儿童和青少年
疫苗禁忌症筛查表

患者姓名 _____

出生日期 ____/____/____
年 月 日

致父母/监护人： 下面的问题将帮助我们确定您的孩子今天可以接种什么疫苗。如果您对任何问题的回答为“是”，这并不一定意味着您的孩子不应接种疫苗。这只是意味着需要多问一些问题。如果一个问题意义不明，请要求您的医务人员为您解释。

	是	否	不知道
1. 孩子今天生病了吗?	☐	☐	☐
2. 孩子是否对药物、食物、疫苗的某种组分或乳胶过敏?	☐	☐	☐
3. 孩子过去对某种疫苗有严重反应吗?	☐	☐	☐
4. 孩子是否患有心、肺（包括哮喘）、肾、肝、神经系统或代谢性疾病（如糖尿病）、血液病、无脾脏、人工耳蜗或脊髓液渗漏等长期健康问题? 他们是否定期服用阿司匹林或水杨酸类药物?	☐	☐	☐
5. 对于 2 至 4 岁的儿童：在过去 12 个月中，医务人员是否告诉过您孩子患有喘息或哮喘?	☐	☐	☐
6. 对于婴儿：您是否曾被告知孩子患有肠套叠?	☐	☐	☐
7. 孩子、其兄弟姐妹或父母有人有癫痫发作吗；孩子有脑部或其他神经系统问题吗?	☐	☐	☐
8. 孩子是否曾被诊断出患有心脏疾病（心肌炎或心包炎），或在感染导致新冠肺炎的病毒后曾患过多系统炎症综合征 (Multisystem Inflammatory Syndrome, MIS-C)?	☐	☐	☐
9. 孩子是否有免疫系统问题，如癌症、白血病、艾滋病毒/艾滋病?	☐	☐	☐
10. 在过去 6 个月中，孩子是否服用过影响免疫系统的药物，如强的松、其他类固醇或抗癌药物；治疗类风湿性关节炎、克罗恩病或牛皮癣的药物；或接受过放射治疗?	☐	☐	☐
11. 孩子的父母或兄弟姐妹是否有免疫系统问题?	☐	☐	☐
12. 在过去一年中，孩子是否注射过免疫（丙种）球蛋白、血液/血液制品或抗病毒药物?	☐	☐	☐
13. 孩子/青少年是否怀孕?	☐	☐	☐
14. 在过去 4 周内孩子接受过疫苗接种吗?	☐	☐	☐
15. 在接种注射之前、期间或之后，您的孩子是否曾感到头晕或晕厥?	☐	☐	☐
16. 孩子对今天打针是否感到焦虑?	☐	☐	☐

表格填写人 _____ 日期 _____

表格审核人 _____ 日期 _____

您随身携带了您的免疫接种记录卡吗? **是** ☐ **否** ☐

保留一份您孩子疫苗接种的个人记录是非常重要的。如果您没有，请孩子的医务人员给您一份记有您孩子所有疫苗接种的记录。将它放在一个安全的地方。每次您带孩子就医时，将它带来。您孩子需要此记录才能进托儿所或学校、就业或出国旅行。

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

Read the information below for help interpreting answers to the screening checklist.
To learn even more, consult the references in ***Note*** *below.*

NOTE: For additional details, see CDC's "Child and Adolescent Immunization Schedule" (www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html) and *General Best Practice Guidelines for Immunization* sections on "Contraindications and Precautions" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) and "Altered Immunocompetence" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html). For more details on COVID-19 vaccines, see "Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations" at www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

1. **Is the 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," and diarrhea) and antibiotic use are not contraindications 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:** 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 **Note**).

   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. **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 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.
   - Other "serious reactions" that this child experienced following vaccination might constitute contraindications or precautions to future doses. See the appendix on vaccine contraindications and precautions in the **Note** section 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 with cerebrospinal fluid leak, anatomic or functional asplenia, cochlear implant, a child age 2 through 4 years with a history of asthma or wheezing, or current aspirin or salicylate-containing medication use. Precautions to LAIV include any underlying health condition that increases the risk of influenza complications (see package insert or CDC schedule 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 age 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 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 the child 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 a brain or other nervous system problem?** *[DTaP, Td, Tdap, IIV, LAIV, MMRV, RIV]*

   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. 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 (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). Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vacine is a precaution: the person 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 **Note**).

9. **Does the child have an immune-system problem, such as cancer, leukemia, HIV/AIDS?** *[LAIV, MMR, MMRV, Rotavirus, VAR]*

   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 Practice Guidelines: Altered Immunocompetence" at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html.

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?** *[LAIV, MMR, MMRV, VAR]*

    Live virus vaccines should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. See **Note** above. 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 list of these is in CDC's *Yellow Book* at wwwwnc.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers.

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 first-degree relatives (e.g., parents, siblings) 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 **Note** (schedule) for antiviral drug information (VAR, LAIV). See "Timing and Spacing of Immunobiologics" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#antibody) for intervals between MMR, VAR, and certain blood/blood products, immune globulin.

13. **Is the child/teen pregnant?** *[HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]*

    Live virus vaccines (e.g., LAIV, MMR, MMRV, 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. **IPV and MenB** should not be given except to those with an elevated risk of exposure during pregnancy. **HepB:** Heplisav-B and PreHevbrio are not recommended during pregnancy, use Engerix-B or Recombivax-HB. **HPV** is not recommended during pregnancy.

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

    Children given live virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine (wait 30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

15. **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. 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/catg.d/p4260.pdf.

16. **Is the child anxious about getting a shot today?**

    Anxiety can lead to vaccine 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/

VACCINE ABBREVIATIONS

DTaP = Diphtheria, tetanus, & acellular pertussis vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
ccIIV - cell culture inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
LAIV = Live attenuated influenza vaccine
MenB = Meningococcal B vaccine
MMR = Measles, mumps, and rubella vaccine
MMRV = MMR+VAR vaccine
RIV = Recombinant influenza vaccine
Td, Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine