

Screening Checklist for Contraindications

to HPV, MenACWY, MenB, and Tdap Vaccines for Teens

YOUR NAME _____

DATE OF BIRTH _____ / _____ / _____
month day year

For parents/guardians: The following questions will help us determine if human papillomavirus (HPV), meningococcal conjugate (MenACWY), meningococcal serogroup B (MenB), and tetanus, diphtheria, and acellular pertussis (Tdap) vaccines may be given to your teen today. If you answer “yes” to any question, it does not necessarily mean your teen 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 your teen sick today? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your teen have allergies to a vaccine component or to latex? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your teen had a serious reaction to a vaccine in the past? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your teen had brain or other nervous system problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. For females: Is your teen pregnant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your teen's immunization record card with you? yes no

It is important to have a personal record of your teen's vaccinations. If you don't have one, ask your healthcare provider to give you one with all of your teen's vaccinations on it. Keep it in a safe place and be sure your teen carries it every time he/she seeks medical care. Your teen will likely need this document to enter school or college, for employment, or for international travel.

Information for Healthcare Professionals about the Screening Checklist for Contraindications to HPV, MenACWY, MenB, and Tdap Vaccines for 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 your teen sick today?

(This question applies to HPV, MenACWY, MenB, Tdap.)

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events.^{1,2} However, all vaccines should be delayed until a moderate or severe acute illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications or precautions to vaccination. Do not withhold vaccination if a teen is taking antibiotics unless he/she is moderately or severely ill.

2. Does your teen have allergies to a vaccine component or to latex?

(This question applies to HPV, MenACWY, MenB, Tdap.)

A delayed-type local reaction following a prior vaccine dose is not a contraindication to a subsequent dose. History of severe allergy to a vaccine component occurs in minutes to hours, requires medical attention, and is a contraindication. For a table of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. 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.

3. Has your teen had a serious reaction to a vaccine in the past?

(This question applies to HPV, MenACWY, MenB, Tdap.)

A local reaction following a prior vaccine dose is not a contraindication to a subsequent dose. However, history of an anaphylactic reaction (hives, swelling of the lips or tongue, acute respiratory distress, or collapse) following a previous dose of vaccine or vaccine component is a contraindication for subsequent doses.¹

4. Has the teen had brain or other nervous system problems?

(This question applies to Tdap.)

Tdap is contraindicated in teens who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit of vaccinating outweighs the risk (e.g., during a community pertussis outbreak). For teens with stable neurologic disorders (including seizures) unrelated to vaccination, or for those with a family history of seizures, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with Td or Tdap: if GBS occurred within 6 weeks of receipt of a tetanus-containing vaccine and a decision is made to continue vaccination, give age-appropriate Tdap instead of Td if there is no history of a prior Tdap dose, to improve pertussis protection.

5. For females; Is your teen pregnant?

(This question applies to HPV.)

Teens who are pregnant should not be given HPV vaccine. However, pregnancy is not a contraindication or precaution for administering Tdap, MenACWY, or MenB vaccine.

REFERENCES

1. CDC. *General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)* at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. AAP. *Red Book: Report of the Committee on Infectious Diseases* at www.aapredbook.org.