

Cuestionario para detectar contraindicaciones a la vacuna intranasal contra la gripe 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 existe algún motivo por el que no deberíamos administrarle hoy a usted o a su hijo la vacuna intranasal tetravalente contra la gripe (influenza) con virus vivos atenuados (LAIV4, FluMist). Si responde "sí" a alguna pregunta, no significa necesariamente que usted (o su hijo) no deba vacunarse. Solo significa que se deben hacer otras preguntas. Si alguna pregunta no está clara, pídale a su proveedor de atención médica que se la explique.

	sí	no	no sé
1. ¿La persona que se va a vacunar hoy está enferma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿La persona que se va a vacunar es alérgica a un ingrediente de la vacuna contra la gripe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿La persona que se va a vacunar ha tenido alguna vez una reacción grave a la vacuna contra la gripe en el pasado?	<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 de enfermedad del corazón, enfermedad de los pulmones (incluido el asma), enfermedad de los riñones, enfermedad 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 de edad, en los últimos 12 meses, ¿algún proveedor de atención médica le dijo que el niño tenía sibilancias o asma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ¿La persona que se va a vacunar tiene a) un canal abierto entre el líquido cefalorraquídeo (LCR) y la boca, garganta, nariz u oído, o cualquier otra pérdida craneal de LCR, o b) un implante coclear, o c) una afección inmunodepresora por cualquier causa (p. ej., medicamentos, inmunodeficiencia congénita o adquirida, infección por VIH o ausencia o mal funcionamiento del bazo [p. ej., causado por anemia falciforme])?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ¿La persona que se va a vacunar actualmente toma medicamentos antivirales contra la gripe o ha tomado alguno en las últimas 3 semanas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ¿La persona que se va a vacunar es un niño o adolescente de 6 meses a 17 años de edad y toma medicamentos que contienen aspirina o salicilato?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ¿La persona que se va a vacunar está embarazada o podría quedar embarazada en el próximo mes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ¿La persona que se va a vacunar ha tenido alguna vez 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 afectado y 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 ha recibido alguna otra vacuna en las últimas 4 semanas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORMULARIO COMPLETADO POR _____ FECHA _____

FORMULARIO REVISADO 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. In this document, IIV includes cIIV, unless otherwise noted.

NOTE: For supporting documentation on the answers given below, go to the ACIP vaccine recommendation found at 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 injectable influenza vaccine.

2. Does the person to be vaccinated have an allergy to an ingredient 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. **Eggs:** ACIP and CDC do not consider egg allergy of any severity to be a contraindication or precaution to egg-based influenza vaccines: people with any type of egg allergy may receive any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. When vaccinating a person with egg allergy, additional safety measures are not recommended beyond those recommended for the receipt of any vaccine. **Other ingredients:** For a complete list of vaccine ingredients, including excipients and culture media used in the production of the vaccine, check the LAIV4 package insert at www.fda.gov/media/160349/download?attachment.

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

Patients reporting a serious reaction to a previous dose of any influenza vaccine (i.e., any egg-based IIV, cIIV, RIV, or LAIV) 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 only licensed and recommended for use in people age 2 through 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 injectable vaccine (IIV4) appropriate for their age.

7. Does the person to be vaccinated have a) an open channel between the cerebrospinal fluid (CSF) and the mouth, throat, nose or ear or any other cranial CSF leak, or b) a cochlear implant, or c) an immunocompromising condition due to any cause (e.g., medication, congenital or acquired immunodeficiency, HIV infection, or a missing or non-functioning spleen [e.g., caused by sickle-cell disease])?

People with these conditions should not be given LAIV4. Instead, they should be given an IIV4 or RIV4 appropriate for their age.

8. Is the person to be vaccinated currently taking influenza antiviral medication, or have they taken any with the past 3 weeks?

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. Any IIV4 or RIV4 may be administered without regard to antiviral use.

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 any IIV4 or RIV4.

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

Pregnant people or those planning to become pregnant within a month should not be given LAIV4. All pregnant people should, however, be vaccinated with IIV4 or RIV4. Pregnancy testing is not necessary before administering LAIV4.

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

People who are not at high risk for severe influenza complications and who are known to have developed GBS within 6 weeks after receiving a previous influenza vaccination should generally not be vaccinated. As an alternative, clinicians might consider using influenza antiviral chemoprophylaxis for these people. However, the benefits of influenza vaccination might outweigh the possible risks for certain people who have a history of GBS within 6 weeks after receipt of influenza vaccine and who are at higher risk for severe complications from influenza.

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)?

An IIV4 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). Any IIV4, 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, 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 (including a COVID-19 vaccine), or if they have recently received blood or other antibody-containing blood products (e.g., IG).