Screening Checklist for Contraindications to Vaccines for Children and Teens

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

1. Is the child sick today? yes no don’t know
2. Does the child have allergies to medicine, food, a vaccine component, or latex? yes no don’t know
3. Has the child had a serious reaction to a vaccine in the past? yes no don’t know
4. Does the child have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? yes no don’t know
5. For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? yes no don’t know
6. For babies: Have you ever been told that the child had intussusception? yes no don’t know
7. Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problem? yes no don’t know
8. Does the child have an immune-system problem such as cancer, leukemia, HIV/AIDS? yes no don’t know
9. 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? yes no don’t know
10. Does the child’s parent or sibling have an immune system problem? yes no don’t know
11. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug? yes no don’t know
12. Is the child/teen pregnant? yes no don’t know
13. Has the child received vaccinations in the past 4 weeks? yes no don’t know
14. Has the child ever felt dizzy or faint before, during, or after a shot? yes no don’t know
15. Is the child anxious about getting a shot today? yes no don’t know

FORM COMPLETED BY _______________________________ DATE __________

FORM REVIEWED BY _______________________________ DATE __________

Did you bring your immunization record card with you? yes no

It is important to have a personal record of your child’s vaccinations. If you don’t have one, ask the child’s healthcare provider to give you one with all your child’s vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter daycare or school, for employment, or for international travel.
Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

Read the information below for help interpreting answers to the screening checklist. To learn even more, consult the references in Note below.

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,” and diarrhea) and antibiotic use are not contraindications to routine vaccination.

2. Does the child have allergies to medications, food, a vaccine component, or latex? [all vaccines]
   - Gelatin: If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin. Eggs: In 2023, based upon a systematic review of current vaccine safety data, ACIP and CDC recommend that people with any type of egg allergy may receive any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. Additional safety measures are no longer recommended for influenza vaccination beyond those recommended for receipt of any vaccine. Lactose: An anaphylactic reaction to lactose is a contraindication to vaccines with lactose as part of the vaccine packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on lactate in vaccine packaging, refer to the package insert (listed at www.fda.gov/vaccines-biologics/vaccines/vaccine-licensing-use-united-states). An injection-site reaction (e.g., soreness, redness, delayed-type 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.

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 question 2).
   - Usually, one defers vaccination when a precaution is present, unless the benefit outweighs the risk (e.g., during an outbreak).
   - 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 contraindications or precautions to future doses. See the appendix on vaccine contraindications and precautions in the Notes section above.

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, IPV, LAIV, VAR]
   - LAIV is not recommended for people with cerebrospinal fluid (CSF) leak, anatomic or functional asplenia, cochlear implant, or who are on long-term aspirin therapy; give IV or RI instead. Underlying health conditions that increase the risk of influenza complications such as heart, lung, kidney, or metabolic disease (e.g., diabetes) and asthma in children age 5 years and older are precautions for LAIV. MMR & MMRV: A history of thombocytopeina 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, wild type varicella infection, and Reye syndrome in children and adolescents.

5. For children age 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 IV or RI instead.

6. For babies: Have you ever been told the child 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 a brain or other nervous system problem? [DTaP, Td, Tdap, IV, LAIV, MMR, RV]
   - For patients with stable neurologic disorders (including seizures) unrelated to vaccination, or with a family history of seizures, vaccine as usual (except: 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 unastble progressive neurologic problem is a precaution to using DTaP and Tdap.
   - A history of Guillain–Barre 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 of 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).

Vaccine abbreviations:
- DTaP = Diphtheria, tetanus, & acellular pertussis vaccine
- IPV = Inactivated poliovirus vaccine
- LAIV = Live attenuated influenza vaccine
- MMR = Measles, mumps, and rubella vaccine
- MMRV = Measles, mumps, rubella, and varicella vaccine
- VAR = Varicella vaccine
- IPV = Inactivated poliovirus vaccine
- LAIV = Live attenuated influenza vaccine
- MMR = Measles, mumps, and rubella vaccine
- MMRV = Measles, mumps, rubella, and varicella vaccine
- RV = Recombinant influenza vaccine
- Td = Tetanus, diphtheria
- VAR = Varicella vaccine

8. Does the child have an immune-system problem, such as cancer, leukemia, HIV/AIDS? [MMR, MMRV, Rotavirus, VAR]
   - Live virus vaccines, such as those listed above, are usually contraindicated in immunocompromised people with exceptions. For example, MMR is recommended for asymptomatic HIV-infected patients who do not have evidence of severe immunosuppression. MMRV should be administered if it is indicated to people with isolated humoral immunodeficiency. LAIV is contraindicated in immunosuppressed people; give IV or RI 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 “General Best Practice Guidelines: Altered Immunocompetence” at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immuno-competence.html.

9. In the past 6 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 piolitis, or had radiation treatment? [LAIV, MMR, MMRV, VAR]
   - Live virus vaccines should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. See Notes above. Some immune mediator and modulator drugs (especially the antitumor necrosis factors [TNF] adalimumab, infliximab, and etanercept) may be irrevocably damaging or life-threatening. Avoid live virus vaccines in people taking immunosuppressive drugs. A list of these is in CDC’s Yellow Book at wwwnc.cdc.gov/travel/yellowbook/2024/addi- tional-considerations/imunocompromised-travelers. To find specific vaccination schedules for hematopoietic stem-cell transplant patients, see “General Best Practice Guidelines: Altered Immunocompetence” at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immuno-competence.html.

10. Does the child’s parent or sibling have an immune system problem? [MMR, MMRV, VAR] MMR, VAR, and MMRV vaccines should not be given to a patient with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the patient’s immune competence has been clinically substantiated or verified by a laboratory.

11. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug? [MMR, MMRV, LAIV]
   - Certain live virus vaccines (e.g., MMR, MMRV, LAIV, VAR) may need to be deferred, depending on several variables. See current ACIP recommendations (Notes above) for recommended intervals between receipt of live virus vaccines such as those listed above, and certain blood/blood products, immune (gamma) globulin, or an antiviral drug.

12. Is the child/teen pregnant? [HPV, IPV, LAIV, MMR, MMRV, VAR]
   - Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) are contraindicated during pregnancy because of the theoretical risk of viral transmission to the fetus. Sexually active people who could become pregnant and who receive a live virus vaccine should be instructed to avoid pregnancy for 1 month following vaccination. IPV and MenB should not be given except to those with an elevated risk of exposure during pregnancy. HPV vaccine is not recommended during pregnancy. Injectable influenza vaccine, COVID-19 vaccine, and Tdap are explicitly recommended during pregnancy.

13. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]
   - Patients who received a live vaccine such as those listed above should wait 28 days before receiving another live virus vaccine (30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

14. Has the child felt dizzy or faint before, during or after a shot? Fainting (syncope) or dizziness (presyncope) is not a contraindication or precaution to vaccination. However, for some people these can be a response to vaccination anxiety. People of all ages and young adult age groups are more likely to experience syncope. CDC recommends that vaccine providers consider observing all patients for 15 minutes after vaccination. This is especially important for people with a pattern of injection-related syncope. For more information, see www.immunize.org/catg.d/p4260.pdf.

15. Is the child anxious about getting a shot today? Anxiety can lead to vaccine hesitancy or avoidance. Simple steps can ease a patient’s anxiety during vaccination. Visit Immunize.org’s “Addressing Vaccine Anxiety” clinical resources at www.immunize.org/handouts.

Note: For more details, see “General Best Practice Guidelines: Contraindications and Precautions” (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html). This checklist does not include COVID-19-specific vaccination screening questions. For this, see www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf.