Routine Immunization Screening Form: Pediatric

AUTHORITY: 10 U.S.C. 1071-1085, Medical and Dental Care; Army Regulation 40-562, Immunizations and Chemoprophylaxis for the Prevention of Infectious Disease; DoDM 6025.18, Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs.

PURPOSE: To determine whether your child can safely receive a routine immunization.

ROUTINE USES: Use and disclosure of your child's records outside of DoD may occur in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Collected information may be shared with entities including the Departments of Health and Human Services, Veterans Affairs, and other Federal, State, local, or foreign government agencies, or authorized private business entities. To appropriate agencies, entities, and persons when (1) the DoD suspects or has confirmed that there has been a breach of the system of records; (2) the DoD has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the DoD (including its information systems, programs, and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the DoD's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

APPLICABLE SORN: EDHA 07, Military Health Information System (November 18, 2013, 78 FR 69076) https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570672/edha-07/

DISCLOSURE: Voluntary. If you choose not to provide the requested information, no penalty may be imposed; however, failure to provide the information may result in delays in assessing contraindications for receiving vaccinations.

Patient name:	DOB *(YYYYMMDD)*:

Screening Checklist for Contraindications to Vaccines for Children and Teens

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?	☐	☐	☐
2.	Has the child had a serious reaction after receiving a vaccination?	☐	☐	☐
3.	Does the child have allergies to medication, food, a vaccine component, or latex?	☐	☐	☐
4.	Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	☐	☐	☐
5.	Has the child had a health problem involving heart, lung (e.g. asthma), kidney, or metabolic disease (e.g., diabetes), anemia, or other blood disorder? Is he/she on long-term aspirin therapy?	☐	☐	☐
6.	Does the child have cancer, leukemia, HIV/AIDS, or does the child or family members (parents or siblings) have an immune system problem?	☐	☐	☐
7.	In the past 3 months, has the child taken medications that weaken his/her immune system, such as prednisone or other steroids; anticancer drugs; biologic drugs for autoimmune diseases such as rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?	☐	☐	☐
8.	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?	☐	☐	☐
9.	If your child is a baby, have you ever been told he/she has a malformation of the gastrointestinal tract (such as Meckel's diverticulum) that would predispose the infant for intussusception?	☐	☐	☐
10.	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?	☐	☐	☐
11.	Has the child had (or is a candidate for) his/her spleen removed, or do they have sickle cell anemia?	☐	☐	☐
12.	Has the child ever passed out (had vasovagal syncope) during or after a previous immunization or blood draw?	☐	☐	☐
13.	Has the child received any vaccinations in the past 4 weeks?	☐	☐	☐
14.	Is the child/teen pregnant or is there a chance she could become pregnant during the next month? Not Applicable ☐	☐	☐	☐

Please list any medications the child is currently taking:

Form completed by:	Date (*YYYYMMDD*):
Form reviewed by:	Date *(YYYYMMDD)*:

Did you bring your immunization record/card with you? **Yes** ☐ **No** ☐

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it. For questions or concerns regarding immunizations, providers, nurses and patients may call the DHA Immunization Healthcare Support Center 24/7 at 1-877-438-8222, Option 1.

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

Each screening question is explained in more detail below. For more information, please consult the sources referenced 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.[1,2] 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. Has the child ever had a serious reaction after receiving a vaccination? [*all vaccines*]

History of anaphylactic reaction (see question 3) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses.[1] 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).

3. 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 or caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. For patients with known Alpha-gal syndrome (red meat allergy) caution should be exercised with gelatin-containing vaccines (i.e. MMR, VAR, YF-Vax), as some of these patients have demonstrated anaphylaxis with these vaccines. 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.[3,4] People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV or RIV) that is otherwise appropriate for the patient's age. 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.[5]

4. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems? [*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 condition 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-Barre syndrome (GBS) is a precaution for the following:

1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and the decision is made to continue vaccination, if no history of prior Tdap, give Tdap instead of Td;

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.

5. Has the child had a health problem involving heart, lung (e.g. asthma), kidney, or metabolic disease (e.g. diabetes), anemia, or other blood disorder? Is he/she on long- term aspirin therapy? [*MMR, MMRV, LAIV*]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. The safety of LAIV in pediatric patients with these conditions has not been established. These conditions, including asthma in children 5 years of age and older, are considered precautions for LAIV use. Patients on long-term aspirin therapy should not receive LAIV: they should receive IIV instead.

6. Does the child or a family member have cancer, leukemia, HIV/AIDS, or any other immune system problem? [*LAIV, MMR, MMRV, RV, Ty21a, VAR, YF-Vax*]

Live virus vaccines are usually contraindicated in immunocompromised patients; however, there are exceptions. MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. VAR should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater, or for children 6-18 years of age with CD4+ T-lymphocyte counts of greater than or equal to 200 cell/µL. MMR and VAR vaccines should not be given to a patient with a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents, siblings) unless the immune competence of that patient 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 RV. Other forms of immunosuppression are a precaution, not a contraindication, to RV. For details, consult current ACIP recommendations.[1,6,7,8]

7. In the past 3 months, has the child taken medications that weaken his/her immune system, such as prednisone or other steroids; anticancer drugs; biologic drugs for autoimmune diseases such as rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? [*Adenovirus, MMR, MMRV, Ty21a, VAR, YF-Vax*]

Live virus vaccines 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 current ACIP statement [1] Some immune mediator and immune modulator drugs (especially the antitumor necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. The use of live vaccines should be avoided in persons taking these drugs.[1] Specific vaccination schedules for stem cell transplant (bone marrow transplant) patients can be found on the NIH website.[9] LAIV, when recommended, can be given only to healthy, non-pregnant people ages 2 through 49 years.

8. 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 may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current Red Book for information on intervals between receipt of antiviral drugs, immune globulin or blood products, and live virus vaccines.[1,2]

9. If your child is a baby, have you ever been told he/she has had intussusception? [*RV*]

Infants who have a congenital malformation of the gastrointestinal tract (such as Meckle's Diveriticulum) or have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given RV.

10. 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.

11. Has the child had (or is a candidate for) his/her spleen removed, or do they have sickle cell anemia? [*Hib, LAIV, PCV13, PPSV23, MCV4, MenB*]

Patients with anatomic or functional asplenia (i.e. sickle-cell disease) are at an increased risk of certain vaccine preventable diseases, including *Haemophilus influenzae* type b, meningococcal, and pneumococcal disease. LAIV is not recommended for people with anatomic or functional asplenia. Hib, PCV13, MCV4, and MenB vaccine should be given 14 days before splenectomy, if possible. Doses given during the 14 days prior to surgery can be counted as valid. Doses that cannot be given prior to surgery should be given as soon as the patient's condition has stabilized after surgery. For patients 2 years of age and up: the first dose of PPSV23 should be administered 8 weeks after the last dose of PCV13. A second dose of PPSV23 should be administered 5 years after the first dose.

12. Has the child ever passed out (had vasovagal syncope) during or after a previous immunization or blood draw? [*all vaccines*]

Providers should be aware of the potential for syncope (fainting) associated with vaccination, particularly among adolescents. Appropriate measures should be taken to prevent syncope, and to readily respond to the patient who feels faint. Observe all patients for 15 minutes after vaccination for signs and symptoms that precede syncope, such as weakness, dizziness, sweatiness, and pallor. For patients prone to syncope, make sure they are either seated or lying down at the time of vaccination. (If the patient is seated during vaccination, the immunizer should be seated as well, to minimize the risk of SIRVA). If a patient becomes pre-syncopal, have them lie flat or sit with head between knees for several minutes; loosen any tight clothing and maintain an open airway; apply cool, damp cloths to the patient's face and neck. Observe the patient until symptoms completely resolve.

13. Has the child received any vaccinations in the past 4 weeks? *[LAIV, MMR, MMRV,VAR, YF-Vax]*

Patients who were given either LAIV or an injectable live virus vaccine should wait 28 days before receiving another live vaccine. Inactivated vaccines may be given at the same time or at any spacing interval.

14. Is the child/teen pregnant, or is there a chance she could become pregnant during the next month? [*Adenovirus, HPV, IPV, MMR, MMRV, LAIV, VAR, Ty21a, possibly YF-Vax*]

Live virus vaccines are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt.[7,10] On theoretical grounds, HPV and IPV should not be given during pregnancy; however, IPV may be given if risk of exposure is imminent (e.g., travel to endemic areas). Inactivated influenza vaccine and Tdap are both recommended during pregnancy.

1. ACIP General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf.

2. AAP Red Book Report of the Committee on Infectious Diseases: www.aapredbook.org.

3. Latex in Vaccine Packaging: www.cdc.gov/vaccines/ pubs/pinkbook/downloads/appendices/B/latextable.pdf.

4. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

5. Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices. www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html.

6. 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. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2007,

56(RR-4).

8. Rubin L.G., Levin M.J., Ljungman P. (2014) IDSA Clinical practice guideline for vaccination of the immunocompromised host. *Clinical Infectious Diseases*, 58(3), 309-318.

9. Tomblyn M, Einsele H, et al. 2009. Guidelines for preventing infectious complications among hematopoietic stem cell transplant recipients: a global perspective. *Biology of Blood and Marrow Transplant 15*:1143-1238.

10. Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. MMWR 2001; 50 (49).

Vaccine Abbreviations:

- DTaP: diphtheria/tetanus toxoids, acellular pertussis
- DTP: diphtheria/tetanus toxoids, whole-cell pertussis
- Hib: *Haemophilus influenza* type b
- HPV: human papillomavirus
- IIV: inactivated influenza
- IPV: inactivated poliovirus
- LAIV: live attenuated influenza
- MCV4: meningococcal conjugate, quadrivalent, serogroups A, C, W, Y
- MenB: meningococcal serogroup B
- MMR: measles, mumps, rubella
- MMRV: measles, mumps, rubella, varicella
- PCV13: pneumococcal conjugate (13-valent)
- PPSV23: pneumococcal polysaccharide (23-valent)
- RIV: recombinant influenza
- RV: rotavirus
- SIRVA: shoulder injury related to vaccine administration
- Td: tetanus/diphtheria toxoids
- Tdap: tetanus toxoid, reduced diphtheria toxoid, acellular pertussis
- Ty21a: oral typhoid
- VAR: varicella
- YF-Vax: yellow fever