Screening Checklist for Contraindications to Vaccines for Adults

For patients: The following questions will help us determine which vaccines you may be given today. If you answer “yes” to any question, it does not necessarily mean you 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. Are you sick today? □ yes □ no □ don’t know

2. Do you have allergies to medications, food, a vaccine component, or latex? □ yes □ no □ don’t know

3. Have you ever had a serious reaction after receiving a vaccination? □ yes □ no □ don’t know

4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy? □ yes □ no □ don’t know

5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? □ yes □ no □ don’t know

6. Do you have a parent, brother, or sister with an immune system problem? □ yes □ no □ don’t know

7. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn’s disease, or psoriasis; or have you had radiation treatments? □ yes □ no □ don’t know

8. Have you had a seizure or a brain or other nervous system problem? □ yes □ no □ don’t know

9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? □ yes □ no □ don’t know

10. For women: Are you pregnant or is there a chance you could become pregnant during the next month? □ yes □ no □ don’t know

11. Have you received any vaccinations in the past 4 weeks? □ yes □ no □ don’t know

FORM COMPLETED BY ___________________________ DATE ____________

FORM REVIEWED BY ___________________________ DATE ____________

Did you bring your immunization record card with you? □ yes □ no □ don’t know

It is important for you to have a personal record of your vaccinations. If you don’t have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.
Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

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.

1. Are you 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 (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Do you 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 an 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 IIV, RIV, or LAIV that is otherwise appropriate for the patient’s age and health status. The safety of LAIV in egg allergic people has not been established. 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. Have you ever had a serious reaction after receiving a vaccination? [all vaccines]
   History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent 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. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long term aspirin therapy? [MMR, VAR, LAIV]
   A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. LAIV is not recommended for people with anatomic or functional asplenia, complement component deficiency, a cochlear implant, or CSF leak. These conditions, including asthma in adults, should be considered precautions for the use of LAIV. Aspirin use is a precaution to VAR.

5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, VAR, ZVL]
   Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and VAR vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immunosuppressed people should not receive LAIV.

6. Do you have a parent, brother, or sister with an immune system problem? [MMR, VAR]
   MMR or VAR vaccines should not be administered to persons who have a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory.

7. In the past 3 months, have you taken medications that affect your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn’s disease, or psoriasis; or have you had radiation treatments? [LAIV, MMR, VAR, ZVL]
   Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) should not be administered to persons who have a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory.

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

8. Have you had a seizure or a brain or other nervous system problem? [all vaccines]
   Influenza (IIV, RIV, LAIV) is contraindicated in people who have a history of encephalopathy within 7 days following DTaP. An unstable progressive neurologic problem is a contraindication to the use of DTaP. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. 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 Td instead of Tdap if no history of prior Tdap; 2) Influenza vaccine (IIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with IIV if at increased risk for severe influenza complications.

9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [MMR, VAR]
   Certain live virus vaccines (e.g., MMR, VAR) may need to be deferred, depending on several variables. Consult General Best Practice Guidelines for Immunization (referenced in Notes above) for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

10. For women: Are you pregnant or is there a chance you could become pregnant during the next month? [HPV, IPV, MMR, LAIV, VAR, ZVL]
   Live virus vaccines (e.g., MMR, VAR, ZVL) should be deferred, depending on several variables. Consult General Best Practice Guidelines for Immunization (referenced in Notes above) for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

11. Have you received any vaccinations in the past 4 weeks? [LAIV, MMR, VAR, yellow fever, ZVL]
   People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZVL, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever). Inactivated vaccines may be given at any time during pregnancy; however, it may be given if risk of exposure is imminent and immediate protection is needed (e.g., travel to endemic areas). IIV and Tdap are both recommended during pregnancy. Both vaccines may be given at any time during pregnancy but the preferred time for Tdap administration is at 27–36 weeks’ gestation. HPV vaccine is not recommended during pregnancy.

VACCINE ABBREVIATIONS

- LAIV = Live attenuated influenza vaccine
- IPV = Inactivated poliovirus vaccine
- MMR = Measles, mumps, and rubella vaccine
- VAR = Varicella vaccine
- ZVL = Zoster vaccine live

- RIV = Recombinant influenza vaccine
- Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
- HPV = Human papillomavirus vaccine
- Zoster = Zoster vaccine live