



# MedStar Health Georgetown University

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**Community Pediatrics**

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Estimados Padres y Guardias,

La clínica de KIDS' Mobile Medical Clinic/Ronald McDonald Care Mobile® tendrá citas para vacunas los martes en los meses de Agosto hasta Diciembre.

1. El padre o guardia legal debe estar presente en la cita.
2. Escanee el código o copie y pegue este enlace: <https://forms.office.com/r/0VNUFSu4J5> para completar el registro / consentimiento antes de la llegada.
3. Si puede, imprime la evaluación en la página siguiente y llévela a la clínica.
4. Traiga registros de vacunas o obtenga información de la escuela sobre cuales vacunas necesita su hijo/hijos.

Si tiene preguntas, llámenos a 202-444-8888 or envíe un correo electrónico a:

[communitypediatrics20@medstar.net](mailto:communitypediatrics20@medstar.net).



Saludos Coriales,

*Kiersten E. Lally, RN*

Kiersten E. Lally, RN  
Nurse Clinician  
MedStar Georgetown KIDS Mobile Medical Clinic/RMHC Care Mobile  
Division of Community Pediatrics/Department of Pediatrics

# Cuestionario de contraindicaciones para vacunación de adultos

NOMBRE DEL PACIENTE \_\_\_\_\_

FECHA DE NACIMIENTO \_\_\_\_/\_\_\_\_/\_\_\_\_  
mes día año

**Para los pacientes:** Las siguientes preguntas nos ayudarán a determinar cuáles vacunas le podremos administrar hoy. Si responde “sí” a alguna pregunta, no necesariamente significa que no se debe vacunar. Simplemente quiere decir que hay que hacerle más preguntas. Si alguna pregunta no está clara, solicítele a su proveedor de atención médica que se la explique.

	sí	no	no sé
1. ¿Está enfermo hoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Es alérgico a algún medicamento, alimento, componente de vacunas o al látex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Alguna vez ha tenido una reacción seria después de aplicarse una vacuna?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿Tiene algún problema de salud crónico en el corazón, los pulmones o los riñones, o sufre de enfermedad metabólica (p. ej., diabetes), asma, un trastorno de la sangre, no tiene bazo, tiene deficiencia de componentes del complemento, un implante coclear o derrame de líquido cefalorraquídeo? ¿Recibe terapia con aspirina a largo plazo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ¿Tiene cáncer, leucemia, VIH/SIDA o cualquier otro problema del sistema inmunitario?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ¿Uno de sus padres, hermanos o hermanas tiene algún problema en su sistema inmunitario?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ¿En los últimos 3 meses, ha tomado medicamentos que afectan el sistema inmunitario, tales como prednisona, otros esteroides o medicamentos contra el cáncer; o medicamentos para el tratamiento de la artritis reumatoide, la enfermedad de Crohn o la psoriasis, o tuvo tratamientos de radiación?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ¿Ha tenido convulsiones o un problema del cerebro o del sistema nervioso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Durante el año pasado, ¿recibió una transfusión de sangre o de productos sanguíneos, o se le administró inmunoglobulina, gammaglobulina o algún medicamento antiviral?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Para las mujeres: ¿Está embarazada o existe la posibilidad de que quede embarazada durante el mes que viene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ¿Se le aplicó alguna vacuna en las últimas 4 semanas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORMA LLENADA POR \_\_\_\_\_ FECHA \_\_\_\_\_

FORMA REVISADA POR \_\_\_\_\_ FECHA \_\_\_\_\_

¿Trajo su cartilla de vacunación consigo? sí  no

Es importante que tenga un registro personal de sus vacunas. Si no tiene un registro personal, pídale a su proveedor de atención médica que le proporcione uno. Guarde este registro en un lugar seguro y llévelo con usted todas las veces que busque atención médica. Asegúrese de que su proveedor de atención médica registre en él todas sus vacunas.

# Information for Healthcare 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 in **Notes** below.

**NOTE:** For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)

**NOTE:** For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)

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

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (e.g., upper respiratory infections, 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]

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, prefilled 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 [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 [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).

People with egg allergy of any severity can receive any IIV, RIV, or LAIV that is otherwise appropriate for the patient's age and health status. With the exception of cclIV and RIV (which do not contain egg antigen), 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. 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. 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, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long term aspirin therapy? [MMR, VAR, LAIV]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. LAIV is not recommended for people with anatomic or functional asplenia, complement component deficiency, a cochlear implant, or CSF leak. Underlying health conditions of the heart, lung, kidney, or metabolic disease (e.g., diabetes) and asthma are considered precautions for the use of LAIV. Aspirin use is a precaution to VAR.

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

Live virus vaccines (e.g., LAIV, MMR, VAR) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and VAR vaccine may 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.

## 6. Do you have a parent, brother, or sister with an immune system problem? [MMR, VAR]

MMR or VAR vaccines should not be administered to persons who have a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory.

## 7. In the past 3 months, have you taken medications that affect your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments? [LAIV, MMR, VAR]

Live virus vaccines (e.g., LAIV, MMR, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, see references in **Notes** above. Some immune mediator and immune modulator drugs (especially the anti-tumor necrosis factor agents adalimumab, infliximab, etanercept, golimumab, and certolizumab pegol) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at [wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers](http://wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers). The use of live virus vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see references in **Notes** above.

## 8. 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. 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-toxoid vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccination should generally be avoided unless the benefits outweigh the risks (for those at higher risk for complications from influenza).

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

Certain live virus vaccines (e.g., MMR, LAIV, VAR) may need to be deferred, depending on several variables. Consult General Best Practice Guidelines for Immunization (referenced in **Notes** above) for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

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

Live virus vaccines (e.g., MMR, VAR, 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 avoid pregnancy for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

## 11. Have you received any vaccinations in the past 4 weeks? [LAIV, MMR, VAR, yellow fever]

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever). Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

### VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine  
HPV = Human papillomavirus vaccine  
IIV = Inactivated influenza vaccine  
cclIV = Cell culture inactivated influenza vaccine  
IPV = Inactivated poliovirus vaccine

MMR = Measles, mumps, and rubella vaccine  
RIV = Recombinant influenza vaccine  
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine  
VAR = Varicella vaccine