

# Questionnaire de dépistage des contre-indications à la vaccination des enfants et des adolescents

VOTRE NOM \_\_\_\_\_

DATE DE NAISSANCE \_\_\_\_/\_\_\_\_/\_\_\_\_  
jour mois année

À l'attention des parents/tuteurs : les questions ci-dessous nous aideront à déterminer les vaccins que votre enfant peut recevoir aujourd'hui. Si vous répondez « oui » à l'une des questions, cela ne signifie pas forcément que votre enfant ne devrait pas être vacciné. Cela indique simplement qu'il faudra approfondir la question. Si une question n'est pas claire, demandez des explications à votre professionnel de santé.

|                                                                                                                                                                                                                                                                                                                                      | oui                      | non                      | ne sait pas              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. L'enfant est-il malade aujourd'hui ?                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. L'enfant est-il allergique à des médicaments, des aliments, un composant vaccinal ou au latex ?                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. L'enfant a-t-il déjà présenté une réaction grave après un vaccin ?                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. L'enfant a-t-il un problème de santé à long terme au niveau des poumons, du cœur, des reins ou une maladie métabolique (par exemple, diabète), de l'asthme, une affection du sang, une absence de rate, un implant cochléaire ou une fuite de liquide céphalo-rachidien ? Prend-il régulièrement de l'aspirine ou des salicylés ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Pour les enfants âgés de 2 à 4 ans : Un professionnel de santé vous a-t-il dit que l'enfant avait une respiration sifflante ou de l'asthme au cours des 12 derniers mois ?                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Pour les bébés : Vous a-t-on déjà dit que l'enfant présentait une invagination ?                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. L'enfant, ses frères/sœurs ou l'un de ses parents ont-ils présenté des crises convulsives ? L'enfant a-t-il présenté des troubles cérébraux ou d'autres troubles du système nerveux ?                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. A-t-on déjà diagnostiqué chez l'enfant une affection cardiaque (myocardite ou péricardite) ou a-t-il présenté un syndrome inflammatoire multisystémique (MIS-C) après une infection par le virus responsable de la COVID-19 ?                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. L'enfant est-il atteint de cancer, de leucémie, du VIH/Sida ou de tout autre problème affectant le système immunitaire ?                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Au cours des 6 derniers mois, l'enfant a-t-il pris des médicaments affectant le système immunitaire, comme de la prednisone, d'autres stéroïdes ou des médicaments anticancéreux, des médicaments pour traiter la polyarthrite rhumatoïde, la maladie de Crohn, ou le psoriasis ; ou a-t-il été traité par radiothérapie ?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Le parent, le frère ou la sœur de l'enfant ont-ils un problème affectant le système immunitaire ?                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. L'année dernière, l'enfant a-t-il reçu une perfusion de sang/produits sanguins, ou a-t-il reçu des immunoglobulines (gammaglobulines) ou un médicament antiviral ?                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. L'enfant/adolescente est-elle enceinte ?                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. L'enfant a-t-il été vacciné au cours des 4 dernières semaines ?                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. L'enfant a-t-il déjà eu des vertiges ou s'est-il évanoui avant, pendant ou après une injection ?                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. L'enfant est-il anxieux à l'idée de recevoir une injection aujourd'hui ?                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FORMULAIRE REMPLI PAR \_\_\_\_\_ DATE \_\_\_\_\_

FORMULAIRE EXAMINÉ PAR \_\_\_\_\_ DATE \_\_\_\_\_

Avez-vous apporté votre carnet de vaccination ? oui ☐ non ☐

Il est important d'avoir un dossier personnel des vaccinations de votre enfant. Si vous n'avez pas de carnet de vaccination, demandez à votre professionnel de santé de vous en donner un et d'y noter toutes les vaccinations que l'enfant a déjà reçues. Gardez ce carnet de vaccination dans un endroit sûr et apportez-le avec vous à chaque consultation médicale de votre enfant. Votre enfant aura besoin de présenter ce document important tout au long de sa vie, que ce soit pour son admission à un service de garde d'enfants ou à l'école, pour son travail ou pour les voyages à l'étranger.



# 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](http://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](http://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](http://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](http://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](http://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 vaccine 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](http://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 [wwwncc.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers](http://wwwncc.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](http://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:** Hepisav-B and PreHevrio 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](http://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/](http://www.immunize.org/clinical/topic/addressing-anxiety/)

### VACCINE ABBREVIATIONS

DTaP = Diphtheria, tetanus, & acellular pertussis vaccine  
HPV = Human papillomavirus vaccine  
IIV = Inactivated influenza vaccine  
cIIIV - 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