

# Cuestionario de contraindicaciones para vacunación de adolescentes contra VPH, MCV4, MenB y Tdap

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

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

**A los padres o tutores:** las siguientes preguntas nos ayudarán a determinar si se le pueden administrar las vacunas contra el virus del papiloma humano (VPH), antimeningocócica conjugada (MCV4), antimeningocócica del serogrupo B (MenB) y contra el tétanos, la difteria y la tos ferina (Tdap) acelular a su hijo adolescente hoy. Si responde “sí” a alguna pregunta, no necesariamente significa que su hijo adolescente no se debe vacunar. 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 lo sé
1. ¿Su hijo adolescente está enfermo hoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Su hijo adolescente tiene alergias a algún componente de la vacuna o al látex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Su hijo adolescente ha tenido una reacción grave a alguna vacuna?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿Su hijo adolescente ha tenido un problema cerebral o algún otro problema del sistema nervioso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ¿Su hija adolescente está embarazada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ¿Su hijo adolescente alguna vez se ha sentido mareado o se ha desmayado antes, durante o después de la administración de una vacuna?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ¿Su hijo adolescente siente ansiedad cuando está por recibir una inyección?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORMULARIO COMPLETADO POR \_\_\_\_\_ FECHA \_\_\_\_\_

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

¿Trajo la cartilla de vacunación de su hijo adolescente? Sí  No

Es importante que tenga un registro personal de las vacunas de su hijo adolescente. Si no lo tiene, pídale al proveedor de atención médica que le proporcione uno completo. Consérvelo en un lugar seguro y asegúrese de que su hijo adolescente lo lleve siempre que vaya a recibir atención médica. Su hijo necesitará este documento para ingresar a la escuela o la universidad, para obtener un 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? (HPV, MenACWY, MenB, Tdap.)

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 (such as otitis media, "colds," diarrhea) and antibiotic use are not contraindications to routine vaccination.

## 2. Does your teen have allergies to a vaccine component or to latex? (HPV, MenACWY, MenB, Tdap.)

**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-united-states](http://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states)).

**An 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 your teen had a serious reaction to a vaccine in the past? (HPV, MenACWY, MenB, Tdap.)

Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of corresponding vaccines (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 DTP/DTaP is a contraindication for further doses of any pertussis-containing vaccine, including Tdap.

## 4. Has your teen had brain or other nervous system problems? (Td/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. For people with stable neurologic

disorders (including seizures) unrelated to vaccination, or for people with a family history of seizures, vaccinate as usual. A history of **Guillain-Barré syndrome** (GBS) within 6 weeks of a tetanus-toxoid vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td.

## 5. Is your teen pregnant? (HPV and MenB.)

MenB should not be given except to those with an elevated risk of exposure during pregnancy. HPV vaccine is not recommended during pregnancy. Injectable influenza vaccine, COVID-19 vaccine, Tdap, and RSV vaccines are explicitly recommended during pregnancy.

## 6. Has your teen ever felt dizzy or faint before, during, or after a shot?

Fainting (syncope) or dizziness (presyncope) is not a contraindication or precaution to vaccination. However, for some people these can be a response to vaccination anxiety. People in adolescent and young adult age groups are more likely to experience syncope. CDC recommends that vaccine providers consider observing all patients for 15 minutes after vaccination. This is especially important for people with a pattern of injection-related syncope. For more information about vaccination-related syncope, see [www.immunize.org/catg.d/p4260.pdf](http://www.immunize.org/catg.d/p4260.pdf).

## 7. Is your teen anxious about getting a shot?

Anxiety can lead to vaccine hesitancy or 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](http://www.immunize.org/clinical/topic/addressing-anxiety).

### 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  
RSV = Respiratory syncytial virus  
Td/Tdap = Tetanus, diphtheria, (acellular) pertussis vaccine