

# Lista de verificación de selección para detectar contraindicaciones para la vacuna intranasal contra la influenza con virus vivos atenuados

NOMBRE DEL PACIENTE \_\_\_\_\_

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

**Para uso en personas de 2 a 49 años:** Las siguientes preguntas nos ayudarán a determinar si hay alguna razón por la cual no deberíamos administrarle hoy, a usted o a su hijo, la vacuna intranasal contra la influenza con virus vivos atenuados (FluMist).

Si responde “sí” a alguna pregunta, no necesariamente significa que usted (o su hijo) no debe vacunarse. Simplemente quiere decir que hay que hacerle más preguntas. Si alguna pregunta no está clara, solicítele a su proveedor de atención médica que se la explique.

	sí	no	no sé
1. ¿La persona que se va a vacunar está enferma hoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿La persona que se va a vacunar es alérgica a uno de los componentes de la vacuna contra la influenza?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿La persona que se va a vacunar ha tenido alguna vez una reacción seria a la vacuna contra la influenza?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿La persona que se va a vacunar es menor de 2 años o mayor de 49 años?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ¿La persona que se va a vacunar tiene un problema de salud a largo plazo con enfermedad del corazón, enfermedad de los pulmones (incluido el asma), enfermedad de los riñones, enfermedad de neurológica, enfermedad del hígado, o enfermedad del metabolismo (p. ej., diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Si la persona que se va a vacunar es un niño de 2 a 4 años, ¿en los últimos 12 meses, un proveedor de atención médica le dijo que el niño tenía sibilancia o asma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ¿La persona que se va a vacunar tiene un implante coclear o fuga de líquido cefalorraquídeo, o no tiene bazo, o tiene cáncer, leucemia, VIH/SIDA o cualquier otro problema del sistema inmunitario, o, en los últimos 3 meses, ha tomado medicamentos que afecten el sistema inmunitario, como prednisona, otros esteroides, medicamentos para el tratamiento de artritis reumatoide, enfermedad de Crohn o psoriasis, o se sometió a tratamiento con radiación?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ¿La persona que se va a vacunar recibe medicamentos antivirales contra la influenza?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ¿La persona que se va a vacunar es un niño o un adolescente de 6 meses a 17 años y recibe terapia con aspirina o terapia que contenga aspirina?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ¿La persona que se va a vacunar está embarazada o podría quedar embarazada el próximo mes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ¿La persona que se va a vacunar alguna vez ha tenido el síndrome de Guillain-Barré?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ¿La persona que se va a vacunar vive o espera tener contacto cercano con una persona cuyo sistema inmunitario está gravemente comprometido y que tiene que estar en aislamiento protector (p. ej., una sala de aislamiento de una unidad de trasplante de médula ósea)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ¿La persona que se va a vacunar recibió alguna otra vacuna en las últimas 4 semanas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORMA LLENADA POR \_\_\_\_\_ FECHA \_\_\_\_\_

FORMA REVISADA POR \_\_\_\_\_ FECHA \_\_\_\_\_

# Information for Healthcare Professionals about the Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

*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 “Note” below.*

**NOTE:** For supporting documentation on the answers given below, go to the ACIP vaccine recommendation found at the following website: [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html)

## 1. Is the person to be vaccinated sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics. However, if nasal congestion might reduce delivery of the vaccine, delay LAIV4 (FluMist Quadrivalent; AstraZeneca) or use another type of appropriate influenza vaccine.

## 2. Does the person to be vaccinated have an allergy to a component of the influenza vaccine?

A history of an anaphylactic reaction such as wheezing, difficulty breathing, circulatory collapse or shock, or who required epinephrine or another emergency medical intervention after a previous dose of LAIV4 usually means no further doses of LAIV4 should be given. ACIP recommends that people with a history of egg allergy who have experienced only hives after exposure to egg may receive any recommended and age-appropriate influenza vaccine that is otherwise appropriate for their health status without specific precautions (except a 15 minute observation period for syncope). People who report having had an anaphylactic reaction to egg may also receive any age-appropriate influenza vaccine; if a vaccine other than cell-cultured IIV (Flucelvac Quadrivalent; Seqirus) or RIV4 (Flublok Quadrivalent; Sanofi Pasteur) is used, it should be administered in a medical setting (e.g., a health department or physician office) and supervised by a healthcare provider who is able to recognize and manage severe allergic conditions. For a complete list of vaccine components (i.e., excipients and culture media) used in the production of the vaccine, check the package insert (at [www.immunize.org/fda](http://www.immunize.org/fda)) or go to [www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states](http://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

## 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?

Patients reporting a serious reaction to a previous dose of LAIV4 should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further vaccination with LAIV4.

## 4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?

LAIV4 is not licensed or recommended for use in people younger than age 2 years or older than age 49 years.

## 5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, or metabolic disease (e.g., diabetes)?

The safety of LAIV4 in people with any of these health conditions has not been established. These conditions, including asthma in people age 5 years and older, should be considered precautions for the use of LAIV4.

## 6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider told you that the child had wheezing or asthma?

LAIV4 is not recommended for a child this age if their parent or guardian answers yes to this question or if the child has a history of asthma or recurrent wheezing. Instead, the child should be given the inactivated injectable influenza vaccine (IIV).

## 7. Does the person to be vaccinated have a cochlear implant, spinal fluid leak, or no spleen; have cancer, leukemia, HIV/AIDS, or any other immune system problem; in the past 3 months, have they taken medications that affect the immune system (e.g., prednisone or other steroids, drugs for the treatment of rheumatoid arthritis, Crohn's disease, psoriasis, or anticancer drugs); or have they had radiation treatments?

People with these conditions should not be given LAIV4. Instead, they should be given IIV or RIV4.

## 8. Is the person to be vaccinated receiving influenza antiviral medications?

Receipt of certain influenza antivirals could reduce LAIV4 vaccine effectiveness; therefore, providers should defer vaccination with LAIV4 in people who took zanamivir or oseltamivir within 48 hours, peramivir within 5 days, or baloxavir within 17 days. Patients should also be advised to avoid use of these antivirals for 14 days after vaccination, if feasible. Influenza antivirals may be used in people vaccinated with IIV or RIV4.

## 9. Is the person to be vaccinated a child or teen age 6 months through 17 years who is receiving aspirin therapy or aspirin-containing therapy?

Because of the theoretical risk of Reye's syndrome, children age 6 months through 17 years on aspirin therapy should not be given LAIV4. Instead they should be vaccinated with IIV.

## 10. Is the person to be vaccinated pregnant or could she become pregnant within the next month?

Pregnant women or women planning to become pregnant within a month should not be given LAIV4. All pregnant women should, however, be vaccinated with IIV or RIV4. Pregnancy testing is not necessary before administering LAIV4.

## 11. Has the person to be vaccinated ever had Guillain-Barré syndrome?

It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, clinicians might consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

## 12. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?

IIV or RIV4 is preferred for people who anticipate close contact with a severely immunosuppressed person during periods in which the immunosuppressed person requires care in protective isolation (e.g., in a specialized patient-care area with a positive airflow relative to the corridor, high-efficiency particulate air filtration, and frequent air changes). Either IIV, RIV4, or LAIV4 may be used in people who have close contact with people having lesser degrees of immunosuppression.

## 13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?

People who were previously given an injectable live virus vaccine (e.g., MMR, MMRV, varicella, zoster [Zostavax], yellow fever) should wait at least 28 days before receiving LAIV4 (30 days for yellow fever). LAIV4 can be given on the same days as other live vaccines. There is no reason to defer giving LAIV4 if people were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (e.g., IG).