

Nom du patient : \_\_\_\_\_ Date de naissance : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(jour) (mois) (année)

## Questionnaire de dépistage des contre-indications à l'immunisation des adultes

**Pour les patients :** les questions ci-dessous nous aideront à déterminer quels vaccins vous pouvez recevoir aujourd'hui. Si vous répondez « Oui » à l'une des questions, cela ne signifie pas forcément que vous n'aurez pas à être vacciné. Cela indique simplement qu'il faudra approfondir la question. Si une question n'est pas claire, demandez à votre personnel médical de vous l'expliquer.

Oui Non Je ne sais pas

1. Êtes-vous malade aujourd'hui ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Présentez-vous des allergies à certains médicaments, aliments, vaccins ou au latex ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Avez-vous déjà eu une réaction grave suite à un vaccin ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Avez-vous un problème connu de longue date comme une maladie cardiaque ou pulmonaire, une maladie rénale, métabolique (comme le diabète), faites-vous de l'asthme ou souffrez-vous d'un trouble sanguin ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Avez-vous le cancer, la leucémie, le VIH/SIDA ou un autre problème immunitaire ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Au cours des 3 derniers mois, avez-vous pris des médicaments affaiblissant votre système immunitaire, comme de la cortisone, de la prednisone, d'autres stéroïdes ou des médicaments anticancéreux, ou avez-vous reçu des traitements de radiothérapie ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Avez-vous déjà souffert de convulsions, de problèmes cérébraux ou nerveux ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Durant cette dernière année, avez-vous reçu une transfusion sanguine ou tout autre produit sanguin, avez-vous pris un médicament appelé gammaglobuline ou des médicaments antiviraux ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pour les femmes : êtes-vous enceinte ou pourriez-vous l'être dans le mois à venir ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Avez-vous été vacciné au cours des quatre dernières semaines ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Formulaire rempli par : \_\_\_\_\_ Date : \_\_\_\_\_

Formulaire revu par : \_\_\_\_\_ Date : \_\_\_\_\_

**Avez-vous apporté votre carnet de santé ?** oui ☐ non ☐

Il est important que vous gardiez un registre de vos vaccinations. Si vous n'avez pas de registre personnel, demandez à votre personnel médical de vous en fournir un. Gardez ce registre dans un endroit sûr et apportez-le à chaque visites. Assurez-vous que votre personnel médical y inscrit toutes vos vaccinations.

## Information for Health Professionals about the Screening Checklist for Contraindications To Vaccines for Adults

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 bottom of this page.

### 1. Are you sick today? [all vaccines]

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

### 2. Do you have allergies to medications, food, a vaccine component, or latex? [all vaccines]

If a person reports they have an allergy to egg, ask if they can eat lightly cooked eggs (e.g., scrambled eggs). If they can, trivalent influenza vaccine (TIV) may be administered. If after eating eggs or egg-containing foods, they have a reaction consisting of only hives, TIV may be given and the person should be observed for at least 30 minutes. If a person experiences a serious systemic or anaphylactic reaction (e.g., hives and either swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs, do not administer TIV or live attenuated influenza vaccine (LAIV). It is possible that they may be eligible to be given TIV, but only after they have seen a physician with expertise in the management of allergic conditions. If a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions are not contraindications. For a table of vaccines supplied in vials or syringes that contain latex, go to [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). For an extensive list of vaccine components, see reference 2.

### 3. Have you ever had a serious reaction after receiving a vaccination? [all vaccines]

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). 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. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? [LAIV]

People with any of these health conditions should not be given the intranasal live attenuated influenza vaccine (LAIV). Instead, they should be vaccinated with the injectable influenza vaccine.

### 5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, VAR, ZOS]

Live virus vaccines (e.g., LAIV, measles-mumps-rubella [MMR], varicella [VAR], zoster [ZOS]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ $\mu$ L. Immunosuppressed people should not receive LAIV. For details, consult the ACIP recommendations (3, 4, 5).

### 6. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments? [LAIV, MMR, VAR, ZOS]

Live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) 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 (1, 5).

To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 6. LAIV can be given only to healthy non-pregnant people younger than age 50 years.

### 7. Have you had a seizure or a brain or other nervous system problem? [influenza, Td/Tdap]

Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. 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 (TIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with TIV if at high risk for severe influenza complications.

### 8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [LAIV, MMR, VAR]

Certain live virus vaccines (e.g., LAIV, MMR, VAR) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines. (1)

### 9. For women: Are you pregnant or is there a chance you could become pregnant during the next month? [MMR, LAIV, VAR, ZOS]

Live virus vaccines (e.g., MMR, VAR, ZOS, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent and immediate protection is needed (e.g., travel to endemic areas). Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester. (1, 3, 4, 5, 7, 8)

### 10. Have you received any vaccinations in the past 4 weeks?

[LAIV, MMR, VAR, yellow fever] If the person to be vaccinated was given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZOS, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

#### References:

1. CDC. General recommendations on immunization, at [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm).
2. Table of Vaccine Components: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
3. 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).
4. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
5. CDC. Prevention and control of influenza—recommendations of ACIP, at [www.cdc.gov/flu/professionals/vaccination](http://www.cdc.gov/flu/professionals/vaccination).
6. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients. *MMWR* 2000; 49 (RR-10). [www.cdc.gov/vaccines/pubs/downloads/b\\_hscd-recs.pdf](http://www.cdc.gov/vaccines/pubs/downloads/b_hscd-recs.pdf).
7. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
8. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).

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(jour) (mois) (année)

## Questionnaire de dépistage des contre-indications à l'immunisation des enfants et des adolescents

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

	Oui	Non	Je ne sais pas
1. L'enfant est-il malade aujourd'hui ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. L'enfant présente-t-il des allergies à certains médicaments, aliments, vaccins ou au latex ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. L'enfant a-t-il déjà eu une réaction grave suite à un vaccin ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. L'enfant a-t-il eu l'un de ces problèmes de santé : une maladie pulmonaire, une maladie cardiaque, une maladie rénale, une maladie métabolique (par ex. le diabète), l'asthme, ou souffrez-vous d'un trouble sanguin ? L'enfant suit-il un traitement par l'aspirine à long terme ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Si l'enfant qui se fera vacciner est âgé de 2 à 4 ans, un prestataire de soins de santé vous a-t-il signalé que l'enfant avait un sifflement (wheezing) ou de l'asthme au cours des douze derniers mois ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Si votre enfant est un nourrisson, à votre connaissance, a-t'il/elle déjà souffert d'une invagination ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. L'enfant, ses frères/soeurs ou l'un de ses parents ont-ils souffert de convulsions ? L'enfant a-t-il souffert de troubles cérébraux ou nerveux ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. L'enfant a-t-il un cancer, une leucémie, le VIH/SIDA ou tout autre problème immunitaire ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Au cours des 3 derniers mois, l'enfant a-t-il pris des médicaments affaiblissant son système immunitaire, comme de la cortisone, de la prednisone, d'autres stéroïdes, des médicaments anticancéreux, ou a-t-il reçu des traitements de radiothérapie ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Au cours de la dernière année, l'enfant a-t-il reçu une transfusion sanguine ou tout autre produit sanguin, a-t-il pris un médicament appelé gammaglobuline ou un médicament antiviral ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. L'adolescente est-elle enceinte ou existe-t-il une possibilité de grossesse dans le mois à venir ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. L'enfant a-t-il été vacciné au cours des quatre dernières semaines ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Formulaire rempli par : \_\_\_\_\_ Date : \_\_\_\_\_

Formulaire revu par : \_\_\_\_\_ Date : \_\_\_\_\_

**Avez-vous apporté le carnet de santé de l'enfant ?** oui ☐ non ☐

Il est important d'avoir en votre possession un registre des vaccinations de l'enfant. Si vous n'en avez pas, demandez à votre prestataire de soins de santé de vous en donner un et d'y noter toutes les vaccinations que l'enfant a déjà reçues. Gardez ce registre dans un endroit sûr et apportez-le à chaque visite médicale de votre enfant. Votre enfant aura besoin de 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 Health Professionals about the Screening Checklist for Contraindications (Children & 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 bottom of this page.

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

If a person reports they have an allergy to egg, ask if they can eat lightly cooked eggs (e.g., scrambled eggs). If they can, trivalent influenza vaccine (TIV) may be administered. If after eating eggs or egg-containing foods, they have a reaction consisting of only hives, TIV may be given and the person should be observed for at least 30 minutes. If a person experiences a serious systemic or anaphylactic reaction (e.g., hives and either swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs, do not administer TIV or live attenuated influenza vaccine (LAIV). It is possible that they may be eligible to be given TIV, but only after they have seen a physician with expertise in the management of allergic conditions. If a person has anaphylaxis after eating gelatin, do not administer LAIV, measles-mumps-rubella (MMR), MMR+varicella (MMRV), or varicella vaccine. A local reaction is not a contraindication. For a table of vaccines supplied in vials or syringes that contain latex, go to [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). For an extensive table of vaccine components, see reference 3.

### 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 (1). History of encephalopathy within 7 days following DTP/DTPa is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTPa (not Tdap) include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 or more hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. 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. Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? [LAIV]

Children with any of the health conditions listed above should not be given the intranasal, live attenuated influenza vaccine (LAIV). These children should be vaccinated with the injectable influenza vaccine.

### 5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? [LAIV]

Children who have had a wheezing episode within the past 12 months should not be given the live attenuated influenza vaccine. Instead, these children should be given the inactivated influenza vaccine.

### 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, TIV, 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, and a progressive neurologic disorder in a teen is a precaution to the use of Td. 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 age-appropriate Tdap instead of Td if no

history of prior Tdap; 2) Influenza vaccine (TIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with TIV if at high risk for severe influenza complications.

### 8. Does the child 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 the intranasal live, attenuated influenza vaccine [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 with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ $\mu$ L. 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. For details, consult the ACIP recommendations (4, 5, 6).

### 9. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments? [LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) 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 (1). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can be given only to healthy non-pregnant individuals age 2–49 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? [LAIV, MMR, MMRV, VAR]

Certain live virus vaccines (e.g., LAIV, 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 (1, 2).

### 11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? [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 (1, 6). 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 (5, 8). On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent (e.g., travel to endemic areas) and immediate protection is needed. Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester (9).

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

If the child was given either live, attenuated influenza vaccine (LAIV) or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks, they 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 recommendations on immunization, at [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm).
2. AAP. Red Book: Report of the Committee on Infectious Diseases at [www.aapredbook.org](http://www.aapredbook.org).
3. Table of Vaccine Components: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
4. 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).
5. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
6. CDC. Prevention and Control of Influenza—Recommendations of ACIP at [www.cdc.gov/flu/professionals/vaccination/](http://www.cdc.gov/flu/professionals/vaccination/).
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10). [www.cdc.gov/vaccines/pubs/down-loads/b\\_hsc-recs.pdf](http://www.cdc.gov/vaccines/pubs/down-loads/b_hsc-recs.pdf).
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).