Screening Checklist for Contraindications to Vaccines for Children and Teens (Including Travel Vaccines)

YOUR NAME _____

DATE OF BIRTH ____/____/____
month day year

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.

	yes	no	don't know
1. Is your child sick today?	☐	☐	☐
2. Does the child have allergies to medicine, food, a vaccine component, or latex?	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
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, no spleen, a cochlear implant, or spinal fluid leak? Are they taking regular aspirin or salicylate medication?	☐	☐	☐
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?	☐	☐	☐
6. For babies: Have you ever been told that the child had intussusception?	☐	☐	☐
7. Has the child, a sibling, or parent had a seizure; has the child had a brain or other nervous system problem?	☐	☐	☐
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?	☐	☐	☐
9. Does the child have an immune system problem such as cancer, leukemia, or HIV/AIDS?	☐	☐	☐
10. 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?	☐	☐	☐
11. Does the child's parent or sibling have an immune system problem?	☐	☐	☐
12. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug?	☐	☐	☐
13. Is the child/teen pregnant?	☐	☐	☐
14. Has the child received vaccinations in the past 4 weeks?	☐	☐	☐
15. Has the child received any antibiotic (by mouth, a shot, or in a vein) in the last 14 days?	☐	☐	☐
16. Has the child received any of the following medications used to prevent or treat malaria and other conditions: mefloquine, proguanil, atovaquone, atovaquone/proguanil (Malarone), chloroquine, chloroquine phosphate (Aralen), or hydroxychloroquine (Plaquenil) in the last 10 days?	☐	☐	☐
17. Has the child ever felt dizzy or faint before, during, or after a shot?	☐	☐	☐
18. Is the child anxious about getting a shot today?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Children and Teens (Including Travel Vaccines)

Read the following information for help interpreting responses to the screening checklist. Additional information is available in the numbered references below.

REFERENCES:

1. CDC's "Child and Adolescent Immunization Schedule" (www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html)
2. General Best Practices for Immunization section on "Contraindications and Precautions" (www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html)
3. General Best Practices for Immunization section on "Altered Immunocompetence" (www.cdc.gov/vaccines/hcp/imz-best-practices/altered-immunocompetence.html)
4. "Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations" (www.cdc.gov/covid/hcp/vaccine-considerations/index.html)
5. Yellow Book: Vaccination and Immunoprophylaxis General Principles [travel] (www.cdc.gov/yellow-book/hcp/preparing-international-travelers/vaccination-and-immunoprophylaxis-general-principles.html)

1. Is your 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," diarrhea) and antibiotic use are neither contraindications nor precautions 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: A history of 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-united-states).

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 type (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 **Reference 4**).

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 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 response to question 2). 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 a contraindication or precaution to future doses. When a precaution is present, vaccination is usually deferred unless the benefit outweighs the risk (e.g., during an outbreak). See the appendix on vaccine contraindications and precautions in **Reference 2** 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, no spleen, a cochlear implant, or a spinal fluid leak? Are they taking regular aspirin or salicylate medication? *(MMR, MMRV, LAIV, VAR)*

LAIV is not recommended for children currently using aspirin or salicylate-containing medication, or children with a cerebrospinal fluid leak, anatomic or functional asplenia, a cochlear implant, or those age 2 through 4 years with a history of asthma or wheezing. Precautions to LAIV include any underlying health condition that increases the risk of influenza complications (see package insert or the CDC schedule [**Reference 1**] for details).

MMR & MMRV: A history of thrombocytopenia 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, chickenpox, and Reye syndrome in children and adolescents.

5. For children ages 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 have had a wheezing episode within the past 12 months should not get LAIV. Give IIV or RIV instead.

6. **For babies: Have you ever been told that the child had intussusception?** *(rotavirus vaccine)*

   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, MMRV, all influenza vaccines)*

   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 [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 vaccination. 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; influenza vaccination should generally be avoided unless the benefits outweigh the risks of avoidance (e.g., for those at 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?**

   Precautions to COVID-19 vaccination 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). A person who develops myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine should generally not receive additional COVID-19 vaccine. 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 **Reference 4**).

9. **Does the child have an immune system problem, such as cancer, leukemia, HIV/AIDS?** *(Cholera, LAIV, MMR, MMRV, rotavirus, live oral typhoid [Vivotif], VAR, yellow fever)*

   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 immunosuppressed. VAR should be administered (if indicated) to people with isolated humoral immunodeficiency. LAIV is contraindicated in immunosuppressed people; give IIV 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. See "General Best Practices for Immunization: Altered Immunocompetence" (see **Reference 3**).

   Cholera vaccine: Consultation with a specialist in immunology or infectious diseases should be considered if travel to an area with active cholera transmission is necessary.

   Yellow fever vaccine: HIV infection with CD4+ T-cell counts between 200 cells/microliter through 499 cells/microliter is a precaution to yellow fever vaccine.

10. **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?** *(cholera, LAIV, MMR, MMRV, rotavirus, live oral typhoid, VAR, yellow fever)*

    Live virus vaccines should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended (see **Reference 3**). Some immune mediator and modulator drugs (especially anti-necrosis factor [TNF] agents) may be immunosuppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A partial list of such drugs appears in Table 2.2.4 in CDC's Yellow Book (see **Reference 5**).

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 a first-degree relative (e.g., parent, sibling) unless the patient's immune competence 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 **Reference 1** (schedule) for antiviral drug information (VAR, LAIV). For intervals between MMR, VAR, and certain blood/blood products and immune globulin, see Table 3-6 of "Timing and Spacing of Immunobiologics" at www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html.

13. **Is the child/teen pregnant?** *(cholera, HPV, IPV, LAIV, chikungunya, MenB, MMR, MMRV, live oral typhoid [Vivotif], VAR, yellow fever)*

    Some live virus vaccines listed above 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. Cholera and yellow fever vaccines are live vaccines that can be given if the risks for exposure are considered to outweigh the risks of vaccination (i.e., a precaution). For the non-live vaccines listed, chikungunya (Vimkunya), 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.

14. Has the child received vaccinations in the past 4 weeks? *(cholera, LAIV, MMR, MMRV, live oral typhoid [Vivotif], VAR, yellow fever)*

Children given intranasal or injectable live virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine. Non-live vaccines may be given at the same time or at any spacing interval. Live oral cholera vaccine should be administered at least 8 hours before the first dose of live oral typhoid vaccine (Vivotif) in order to minimize the risk that the oral cholera vaccine buffer might interfere with the enteric coating of the oral typhoid.

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15. Has the child received any antibiotic (by mouth or by injection or in a vein) in the last 14 days? *(cholera, live oral typhoid [Vivotif])*

Antibiotics (antimicrobial agents) may be active against the vaccine strain of live bacteria and prevent a protective immune response. Therefore, delay vaccination with live oral typhoid vaccine by more than 72 hours and delay oral cholera vaccine by more than 14 days after administration of antimicrobial agents. The non-live injectable typhoid vaccine (Typhim Vi) is an alternative to the live oral typhoid vaccine for travelers who have recently received antibiotics.

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16. Has the child received any of the following medications used to prevent or treat malaria and other conditions: mefloquine, proguanil, atovaquone, atovaquone/proguanil (Malarone), chloroquine, chloroquine phosphate (Aralen), or hydroxychloroquine (Plaquenil) in the last 10 days? *(cholera, live oral typhoid [Vivotif])*

Oral Cholera Vaccine (CVD 103-HgR, Vaxchora): Administer live cholera vaccine at least 10 days before beginning antimalarial prophylaxis with chloroquine or chloroquine phosphate (Aralen). Immune responses may be diminished when live cholera vaccine is administered at the same time as these medications. No data exist regarding the interaction between hydroxychloroquine and cholera vaccine, but given the structural similarities, it is reasonable to assume that hydroxychloroquine may also suppress the immune response.

Oral Typhoid Vaccine (Ty21a, Vivotif):

- Atovaquone-proguanil prophylaxis should be started at least 10 days after the final dose of live oral typhoid vaccine; administering proguanil and live oral typhoid vaccine at the same time significantly decreases the immune response to the typhoid vaccine.
- Mefloquine and chloroquine (including chloroquine (including chloroquine phosphate and hydrochloroquine) may be administered together with live oral typhoid vaccine; administering any of these at the same time as live oral typhoid does not decrease the immune response to the typhoid vaccine.
- Other antimalarial agents should be administered at least 3 days after the last dose of live oral typhoid vaccine (see www.cdc.gov/yellow-book/hcp/preparing-international-travelers/medication-and-vaccine-interactions-in-travel-medicine.html)

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17. 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 or needlestick. 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/wp-content/uploads/catg.d/p4260.pdf.

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18. Is the child anxious about getting a shot today?

Anxiety can lead to vaccine avoidance. Simple steps can ease a child's anxiety. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/clinical/topic/addressing-anxiety

VACCINE ABBREVIATIONS

DTP = Diphtheria, tetanus, pertussis vaccine
DTaP = Diphtheria, tetanus, (acellular) pertussis vaccine
HPV = Human papillomavirus vaccine
IPV = Inactivated poliovirus vaccine
LAIV = Live attenuated influenza vaccine
MenB = Meningococcal serogroup B vaccine
MMR = Measles, mumps, rubella vaccine
MMRV = MMR+VAR
Td/Tdap = Tetanus, diphtheria, (acellular) pertussis vaccine
VAR = Varicella vaccine