Cuestionario de contraindicaciones para vacunación de niños y adolescentes

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, solicítelle a su proveedor de atención médica que se la explique.

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<tr>
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<th>sí</th>
<th>no</th>
<th>no sé</th>
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<tbody>
<tr>
<td>1. ¿El niño está enfermo hoy?</td>
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<td>2. ¿El niño es alérgico a algún medicamento, alimento, componente de vacunas o al látex?</td>
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<td>3. ¿El niño ha tenido alguna reacción seria a una vacuna en el pasado?</td>
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<td>4. ¿El niño ha tenido algún problema de salud como enfermedad de pulmonar, cardíaca, renal o metabólica (como diabetes), asma o un trastorno de la sangre? ¿Está en terapia de aspirina a largo plazo?</td>
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<td>5. Si el niño que va a ser vacunado tiene entre 2 y 4 años de edad, ¿le ha dicho algún proveedor de atención médica que el niño tuvo sibilancias o asma en los últimos 12 meses?</td>
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<td>6. Si el niño es un bebé, ¿le han dicho alguna vez que tuvo intususcepción?</td>
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<td>7. ¿El niño, uno de sus hermanos o padres, ha tenido convulsiones; el niño ha tenido problemas cerebrales o algún otro problema del sistema nervioso?</td>
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<td>8. ¿El niño o un miembro de su familia tiene cáncer, leucemia, VIH/SIDA o cualquier otro problema del sistema inmunitario?</td>
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<td>9. ¿En los últimos 3 meses, el niño ha tomado medicamentos que afecten el sistema inmunitario, 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?</td>
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<td>10. Durante el año pasado, ¿el niño recibió una transfusión de sangre o de productos sanguíneos, o se le administró inmunoglobulina o gammaglobulina o algún medicamento antiviral?</td>
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<td>11. ¿La niña/adolescente está embarazada o hay alguna posibilidad de que quede embarazada durante el próximo mes?</td>
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<td>12. ¿Se le aplicó alguna vacuna al niño en las últimas 4 semanas?</td>
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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 empleos o para viajar al extranjero.

“Screening Checklist for Contraindications to Vaccines for Children and Teens”

Saint Paul, Minnesota • 651-647-9099 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p4060-01.pdf • Item #P4060-01 Spanish (9/17)
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. 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, foods, 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 dose of vaccine 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 vaccine containing egg, i.e., any IV or RIV. However, they should be informed that vaccines may contain other egg-containing ingredients. Any anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component. An anaphylactic reaction to latex may occur with any vaccine containing latex, including MMR, MMRV, and VAR vaccines.

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 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? [MMR, MMRV, LAIV]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. 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, VAR]

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTaP/Tdap. 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, vaccines may be given to children with a personal or family history (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, vaccine with IIV if at high risk for severe influenza complications.

REFERENCES


NOTE: Live attenuated influenza vaccine (LAIV4, FluMist) is not recommended by CDC’s Advisory Committee on Immunization Practices for use in the U.S. for the 2017–18 influenza season.