

Screening Checklist for Contraindications to Vaccines for Adults (Including Travel Vaccines)

YOUR NAME _____

DATE OF BIRTH ____/____/____
month day year

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 we need to ask you more questions. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medicine, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any of the following: a long-term health problem with heart, lung, kidney or metabolic disease (e.g., diabetes), a blood disorder, no spleen, a cochlear implant, or spinal fluid leak? Are you on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a parent, brother, or sister with an immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 6 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 had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a seizure or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or MIS-C) after an infection with the virus that causes COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past year have you received immune (gamma) globulin, blood/blood products, or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you received any antibiotic (by mouth, a shot, or in a vein) in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever felt dizzy or faint before, during, or after a shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you anxious about getting a shot today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____



Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Adults (Including Travel Vaccines)

Read the following information for help interpreting responses to the screening checklist.
Additional information can be found in the numbered references below.

REFERENCES:

1. CDC's "Adult Immunization Schedule" (www.cdc.gov/vaccines/hcp/imz-schedules/adult-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/alterd-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)
6. Yellow Book: Immunocompromised Travelers (www.cdc.gov/yellow-book/hcp/travelers-with-additional-considerations/immunocompromised-travelers.html)

1. Are you sick today? (*all vaccines*)

There is no evidence that acute illness reduces vaccine efficacy 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. Do you have allergies to medications, food, a vaccine ingredient, 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-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 dose or vaccine component is not a contraindication to a subsequent dose or vaccine containing that component.

3. Have you ever had a serious reaction after receiving a vaccine? (*all vaccines*)

Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of the vaccine or vaccine component (see response to question 2). When a precaution is present, vaccination is usually deferred unless the benefit outweighs the risk (e.g., during an outbreak).

4. Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy? (*MMR, VAR, LAIV*)

LAIV is not recommended for people with anatomic or functional asplenia, a cochlear implant, or cerebrospinal fluid (CSF) leak. Underlying health conditions that increase the risk of influenza complications such as heart, lung, kidney, or metabolic disease (e.g., diabetes) and asthma are precautions for LAIV. MMR: A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR. VAR: Aspirin use is a precaution to VAR due to the association of aspirin use, wild type varicella infection, and Reye syndrome in children and adolescents.

5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? (*Cholera, LAIV, MMR, mpox [Jynneos], live oral typhoid [Vivotif], VAR, yellow fever*)

Live virus vaccines are usually contraindicated in immunocompromised people, with exceptions. For example, MMR vaccine is recommended and VAR may be considered for adults with CD4+ T-cell counts of greater than or equal to 200 cells/ microliter (see **References 3 and 5**).

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.

Jynneos (mpox vaccine) is a live non-replicating vaccine that can be used in immunocompromised people including those receiving immunosuppressive therapy.

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.

6. Do you have a parent, brother, or sister with an immune system problem? (MMR, VAR)

MMR or VAR should not be administered to a patient with 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.

7. In the past 6 months, have you taken medicines 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? (cholera, LAIV, MMR, live oral typhoid [Vivotif], VAR, yellow fever)

Live virus vaccines should be postponed until chemotherapy or long-term high dose steroid therapy concludes (see **References 3, 5**). Some immune mediator and modulator drugs (especially anti-tumor 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: Immunocompromised Travelers chapter (see **Reference 6**).

8. Have you had a seizure or a brain or other nervous system problem? (Td/Tdap, influenza)

Tdap: Tdap is contraindicated in people with a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to using Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, vaccinate as usual.

A history of Guillain-Barré syndrome (GBS): 1) **Td/Tdap:** GBS within 6 weeks of a tetanus toxoid-containing vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td; 2) **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 (e.g., for those at high risk for influenza complications).

9. Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or 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 or MIS-A). 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 person with a history of myocarditis or pericarditis unrelated to vaccination may receive a COVID-19 vaccine once the condition has completely resolved. A person with a history of MIS-C or MIS-A 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**).

10. In the past year, have you received immune (gamma) globulin, blood/blood products or an antiviral drug? (MMR, VAR, LAIV)

See **Reference 1** for antiviral drug information (VAR, LAIV). See Table 3-6 in CDC's "Timing and Spacing of Immunobiologics" (www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html) for intervals between MMR, VAR, and certain blood/blood products, or immune globulin.

11. Are you pregnant? (chikungunya, cholera, HPV, IPV, LAIV, MenB, MMR, live oral typhoid [Vivotif], VAR, and yellow fever)

Some live virus vaccines listed above (LAIV, MMR, live oral typhoid, VAR) 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 may be given if the risks for exposure are considered to outweigh the vaccination risks (i.e., a precaution). The non-live vaccines listed, IPV, MenB, and chikungunya (Vimkungya) should not be given except to those with an elevated risk of exposure during pregnancy; HPV vaccine is not recommended during pregnancy.

12. Have you received any vaccinations in the past 4 weeks? (COVID-19, cholera, LAIV, MMR, mpox [Jynneos], live oral typhoid [Vivotif], VAR, yellow fever)

People given live intranasal and injectable virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine. However, other 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 vaccine. There are additional considerations related to simultaneous administration of Jynneos (mpox) and COVID-19 vaccine, see www.cdc.gov/covid/hcp/vaccine-considerations/implementation.html#cdc_clinical_guidance_recomm_key-simultaneous-administration-of-covid-19-vaccines-with-other-vaccines.

13. Have you received any antibiotic (by mouth, a shot, or in a vein) in the last 14 days? (cholera, live oral typhoid)

Antibiotics (antimicrobial agents) may be active against the vaccine strain of bacteria and prevent a sufficient amount of replication from occurring, preventing a protective immune response. Therefore, after administration of antimicrobial agents, delay vaccination with live oral typhoid vaccine (Vivotif) by more than 72 hours and delay oral cholera vaccine by more than 14 days. An inactivated, injectable typhoid vaccine is an alternative to live oral typhoid vaccine for travelers who have recently received antibiotics.

14. Have you 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 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)

15. Have you 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.

16. Are you anxious about getting a shot today?

Anxiety can lead to vaccine avoidance. Simple steps can help 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

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
Td/Tdap = Tetanus, diphtheria, (acellular) pertussis vaccine
VAR = Varicella vaccine