers might elect to use, for informational purposes, reference is made to previous recommendations for its use.

occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, MMRV, RV, VAR]

Live virus vaccines (e.g., MMR, MMRV, varicella, rotavirus, and LAIV) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine. Other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. For details, consult ACIP recommendations.^{1,6,7,8}

9. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? [LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement.¹ Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. The use of live vaccines should be avoided in persons taking these drugs.¹ To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 9. LAIV, when recommended, can be given only to healthy non-pregnant people ages 2 through 49 years.

10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [LAIV, MMR, MMRV, VAR]

Certain live virus vaccines (e.g., LAIV, MMR, MMRV, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current Red Book for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.^{1,2}

11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? [HPV, IPV, LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus.^{1,2} Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine.^{7,10} On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of exposure is imminent (e.g., travel to endemic areas) and immediate protection is needed. Inactivated influenza vaccine and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

12. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]

Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.

REFERENCES

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3. Latex in Vaccine Packaging: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf

4. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf.
5. CDC. Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2016–17 influenza season at www.cdc.gov/mmwr/volumes/pdf/65/55/pdfs/rr6505.pdf. pages 1–56.

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