**Lis Kontwòl Depistaj pou Kontrendikasyon pou Vaksen Timoun ak Adolesan**

**Pou paran/gadyen:** Kesyon annapre la yo ap ede nou detèmine ki vaksen timoun ou an ka resevwa jodi a. Si ou reponn “wi” pou renpòt kesyon, sa pa vle di nesesèman timoun ou an pa dwe vaksinen. Li jis vle di gen lòt kesyon ki dwe poze. Si yon kesyon pa klè, tanpri mande founisè swen sante ou pou li esplike l.

| 1. Éske timoun nan malad jodi a? | wi | non | pa konnen |
| 2. Éske timoun nan gen alèji ak medikaman, manje, yon eleman vaksen oswa ak latéks? | | | |
| 3. Éske timoun lan te fè reyaksyon grav ak yon vaksen anvan sa? | | | |
| 4. Éske timoun nan gen yon pwoblèm sante sou long dire nan kò, poumou (sa gen ladan l opresyon), ren, fwa, sistèm nève, oswa maladi metabolik (pa egzanp: dyabèt), yon maladi san, pa gen larat, yon enplan kokleyè, oswa yon ekouman likid sefalarachidyen? Éske l ap pran regilyéman medikaman aspirin oswa yon salisilat? | | | |
| 5. Pou timoun laj 2 jiska 4 lane: Éske yon founisè swen sante te di ou timoun lan te gen respirasyon siflan oswa opresyon nan 12 mwa ki sot pase yo? | | | |
| 6. Pou tibebe yo: Éske yo te janm di w timoun nan te gen envajinasyon? | | | |
| 7. Éske timoun lan, yon frè oswa sè, oswa paran te gen yon kriz; éske timoun lan te gen pwoblèm nan sèvo oswa lòt pwoblèm nan sistèm nève? | | | |
| 8. Éske timoun lan te jann resevwa yon dyagnostik maladi kò (myokadit oswa perikadit) oswa yon enplan sida (Multisystem Inflammatory Syndrome, MIS-C) apre yon enfeksyon ak viris ki rakòt COVID-19 la? | | | |
| 9. Éske timoun nan gen yon pwoblèm nan sistèm inimitè tankou kansè, lesemi, VIH/SIDA? | | | |
| 10. Nan 6 mwa ki sot pase yo, éske timoun lan te pran medikaman ki afekte sistèm inimitè a tankou prednisone, lòt estewoyid, oswa medikaman kont kansè; medikaman pou atrit rimatoyid, maladi Crohn, oswa psoryazis; oswa éske l te resevwa tretman radyasyon? | | | |
| 11. Éske paran oswa frè/sè timoun nan gen yon pwoblèm sistèm inimitè? | | | |
| 12. Nan ane ki sot pase a, éske timoun ou an te rezewwa iminoglobilin (gamma), san/pwodui abaz san, oswa yon medikaman antiviral? | | | |
| 13. Éske timoun/adolesan an ansent? | | | |
| 14. Éske timoun lan te rezewwa vaksinasyon nan 4 semèn ki sot pase yo? | | | |
| 15. Éske timoun ou an te jann santi l toudi oswa endispoze anvan, pandan, oswa apre yon piki? | | | |
| 16. Éske timoun lan enkyete pou l pran yon vaksen jodi a? | | | |

**MOUN KI RANPLI FÔMILÈ A SE**

**MOUN KI REVIZE FÔMILÈ A SE**

Éske w te pote kat dosye vaksinasyon w avèk ou? **wi** | **non**

Li enpòtan pou w gen yon dosye pèsonèl ou sou vaksinasyon timoun ou an. Si w pa genyen yon, mande founisè swen sante timoun lan ba w youn avèk tout vaksen timoun ou an sou li. Kenbe l nan yon kote ki ansekiite epi pote l avèk ou chak fwa w al chèche swen medikal pou timoun ou a. Timoun ou an ap bezwen dokiman sa a pou l antre nan gadri oswa nan lekòl, pou travay, oswa pou vwayaj enténasyonal.
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.

I. 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. Fever (without fever, e.g., ordinary colds, croup, and diarrhea) and antibiotic use are not contraindications to routine vaccination.

2. Does the child have allergies to medicine, food, a vaccine component, or latex? [all vaccines]

Gelatin: If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin. Latex: An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine’s packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at www.fda.gov/vaccines-blood-biologics/vaccines-vaccines-licensed-use-unstates), COVID-19 vaccine: History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a COVID-19 vaccine component is a contraindication to use of the same vaccine type. People may receive the alternative COVID-19 vaccine (either mRNA or protein subunit) if they have a contraindication or an allergy-related precaution to one COVID-19 vaccine type. Allergy-related precautions include history of 1) diagnosed non-severe allergy to a COVID-19 vaccine component; 2) non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one COVID-19 vaccine type (see “General Best Practice Guidelines: Altered Immunocompetence” at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html).

Not contraindications: Eggs: ACIP and CDC do not consider egg allergy of any severity to be a contraindication or precaution to any egg-based influenza vaccine. Injection site reaction (e.g., soreness, redness, delayed-type local-reaction) to a prior dose or vaccine component 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 the same vaccine if the child has a history of a corresponding vaccine reaction (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 DTaP/DT 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 Note section above.

4. Does the child have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g., diabetes), a blood disorder, a cochlear implant, or a spinal fluid leak? Are they taking aspirin or salicylate medication? [MMR, MMRV, LAIV, VAR]

LAIV is not recommended for children with cerebrospinal fluid leak, anatomic or functional heart defect, or known history of reaction to aspirin or other salicylates. Infants and children under 6 months of age should not receive LAIV. It is unknown if there is any degree of increased risk from other forms of immunosuppression.

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 RIV 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, RIV]

For patients with stable neurologic disorders (including seizures) unrelated to vaccination, or with a family history of seizures, vaccinate as usual (exception: children with a first degree relative (parent or sibling) with a 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 unstable progressive neurologic problem is a precaution to using DTaP and Tdap. A history of Guillain-Barré 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; b) all influenza vaccines: GBS within 6 weeks of an influenza vaccine is a precaution; inactivated vaccine should generally be avoided; c) if the risks outweigh the benefits (e.g., for those with higher risk for influenza complications).

8. Has the child ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19? [LAIV, MMR, MMRV, Rotavirus, VAR]

Precautions to COVID-19 vaccine include a history of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine or a history of Multisystem Inflammatory Syndrome (MIS-C). Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine is a precaution. A child with a history of myocarditis or pericarditis unrelated to vaccination may receive a COVID-19 vaccine once the condition has completely resolved. A child with a history of MIS-C may be vaccinated if the condition has fully resolved and it has been at least 90 days since diagnosis. Refer to CDC COVID-19 vaccine guidance for additional considerations for myocarditis, pericarditis, and MIS (see Note).

9. Does the child have an immune system problem, such as cancer, leukemia, HIV/AIDS? [LAIV, MMR, MMRV, Rotavirus, VAR]

Live virus vaccines are usually contraindicated in immunocompromised people with exceptions. For example, MMR is recommended for asymptomatic HIV-infected patients who are not severely immunocompromised. VAR should be administered (if indicated) to people with isolated humoral immunodeficiency. LAIV is contraindicated in immunosuppressed people; give IV or RIV 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. For more information, see “General Best Practice Guidelines: Altered Immunocompetence” at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html.

10. In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; to treat rheumatoid arthritis, Crohn’s disease, or psoriasis; or had radiation treatments? [LAIV, MMR, MMRV, VAR]

Live virus vaccines should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. See Note above. Some immune modulator and modifier drugs (especially anti-necrosis factor [TNF] agents) may be immunosuppressive. 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/additional-considerations/immunocompromised-travelers.

11. Does the child’s parent or sibling have an immune system problem? [MMR, MMRV, VAR]

MMR, MMRV, and VAR 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 function has been verified clinically or by a laboratory.

12. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug? [MMR, MMRV, LAIV, VAR]

See Note (schedule) for antiviral drug information (VAR, LAIV). See “Timing and Spacing of Immunobiologics,” www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html (antibody) for intervals between MMR, VAR, and certain blood/blood products, immune globulin.

13. Is the child/teen pregnant? [HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]

Live virus vaccines (e.g., LAIV, MMR, MMRV) are contraindicated in pregnancy due to the theoretical risk of virus transmission to the fetus. People who could become pregnant and receive a live virus vaccine should be instructed to avoid pregnancy for 1 month after vaccination. IPV and MenB should not be given except to those with an elevated risk of exposure during pregnancy. HepB: Hepatitis B- and PreHevbrio are not recommended during pregnancy, use Engerix-B or Recombivax-HB. HPV is not recommended during pregnancy.

14. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]

Children given live virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine (wait 30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

15. Has the child ever felt dizzy or faint before, during or after a shot? Fainting (syncope) or dizziness is not a contraindication or precaution to vaccination; it may be an anxiety-related response to any injection. CDC recommends vaccine providers consider observing all patients for 15 minutes after vaccination. See Immunize.org’s resource on vaccination and syncope at www.immunize.org/catg.d/p4260.pdf.

16. Is the child anxious about getting a shot today? Anxiety can lead to vaccine avoidance. Simple steps can ease a patient’s anxiety about vaccination. Visit Immunize.org’s “Addressing Vaccination Anxiety” clinical resources at www.immunize.org/clinical/topic/addressing-anxiety.

Vaccine abbreviations:

IV = Intramuscular injection
IVR = Intravenous injection
LAIV = Live attenuated influenza vaccine
MMR = Measles, mumps, and rubella vaccine
VAR = Varicella vaccine

Note: For additional details, see CDC’s “Child and Adolescent Immunization Schedule” (www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html) and General Best Practice Guidelines for Immunization sections on “Contraindications and Precautions” (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) and “Altered Immunocompetence” (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html). For more details on COVID-19 vaccines, see “Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations” at www.cdc.gov/vaccines/covid-19/clinical-considerations/ covid-19-vaccines-us.html.