

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

NOM DU PATIENT : _____

DATE DE NAISSANCE : ____/____/____
jour mois année

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 prestataire de soins de santé 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, cardiaque, rénale ou métabolique (p. ex., le diabète), de l'asthme, ou souffre-t-il 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 12 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 prednisone, d'autres stéroïdes, ou des médicaments anticancéreux ; des médicaments pour traiter l'arthrite rhumatoïde, la maladie de Crohn, ou le psoriasis ; 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 votre carnet de vaccination ? 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 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.^{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]

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, pre-filled syringe plungers, pre-filled 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 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.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/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTaP (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]

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 on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV.

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

NOTE: Live attenuated influenza vaccine (LAIV4; FluMist), is not recommended by CDC's Advisory Committee on Immunization Practices for use in the U.S. during the 2016–17 influenza season. Because LAIV4 is still a licensed vaccine that might be available and that some providers might elect to use, for informational purposes, reference is made to previous recommendations for its use.

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 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 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/μL. 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.^{1,6,7,8}

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.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 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? [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? [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.^{1,2} 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.^{7,10} 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 recommendations on immunization, at www.cdc.gov/mmwr/pdf/rr/r6002.pdf.
2. AAP. Red Book: Report of the Committee on Infectious Diseases at www.aapredbook.org.
3. Latex in Vaccine Packaging: 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/excipient-table-2.pdf.
5. CDC. Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2016–17 influenza season at www.cdc.gov/mmwr/volumes/pdf/65/55/pdfs/rr6505.pdf. pages 1–56.

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).
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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. Tomblyn 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.
10. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).