

# Screening Checklist for Contraindications to Vaccines for Children and Teens

PATIENT 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 the child sick today?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the child have allergies to medications, food, a vaccine component, or latex?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the child had a serious reaction to a vaccine in the past?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the child have lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If your child is a baby, have you ever been told he or she has had intussusception?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the child or a family member have cancer, leukemia, HIV/AIDS, or any other immune system problems?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the past 3 months, has the child taken medications that affect the 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"/> |
| 10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has the child received vaccinations in the past 4 weeks?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FORM COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

FORM REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

Did you bring your immunization record card with you?    yes     no

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

immunization  
action coalition



immunize.org

Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota • 651-647-9009 • [www.immunize.org](http://www.immunize.org) • [www.vaccineinformation.org](http://www.vaccineinformation.org)

[www.immunize.org/catg.d/p4060.pdf](http://www.immunize.org/catg.d/p4060.pdf) • Item #P4060 (4/19)

# Information for Healthcare Professionals about the Screening Checklist for Contraindications (Children and 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 at the end.

## 1. Is the child sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events.<sup>1,2</sup> However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

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

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A 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. For information on vaccines supplied in vials or syringes containing latex, see reference 3; for an extensive list of vaccine components, see reference 4. People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for the patient's age and health status. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office. Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.<sup>3</sup>

## 3. Has the child had a serious reaction to a vaccine in the past? [all vaccines]

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses.<sup>1</sup> History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

## 4. Does the child have lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? [MMR, MMRV, LAIV, VAR]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. The safety of live, attenuated influenza vaccine (LAIV) in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children with functional or anatomic asplenia, complement deficiency, cochlear implant, or CSF leak should not receive LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Aspirin use is a precaution to VAR.

## 5. If the child to be vaccinated is 2 through 4 years of age, 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 be given LAIV. Instead, these children should be given IIV.

## 6. If your child is a baby, have you ever been told that he or she has 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 brain or other nervous system problem? [DTaP, Td, Tdap, IIV, LAIV, MMRV]

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 the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of

Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

## 8. Does the child or a family member have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, MMRV, RV, VAR]

Live virus vaccines (e.g., MMR, MMRV, varicella, rotavirus, and LAIV) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children age 12 months through 8 years with age-specific CD4+ T-lymphocyte percentage at 15% or greater, or for children age 9 years or older with CD4+ T-lymphocyte counts of greater than or equal to 200 cell/ $\mu$ L. Varicella and MMR vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine. Other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. For details, consult ACIP recommendations.<sup>1,6,7,8</sup>

## 9. In the past 3 months, has the child taken medications that affect the 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? [LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement.<sup>1</sup> Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at [www.cdc.gov/travel/yellowbook/2018/advising-travelers-with-specific-needs/immunocompromised-travelers](http://www.cdc.gov/travel/yellowbook/2018/advising-travelers-with-specific-needs/immunocompromised-travelers). The use of live vaccines should be avoided in persons taking these drugs.<sup>1</sup> To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 9. LAIV, when recommended, can be given only to healthy non-pregnant people ages 2 through 49 years.

## 10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [MMR, MMRV, VAR]

Certain live virus vaccines (e.g., MMR, MMRV, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current Red Book for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.<sup>1,2</sup>

## 11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? [HPV, IPV, LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus.<sup>1,2</sup> Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine.<sup>2,10</sup> On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of exposure is imminent (e.g., travel to endemic areas) and immediate protection is needed. Inactivated influenza vaccine and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

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

Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.

## REFERENCES

1. CDC. General best practice guidelines for immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
2. AAP. Red Book: Report of the Committee on Infectious Diseases at [www.aapredbook.org](http://www.aapredbook.org).
3. Latex in Vaccine Packaging: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf)
4. Table of Vaccine Components: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf).
5. CDC. Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, . . . Access links to current ACIP recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html)
6. CDC. Measles, mumps, and rubella – vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
7. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
8. Rubin LG, Levin MJ, Ljungman P. 2013 IDSA Clinical practice guideline for vaccination of the immunocompromised host. *Clinical Infectious Diseases* 2014;58(3):e44–100.
9. Tomblin M, Einsele H, et al. Guidelines for preventing infectious complications among hematopoietic stem cell transplant recipients: a global perspective. *Biol Blood Marrow Transplant* 15:1143–1238; 2009 at [www.cdc.gov/vaccines/pubs/hemato-cell-transplants.htm](http://www.cdc.gov/vaccines/pubs/hemato-cell-transplants.htm).
10. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).

**INTAKE FORM**

Today's Date \_\_\_\_\_ Location  Colfax  Pullman  Other \_\_\_\_\_

Client Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Last) (First) (Middle)

Client Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (ZIP)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female  Transgendered

Race (Optional)  Caucasian  Native American  Asian/Pacific  African American  Hispanic  Other

My signature authorizes immunization and/or TB skin testing services to be provided by a Whitman County Public Health Nurse.  
Authorized signature (Client/Guardian) \_\_\_\_\_

**Complete if requesting sliding fee scale**

Number in Household \_\_\_\_\_ Gross Household Income \_\_\_\_\_  Monthly  Bi-monthly  Annually

PLEASE DO NOT WRITE BELOW THIS LINE

|        |                                    |       |
|--------|------------------------------------|-------|
| 90471  | Vaccine Administration Fee x1 vax  | 20.00 |
| 925472 | Vaccine Administration Fee x2+ vax | 30.00 |
| 86580  | TB Test, 1 Step Office Visit       | 45.00 |
| 86580  | TB Test, 2 Step Office Visit       | 55.00 |

**Diagnostic Code (Circle)**

|       |                            |
|-------|----------------------------|
| Z23   | Encounter for Immunization |
| Z11.1 | Encounter for TB Screening |

**(32) Immunization Service - Adult Private**

|       |                           |        |
|-------|---------------------------|--------|
| 90632 | Hep A Adult (19+ years)   | 45.00  |
| 90739 | Hep B/Hepisav (19+ years) | 125.00 |
| 90658 | Influenza Injection       | 25.00  |
| 90718 | Tdap                      | 48.00  |
| 90707 | MMR                       | 80.00  |

**(32.01) Immunization Service - State Child Vaccines**

|          |  |   |
|----------|--|---|
| 90702-SL | DT   | - |
| 90700-SL | DTaP                                       | - |
| 90723-SL | DTaP/HBV/IPV ( <i>Pediarix</i> )           | - |
| 90696-SL | DTaP/IPV ( <i>Kinrix/Quadracel</i> )       | - |
| 90698-SL | DTap/HIB/IPV ( <i>Pentacel</i> )           | - |
| 90633-SL | Ped Hep A                                  | - |
| 90744-SL | Hep B                                      | - |
| 90648-SL | HIB prp-t                                  | - |
| 90651-SL | Gardasil ( <i>HPV</i> )                    | - |
| 90657-SL | Influenza Injection (6-35 months)          | - |
| 90658-SL | Influenza Injection (3-18 years)           | - |
| 90672-SL | Influenza Flumist Nasal Spray (2-18 years) | - |
| 90713-SL | IPV  | - |
| 90707-SL | MMR  | - |
| 90710-SL | MMRV                                       | - |
| 90669-SL | PCV-13                                     | - |
| 90680-SL | Rotavirus                                  | - |
| 90718-SL | Tetanus/TD                                 | - |
| 90715-SL | Tdap                                       | - |
| 90716-SL | Varicella                                  | - |
| 90734-SL | Meningococcal ( <i>Menactra</i> )          | - |

Action (initial)

**VFC Eligible?**

- Medicaid/Medicaid Managed Care
- Uninsured
- American Indian/Alaskan Native
- Underinsured
- CHIP
- Private Insurance

Amount Due \$ \_\_\_\_\_

Sliding Fee Scale A B C D

**Payment**

- Check Check # \_\_\_\_\_
- Cash Receipt # \_\_\_\_\_
- Credit/Debit Order # \_\_\_\_\_
- Bill to \_\_\_\_\_

LPN: Deanna

Billed \_\_\_\_\_ Invoice # \_\_\_\_\_ Date \_\_\_\_\_ WAIS \_\_\_\_\_ Date \_\_\_\_\_  
Client Management \_\_\_\_\_ Date \_\_\_\_\_