

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 administrar a su hijo hoy. Si responde "sí" a alguna pregunta, no necesariamente significa que no se debe vacunar a su hijo. Simplemente quiere decir que hay que hacerle más preguntas. Si alguna pregunta no está clara, solicítele a su proveedor de atención médica que se la explique.

	sí	no	no sé
1. ¿El niño está enfermo hoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿El niño es alérgico a algún medicamento, alimento, componente de vacunas o al látex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿El niño ha tenido alguna reacción seria a una vacuna en el pasado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿El niño tiene algún problema de salud crónico en los pulmones, el corazón o los riñones, o sufre de enfermedad metabólica (p. ej., diabetes), asma, un trastorno de la sangre, no tiene bazo, tiene deficiencia de componentes del complemento, un implante coclear o derrame de líquido cefalorraquídeo? ¿Está en terapia de aspirina a largo plazo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Si el niño que va a ser vacunado tiene entre 2 y 4 años, ¿le ha dicho algún proveedor de atención médica que el niño tuvo sibilancia o asma en los últimos 12 meses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Si el niño es un bebé, ¿le han dicho alguna vez que tuvo intususcepción?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ¿El niño, uno de sus hermanos o uno de sus padres ha tenido convulsiones; o el niño ha tenido problemas cerebrales o algún otro problema del sistema nervioso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ¿El niño o un miembro de su familia tiene cáncer, leucemia, VIH/SIDA o cualquier otro problema del sistema inmunitario?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ¿Uno de los padres, hermanos o hermanas del niño tiene algún problema en su sistema inmunitario?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ¿En los últimos 3 meses, el niño ha tomado medicamentos que afectan el sistema inmunitario, tales como prednisona, otros esteroides o medicamentos contra el cáncer, o medicamentos para el tratamiento de la artritis reumatoide, la enfermedad de Crohn o la psoriasis, o tuvo tratamientos de radiación?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Durante el año pasado, ¿el niño recibió una transfusión de sangre o de productos sanguíneos, o se le administró inmunoglobulina, gammaglobulina o algún medicamento antiviral?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ¿La niña/adolescente está embarazada o hay alguna posibilidad de que quede embarazada durante el próximo mes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ¿Se le aplicó alguna vacuna al niño en las últimas 4 semanas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORMA LLENADA POR _____ FECHA _____

FORMA REVISADA POR _____ FECHA _____

¿Trajo su cartilla de vacunación consigo? sí no

Es importante que tenga un registro personal de las vacunas de su hijo. Si no lo tiene, pídale al proveedor de atención médica de su hijo que le dé uno con todas las vacunas de su hijo. Guárdelo en un lugar seguro y llévelo con usted todas las veces que busque atención médica para su hijo. Su hijo necesitará este documento para ingresar a la guardería o a la escuela, para obtener empleo o para viajar al extranjero.

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (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 in **Notes** below.

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

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

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. 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 www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for the patient's age and health status. 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.³

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. History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. 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. Does the child have a long-term health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? [MMR, MMRV, LAIV, VAR]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. The safety 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 with functional or anatomic asplenia, complement deficiency, cochlear implant, or CSF leak should not receive LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Aspirin use is a precaution to VAR.

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 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, VAR, RV, 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, VAR should be considered for HIV-infected children age 12 months through 8 years with age-specific CD4+ T-lymphocyte percentage at 15% or greater, or for children age 9 years or older with CD4+ T-lymphocyte counts of greater than or equal to 200 cell/ μ L. 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 RV. Other forms of immunosuppression are a precaution, not a contraindication, to RV. For details, consult ACIP recommendations (see references in **Notes** above).

9. Does the child have a parent, brother, or sister with an immune system problem? [MMR, MMRV, VAR]

MMR, VAR, and MMRV vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

10. 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. Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at wwwnc.cdc.gov/travel/yellowbook/2018/advising-travelers-with-specific-needs/immunocompromised-travelers. The use of live vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see General Best Practice Guidelines for Immunization (referenced in **Notes** above). LAIV, when recommended, can be given only to healthy non-pregnant people ages 2 through 49 years.

11. 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? [MMR, MMRV, VAR]

Certain live virus vaccines (e.g., MMR, MMRV, VAR) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations (referenced in **Notes** above) for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

12. 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, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. 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. On theoretical grounds, IPV 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. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

13. 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, VAR, 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.

VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine	RIV = Recombinant influenza vaccine
HPV = Human papillomavirus vaccine	RV = Rotavirus vaccine
IIV = Inactivated influenza vaccine	Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
IPV = Inactivated poliovirus vaccine	VAR = Varicella vaccine
MMR = Measles, mumps, and rubella vaccine	
MMRV = MMR+VAR vaccine	

Fecha de Hoy

FORMA PARA PRE-REGISTRO

NOMBRE COMPLETO DEL NIÑO/A (PACIENTE): _____ ETHNICIDAD: _____ FECHA DE NACIMIENTO: _____
DE SEGURO SOCIAL: _____ SEXO: _____ ESTADO MARITAL: _____ NOMBRE DE PILA: _____
DOMICILIO: _____ TELEFONO: _____
CIUDAD/CODIGO POSTAL: _____ PRIMER IDIOMA: _____ LUGAR DE NACIMIENTO _____

NOMBRE COMPLETO DE LA MADRE: _____ APELLIDO PATERNO DE LA MADRE: _____
DOMICILIO: _____ TELEFONO: _____
CIUDAD/CODIGO POSTAL: _____
NUMERO DE SEGURO SOCIAL: _____ FECHA DE NACIMIENTO: _____

NOMBRE COMPLETO DEL PADRE: _____ FECHA DE NAMIMIENTO: _____ NUMERO DE SEGURO SOCIAL: _____
DOMICILIO: _____ TELEFONO: _____
CIUDAD/CODIGO POSTAL: _____

EN CASO DE EMERGENCY A QUIEN PODEMOS CONTACTAR? NOMBRE: _____ TELEFONO: _____

USTED TIENE MEDI-CAL? SI NO

SI USTED ESTA AQUI PARA INMUNIZACIONES O PARA WELL BABY O PARA EXAMEN PARA NIÑO POR FAVOR LEA LO SIGUIENTE:
DIVULGACION DE REGISTRO DE INMUNIZACION PARA PADRES/GUARDIAN DEL PACIENTE PARA COMPARTIR ARCHIVOS DE INMUNIZACION (por
Codigo de Salud y Seguridad 120440)

Esta localidad de Registro de Inmunizacion compartira alguna informacion de inmunizacion de su hijo con el departamento de salud local y del estado, escuelas, organizaciones de cuidado infantil, hogares de familia de cuidado de niños, organizacion WIC, doctores, clínicas u hospitals a donde lleva a su hijo para cuidado medico y haga petition de la informacion, y planes de cuidado de la salud. Localidades de registro que proven o administra inmunizacions compartira y tiene acceso a lo siguiente:

Nombre, nombre de los padres o guardians, lugar y fecha de nacimiento, inmunizaciones (vacunas) recibidas, cualquier reaccion seria a inmunizaciones, numero de telefono y domicilio vigente, y otra informacion que no sea medica que sea necesaria para asegurarse que el archivo de inmunizacion es el de la persona correcta.

Localidades de Registro tales como escuelas, organizaciones de cuidado de niños, hogares de cuidado familiar, y planes del cuidado de la salud no tendran acceso para revisar el domicilio o numero de telefono del niño. La informacion en el sistema sera mantenida confidencial. La informacion de inmunizaciones solo sera compartida con las agencias mencionadas anteriormente y sera utilizada solo para ayudar a proveer inmunizaciones a su hijo o para avisarle a usted cuando es tiempo de inmunizaciones.

Usted tiene el derecho de rechazar que su informacion sea compartida con los departamentos de salud u otros doctores, organizacion WIC, clínicas u hospitals, escuelas, organizaciones del cuidado de niños, o planes del cuidado de la salud. Ademas, puede reusarse a recibir recordatorios cuando es tiempo para inmunizaciones. Si desea rechazar cualquiera o incluso los dos, por favor indíquelo abajo.

Tambien tiene el derecho de contactar el departamento de salud local (1) para revisar la informacion de inmunizacion y reportar cualquier error, y (2) para obtener los nombres y domicilios de cualquier otro departamento de salud, doctor, clinica, hospital, escuela, organizacion de cuidado de niños, o plan de cuidado de la salud con el cual informacion ha sido compartida. Estaremos contentos de contestar cualquier pregunta que tenga acerca del registro de inmunizacion.

Si desea limitar su participacion en el Registro de Inmunizacion, favor de marcar lo siguiente en las areas en donde aplica:

No deseo compartir la informacion anterior

No deseo que me envíen recordatorios de inmunizacion.

PATIENT PROFILE

PATIENT INFORMATION:

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

ZIP: _____

PHONE: _____ Home Work Other

PHONE: _____ Home Work Other

SEX: MALE FEMALE

DATE OF BIRTH: _____

SOCIAL SECURITY: _____

How did you hear about us? _____