

# ਬੱਚਿਆਂ ਅਤੇ ਕਿਸ਼ੋਰਾਂ ਦੀਆਂ ਵੈਕਸੀਨਾਂ ਸੰਬੰਧੀ ਸਮੱਸਿਆਵਾਂ ਵਾਸਤੇ ਸਕ੍ਰੀਨਿੰਗ ਚੈਕਲਿਸਟ

ਮਰੀਜ਼ ਨਾਂ \_\_\_\_\_

ਜਨਮ ਮਿਤੀ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ਮਹੀਨਾ ਦਿਨ ਸਾਲ

**ਮਾਪਿਆਂ/ਸਰਪ੍ਰਸਤਾਂ ਵਾਸਤੇ:** ਹੇਠਾਂ ਦਿੱਤੇ ਸਵਾਲ ਸਾਡੀ ਇਹ ਨਿਰਧਾਰਤ ਕਰਨ ਵਿੱਚ ਸਹਾਇਤਾ ਕਰਨਗੇ ਕਿ ਤੁਹਾਡੇ ਬੱਚੇ ਨੂੰ ਅੱਜ ਕਿਹੜੀਆਂ ਵੈਕਸੀਨਾਂ ਦਿੱਤੀਆਂ ਜਾ ਸਕਦੀਆਂ ਹਨ। ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ “ਹਾਂ” ਵਿੱਚ ਦਿੰਦੇ ਹੋ, ਤਾਂ ਇਸਦਾ ਮਤਲਬ ਇਹ ਨਹੀਂ ਹੈ ਕਿ ਤੁਹਾਡੇ ਬੱਚੇ ਨੂੰ ਟੀਕਾ ਨਹੀਂ ਲਗਾਇਆ ਜਾਣਾ ਚਾਹੀਦਾ। ਇਸਦਾ ਮਤਲਬ ਇੰਨਾ ਕੁ ਹੀ ਹੈ ਕਿ ਵਾਧੂ ਸਵਾਲ ਪੁੱਛਣੇ ਲਾਜ਼ਮੀ ਹਨ। ਜੇ ਕੋਈ ਸਵਾਲ ਸਪੱਸ਼ਟ ਨਹੀਂ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਦੀ ਵਿਆਖਿਆ ਲਈ ਤੁਹਾਡੇ ਸਿਹਤ-ਸੰਭਾਲ ਪ੍ਰਦਾਤਾ ਨੂੰ ਕਹੋ।

|                                                                                                                                                                                                                                                                                             | ਹਾਂ                      | ਨਹੀਂ                     | ਨਹੀਂ<br>ਜਾਣਦਾ            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. ਕੀ ਬੱਚਾ ਅੱਜ ਬਿਮਾਰ ਹੈ?                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ਕੀ ਬੱਚੇ ਨੂੰ ਦਵਾਈ, ਭੋਜਨ, ਵੈਕਸੀਨ ਦੇ ਕਿਸੇ ਘਟਕ, ਜਾਂ ਲੈਟੈਕਸ ਤੋਂ ਐਲਰਜੀ ਹੈ?                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ਕੀ ਬੱਚੇ ਨੂੰ ਅਤੀਤ ਵਿੱਚ ਕਿਸੇ ਵੈਕਸੀਨ ਪ੍ਰਤੀ ਗੰਭੀਰ ਪ੍ਰਤੀਕਰਮ ਹੋਈ ਹੈ?                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ਕੀ ਬੱਚੇ ਨੂੰ ਦਿਲ, ਫੇਫੜਿਆਂ (ਦਮੇ ਸਮੇਤ), ਗੁਰਦਾ, ਜਿਗਰ, ਦਿਮਾਗੀ ਤੰਤਰ, ਜਾਂ ਪਾਚਨ ਸੰਬੰਧੀ ਬਿਮਾਰੀ (ਉਦਾਹਰਨ ਲਈ, ਯੂਗਰ), ਖੂਨ ਦੀ ਬਿਮਾਰੀ, ਕੋਈ ਤਿੱਲੀ ਨਾ ਹੋਣਾ, ਕਈ ਕੋਕਲੀਅਰ ਇੰਪਲਾਂਟ, ਜਾਂ ਗੰਭੀਰ ਹੋਣਾ ਦਾ ਤਰਲ ਲੀਕ ਹੋਣ ਦੀ ਲੰਬੇ ਸਮੇਂ ਤੋਂ ਸਿਹਤ ਸਮੱਸਿਆ ਹੈ? ਕੀ ਉਹ ਨਿਯਮਿਤ ਤੌਰ 'ਤੇ ਐਸਪੀਰੀਨ ਜਾਂ ਸੈਲੀਸੀਲੇਟ ਦਵਾਈ ਲੈ ਰਹੇ ਹਨ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 2 ਤੋਂ 4 ਸਾਲ ਦੀ ਉਮਰ ਦੇ ਬੱਚਿਆਂ ਲਈ: ਕੀ ਕਿਸੇ ਸਿਹਤ-ਸੰਭਾਲ ਪ੍ਰਦਾਤਾ ਨੇ ਤੁਹਾਨੂੰ ਦੱਸਿਆ ਹੈ ਕਿ ਬੱਚੇ ਨੂੰ ਪਿਛਲੇ 12 ਮਹੀਨਿਆਂ ਵਿੱਚ ਘਰਘਰਾਹਟ ਜਾਂ ਦਮਾ ਹੋਇਆ ਸੀ?                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ਬੱਚਿਆਂ ਲਈ: ਕੀ ਤੁਹਾਨੂੰ ਕਦੇ ਦੱਸਿਆ ਗਿਆ ਹੈ ਕਿ ਬੱਚੇ ਨੂੰ ਇੰਟਰਸੈਪਸ਼ਨ (ਇੱਕ ਆਂਦਰ ਦਾ ਦੂਸਰੀ ਆਂਦਰ ਵਿੱਚ ਮੁੜ ਜਾਣਾ) ਸੀ?                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. ਕੀ ਬੱਚੇ, ਭੈਣ-ਭਰਾ, ਜਾਂ ਕਿਸੇ ਮਾਪੇ ਨੂੰ ਦੌਰਾ ਪਿਆ ਹੈ; ਕੀ ਬੱਚੇ ਨੂੰ ਦਿਮਾਗ ਜਾਂ ਹੋਰ ਦਿਮਾਗੀ ਤੰਤਰ ਸੰਬੰਧੀ ਸਮੱਸਿਆ ਸੀ?                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. ਕੀ ਬੱਚੇ ਦਾ ਕਦੇ ਵੀ ਦਿਲ ਦੀ ਬਿਮਾਰੀ (ਮਾਇਓਕਾਰਡੀਟਿਸ ਜਾਂ ਪੈਰੀਕਾਰਡਾਇਟਿਸ) ਦਾ ਨਿਦਾਨ ਹੋਇਆ ਹੈ ਜਾਂ ਕੀ ਉਨ੍ਹਾਂ ਨੂੰ COVID-19 ਦਾ ਕਾਰਨ ਬਣਨ ਵਾਲੇ ਵਾਇਰਸ ਨਾਲ ਲਾਗ ਲੱਗਣ ਤੋਂ ਬਾਅਦ ਮਲਟੀਸਿਸਟਮ ਇਨਫਲੇਮੇਟਰੀ ਸਿੰਡਰੋਮ (MIS-C) ਹੋਇਆ ਸੀ?                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. ਕੀ ਬੱਚੇ ਨੂੰ ਇਮਿਊਨ-ਸਿਸਟਮ ਦੀ ਸਮੱਸਿਆ ਹੈ ਜਿਵੇਂ ਕਿ ਕੈਂਸਰ, ਲਿਊਕੇਮੀਆ, HIV/AIDS ਹੈ?                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. ਕੀ ਪਿਛਲੇ 6 ਮਹੀਨਿਆਂ ਵਿੱਚ ਬੱਚੇ ਨੇ ਅਜਿਹੀਆਂ ਦਵਾਈਆਂ ਲਈਆਂ ਹਨ ਜੋ ਇਮਿਊਨ ਸਿਸਟਮ ਨੂੰ ਪ੍ਰਭਾਵਿਤ ਕਰਦੀਆਂ ਹੋਣ ਜਿਵੇਂ ਕਿ ਪ੍ਰੋਡਨੀਸ਼ਨ, ਹੋਰ ਸਟੀਰੋਇਡਜ਼, ਜਾਂ ਕੈਂਸਰ ਵਿਰੋਧੀ ਦਵਾਈਆਂ; ਰਾਇਮੋਟਾਇਡ ਗਨੀਏ, ਕਰੋਹਨ ਦੀ ਬਿਮਾਰੀ, ਜਾਂ ਚੰਬਲ ਦਾ ਇਲਾਜ ਕਰਨ ਵਾਲੀਆਂ ਦਵਾਈਆਂ; ਜਾਂ ਰੇਡੀਏਸ਼ਨ ਨਾਲ ਇਲਾਜ ਕਰਵਾਏ ਹੋਣ?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. ਕੀ ਬੱਚੇ ਦੇ ਮਾਤਾ-ਪਿਤਾ ਜਾਂ ਭੈਣ-ਭਰਾ ਨੂੰ ਇਮਿਊਨ ਸਿਸਟਮ ਸੰਬੰਧੀ ਸਮੱਸਿਆ ਹੈ?                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. ਪਿਛਲੇ ਸਾਲ, ਕੀ ਬੱਚੇ ਨੂੰ ਇਮਿਊਨ (ਗਾਮਾ) ਗਲੋਬੁਲਿਨ, ਖੂਨ/ਖੂਨ ਦੇ ਉਤਪਾਦ, ਜਾਂ ਕੋਈ ਐਂਟੀਵਾਇਰਲ ਦਵਾਈ ਦਿੱਤੀ ਗਈ ਸੀ?                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. ਕੀ ਬੱਚਾ/ਕਿਸ਼ੋਰੀ ਗਰਭਵਤੀ ਹੈ?                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. ਕੀ ਬੱਚੇ ਨੂੰ ਪਿਛਲੇ 4 ਹਫ਼ਤਿਆਂ ਵਿੱਚ ਵੈਕਸੀਨਾਂ ਲੱਗੀਆਂ ਹਨ?                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. ਕੀ ਬੱਚੇ ਨੂੰ ਟੀਕਾ ਲੱਗਣ ਤੋਂ ਪਹਿਲਾਂ, ਉਸ ਦੌਰਾਨ ਜਾਂ ਬਾਅਦ ਵਿੱਚ ਕਦੇ ਚੱਕਰ ਆਉਣ ਜਾਂ ਬੇਹੋਸ਼ ਹੋਣ ਦੀ ਘਟਨਾ ਮਹਿਸੂਸ ਹੋਈ ਹੈ?                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. ਕੀ ਬੱਚਾ ਅੱਜ ਟੀਕਾ ਲੱਗਣ ਕਾਰਨ ਚਿੰਤਤ ਹੈ?                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ਫਾਰਮ ਪੂਰਾ ਕਰਨ ਵਾਲਾ \_\_\_\_\_ ਮਿਤੀ \_\_\_\_\_

ਸਮੀਖਿਆ ਕਰਤਾ \_\_\_\_\_ ਮਿਤੀ \_\_\_\_\_

ਕੀ ਤੁਸੀਂ ਆਪਣਾ ਟੀਕਾਕਰਣ ਰਿਕਾਰਡ ਕਾਰਡ ਆਪਣੇ ਨਾਲ ਲੈ ਕੇ ਆਏ ਸੀ? ਹਾਂ ☐ ਨਹੀਂ ☐

ਤੁਹਾਡੇ ਬੱਚੇ ਦੇ ਟੀਕਿਆਂ ਦਾ ਨਿੱਜੀ ਰਿਕਾਰਡ ਰੱਖਣਾ ਮਹੱਤਵਪੂਰਨ ਹੈ। ਜੇ ਤੁਹਾਡੇ ਕੋਲ ਕੋਈ ਨਹੀਂ ਹੈ, ਤਾਂ ਬੱਚੇ ਦੇ ਸਿਹਤ-ਸੰਭਾਲ ਪ੍ਰਦਾਤਾ ਨੂੰ ਕਹੋ ਕਿ ਉਹ ਤੁਹਾਨੂੰ ਤੁਹਾਡੇ ਬੱਚੇ ਦੇ ਸਾਰੇ ਟੀਕਿਆਂ ਵਾਲਾ ਇੱਕ ਟੀਕਾ ਦੇਵੇ। ਇਸ ਨੂੰ ਕਿਸੇ ਸੁਰੱਖਿਅਤ ਜਗ੍ਹਾ 'ਤੇ ਰੱਖੋ ਅਤੇ ਹਰ ਵਾਰ ਜਦੋਂ ਤੁਸੀਂ ਆਪਣੇ ਬੱਚੇ ਲਈ ਡਾਕਟਰੀ ਦੇਖਭਾਲ ਲੈਂਦੇ ਹੋ ਤਾਂ ਇਸਨੂੰ ਆਪਣੇ ਨਾਲ ਲੈ ਕੇ ਆਓ। ਤੁਹਾਡੇ ਬੱਚੇ ਨੂੰ ਡੇ ਕੇਅਰ ਜਾਂ ਸਕੂਲ ਵਿੱਚ ਦਾਖਲ ਹੋਣ ਲਈ, ਰੁਜ਼ਗਾਰ ਵਾਸਤੇ, ਜਾਂ ਅੰਤਰਰਾਸ਼ਟਰੀ ਯਾਤਰਾ ਵਾਸਤੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਲੋੜ ਪਵੇਗੀ।

Punjabi translation provided by Fresno Co. Dept. of Public Health Immunization Program



ਪੇਸ਼ੇਵਰਾਂ ਲਈ [www.immunize.org](http://www.immunize.org) / ਜਨਤਾ ਲਈ [www.vaccineinformation.org](http://www.vaccineinformation.org)

[www.immunize.org/catg.d/p4060-pan.pdf](http://www.immunize.org/catg.d/p4060-pan.pdf)  
"Screening Checklist for Contraindications  
to Vaccines for Children and Teens" Item  
#P4060-pan Punjabi (12/10/2024)



PDF ਲਈ ਸਕੈਨ ਕਰੋ

# 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/hcp/immunization-schedule/child-adolescent-age.html](http://www.cdc.gov/vaccines/hcp/immunization-schedule/child-adolescent-age.html)) and *General Best Practice Guidelines for Immunization* sections on "Contraindications and Precautions" ([www.cdc.gov/vaccines/hcp/immunization-best-practices/contraindications-precautions.html](http://www.cdc.gov/vaccines/hcp/immunization-best-practices/contraindications-precautions.html)) and "Altered Immunocompetence" ([www.cdc.gov/vaccines/hcp/immunization-best-practices/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/immunization-best-practices/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/immunization-best-practices/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/immunization-best-practices/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 [wwwnc.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers](http://wwwnc.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/immunization-best-practices/timing-spacing-immunobiologics.html](http://www.cdc.gov/vaccines/hcp/immunization-best-practices/timing-spacing-immunobiologics.html)) 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. **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