

# Cuestionario de contraindicaciones para las vacunas HPV, MenACWY, MenB y Tdap para adolescentes

SU NOMBRE \_\_\_\_\_

FECHA DE NACIMIENTO \_\_\_\_/\_\_\_\_/\_\_\_\_  
mes día año

**Para los padres/tutores:** Las siguientes preguntas nos ayudarán a determinar si las vacunas contra el virus del papiloma humano (VPH), meningocócica conjugada (MenACWY), meningocócica serogrupo B (MenB) y tétanos, difteria y pertusis acelular (Tdap) se pueden dar a su adolescente hoy. Si contesta que “sí” a alguna de las preguntas, no necesariamente significa que su adolescente no debería vacunarse. 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. ¿Su adolescente está enfermo hoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Su adolescente es alérgico a un componente de la vacuna o al látex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Su adolescente ha tenido una reacción grave a una vacuna en el pasado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿Su adolescente ha tenido problemas del cerebro u otros problemas del sistema nervioso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Para mujeres: ¿Su adolescente está embarazada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORMULARIO LLENADO POR \_\_\_\_\_ FECHA \_\_\_\_\_

FORMULARIO REVISADO POR \_\_\_\_\_ FECHA \_\_\_\_\_

**¿Trajo el comprobante de vacunación de su adolescente hoy?**      sí       no

Es importante tener un comprobante personal de las vacunas de su adolescente. Si no tiene uno, pídale al profesional de la salud de su adolescente que le dé uno con todas las vacunas que recibió. Guárdelo en un lugar seguro y no se olvide de llevarlo cada vez que su adolescente obtenga atención médica. Su adolescente probablemente necesite este documento para entrar a la escuela o universidad, para obtener empleo o para viajar al extranjero.

# Information for Healthcare Professionals about the Screening Checklist for Contraindications to HPV, MenACWY, MenB, and Tdap Vaccines for 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 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](http://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](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)

## 1. Is your teen sick today?

*(This question applies to HPV, MenACWY, MenB, Tdap.)*

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, all vaccines should be delayed until a moderate or severe acute illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications or precautions to vaccination. Do not withhold vaccination if a teen is taking antibiotics unless he/she is moderately or severely ill.

## 2. Does your teen have allergies to a vaccine component or to latex?

*(This question applies to HPV, MenACWY, MenB, Tdap.)*

A delayed-type local reaction following a prior vaccine dose is not a contraindication to a subsequent dose. History of severe allergy to a vaccine component occurs in minutes to hours, requires medical attention, and is a contraindication. For a table of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf). 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](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf).

## 3. Has your teen had a serious reaction to a vaccine in the past?

*(This question applies to HPV, MenACWY, MenB, Tdap.)*

A local reaction following a prior vaccine dose is not a contraindication to a subsequent dose. However, history of an anaphylactic reaction (hives, swelling of the lips or tongue, acute respiratory distress, or collapse) following a previous dose of vaccine or vaccine component is a contraindication for subsequent doses.

## 4. Has the teen had brain or other nervous system problems?

*(This question applies to Tdap.)*

Tdap is contraindicated in teens who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit of vaccinating outweighs the risk (e.g., during a community pertussis outbreak). For teens with stable neurologic disorders (including seizures) unrelated to vaccination, or for those with a family history of seizures, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with Td or Tdap: if GBS occurred within 6 weeks of receipt of a tetanus-containing vaccine and a decision is made to continue vaccination, give age-appropriate Tdap instead of Td if there is no history of a prior Tdap dose, to improve pertussis protection.

## 5. For females; Is your teen pregnant?

*(This question applies to HPV and MenB.)*

Teens who are pregnant should not be given HPV vaccine. On theoretical grounds, MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. Pregnancy is not a contraindication or precaution for administering Tdap or MenACWY vaccine.

### VACCINE ABBREVIATIONS

DTP= Diphtheria, tetanus, pertussis vaccine  
DTaP= Diphtheria, tetanus, (acellular) pertussis vaccine  
HPV = Human papillomavirus vaccine  
MenB = Meningococcal serogroup B vaccine  
MenACWY = Meningococcal serogroups A, C, W, Y  
Td/Tdap = Tetanus, diphtheria, (acellular) pertussis vaccine