Nom du patient : _____ Date de naissance : _____/_____/_____
(jour) (mois) (année)

Questionnaire de dépistage des contre-indications à l'immunisation des enfants et des adolescents

À l'attention des parents/tuteurs : les questions ci-dessous nous aideront à déterminer quels vaccins votre enfant peut recevoir aujourd'hui. Si vous répondez « Oui » à l'une des questions, cela ne signifie pas forcément que votre enfant n'aura pas à être vacciné. Cela indique simplement qu'il faudra approfondir la question. Si une question n'est pas claire, demandez à votre personnel médical de vous l'expliquer.

		Oui	Non	Je ne sais pas
1.	L'enfant est-il malade aujourd'hui ?	☐	☐	☐
2.	L'enfant présente-t-il des allergies à certains médicaments, aliments, vaccins ou au latex ?	☐	☐	☐
3.	L'enfant a-t-il déjà eu une réaction grave suite à un vaccin ?	☐	☐	☐
4.	L'enfant a-t-il eu l'un de ces problèmes de santé : une maladie pulmonaire, une maladie cardiaque, une maladie rénale, une maladie métabolique (par ex. le diabète), l'asthme, ou souffrez-vous d'un trouble sanguin ? L'enfant suit-il un traitement par l'aspirine à long terme ?	☐	☐	☐
5.	Si l'enfant qui se fera vacciner est âgé de 2 à 4 ans, un prestataire de soins de santé vous a-t-il signalé que l'enfant avait un sifflement (wheezing) ou de l'asthme au cours des douze derniers mois ?	☐	☐	☐
6.	Si votre enfant est un nourrisson, à votre connaissance, a-t'il/elle déjà souffert d'une invagination ?	☐	☐	☐
7.	L'enfant, ses frères/soeurs ou l'un de ses parents ont-ils souffert de convulsions ? L'enfant a-t-il souffert de troubles cérébraux ou nerveux ?	☐	☐	☐
8.	L'enfant a-t-il un cancer, une leucémie, le VIH/SIDA ou tout autre problème immunitaire ?	☐	☐	☐
9.	Au cours des 3 derniers mois, l'enfant a-t-il pris des médicaments affaiblissant son système immunitaire, comme de la cortisone, de la prednisone, d'autres stéroïdes, des médicaments anticancéreux, ou a-t-il reçu des traitements de radiothérapie ?	☐	☐	☐
10.	Au cours de la dernière année, l'enfant a-t-il reçu une transfusion sanguine ou tout autre produit sanguin, a-t-il pris un médicament appelé gammaglobuline ou un médicament antiviral ?	☐	☐	☐
11.	L'adolescente est-elle enceinte ou existe-t-il une possibilité de grossesse dans le mois à venir ?	☐	☐	☐
12.	L'enfant a-t-il été vacciné au cours des quatre dernières semaines ?	☐	☐	☐

Formulaire rempli par : _____ Date : _____

Formulaire revu par : _____ Date : _____

Avez-vous apporté le carnet de santé de l'enfant ? oui ☐ non ☐

Il est important d'avoir en votre possession un registre des vaccinations de l'enfant. Si vous n'en avez pas, demandez à votre prestataire de soins de santé de vous en donner un et d'y noter toutes les vaccinations que l'enfant a déjà reçues. Gardez ce registre dans un endroit sûr et apportez-le à chaque visite médicale de votre enfant. Votre enfant aura besoin de ce document important tout au long de sa vie, que ce soit pour son admission à un service de garde d'enfants ou à l'école, pour son travail ou pour les voyages à l'étranger.

Translation by Transcend, Davis, CA

www.immunize.org/catg.d/p4060-10.pdf • Item #P4060-10 French (5/14)

Information for Health Professionals about the Screening Checklist for Contraindications (Children & 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 bottom of this page.

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]*
If a person has anaphylaxis after eating gelatin, do not administer MMR, MMRV, or varicella vaccine. Local reactions are not contraindications. For a table of vaccines supplied in vials or syringes that contain latex, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf. For an extensive list of vaccine components, see reference 3. An egg-free recombinant influenza vaccine (RIV) may be used in people age 18 through 49 years with egg allergy of any severity who have no other contraindications. Children and teens younger than age 18 years who have experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a specialist for appropriate evaluation to help determine if vaccine should be administered. Protocols have been published for safely administering influenza vaccine to people with egg allergies (see reference 4). People who report a reaction of only hives after eating eggs or egg-containing foods, can receive either inactivated influenza vaccine (IIV) or, if age-eligible, RIV (not LAIV). If IIV is to be administered, CDC recommends 1) the vaccine be administered by a healthcare provider familiar with the potential manifestations of egg allergy and 2) the vaccine recipient be observed for at least 30 minutes.

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]*
Children with any of the health conditions listed above should not be given the intranasal, live attenuated influenza vaccine (LAIV). These children should be vaccinated with the injectable influenza vaccine.

5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? *[LAIV]*
Children who have had a wheezing episode within the past 12 months should not be given the live attenuated influenza vaccine. Instead, these children should be given the inactivated influenza vaccine.

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, TIV, 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 age-appropriate Tdap instead of Td if no history of prior Tdap, to improve pertussis protection; 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 the intranasal live, attenuated influenza vaccine [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 the ACIP recommendations (5, 6, 7).

9. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments? *[LAIV, MMR, MMRV, VAR]*
Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) 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). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 8. LAIV can be given only to healthy non-pregnant individuals age 2–49 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? *[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, 7). 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 (6, 9). On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent (e.g., travel to endemic areas) and immediate protection is needed. Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester (10).

12. Has the child received vaccinations in the past 4 weeks?
[LAIV, MMR, MMRV, VAR, yellow fever]
If the child was given either live, attenuated influenza vaccine (LAIV) or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks, they 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:

1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. AAP. *Red Book: Report of the Committee on Infectious Diseases* at www.aapredbook.org.
3. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
4. CDC. Prevention and control of Influenza with Vaccines: Recommendations of the ACIP—2013–2014 at www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm.
5. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
6. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
7. CDC. Prevention and Control of Influenza—Recommendations of ACIP at www.cdc.gov/flu/professionals/vaccination/.
8. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/vaccines/pubs/down-loads/b_hsct-recs.pdf.
9. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
10. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).