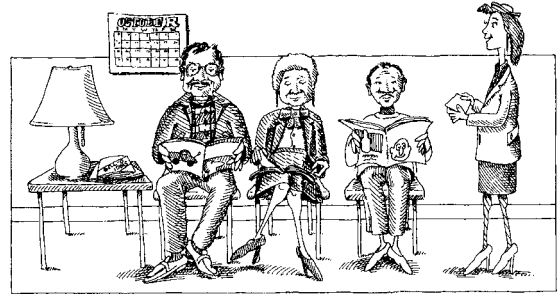


Nombre del paciente: _____

Fecha de nacimiento: ____/____/____
(mes) (día) (año)

Cuestionario para la vacunación de adultos



Para los pacientes: Las siguientes preguntas nos ayudarán a determinar cuáles vacunas debe recibir hoy. Si alguna pregunta no está clara, por favor pídale a su proveedor de salud que se la explique.

	Sí	No	No sabe
1. ¿Está usted enfermo en la actualidad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Tiene alergias a medicamentos, alimentos, o alguna vacuna?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Ha tenido usted alguna reacción seria a las vacunas en algún momento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿Tiene usted cáncer, leucemia, SIDA, o cualquier otra enfermedad del sistema inmunológico?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ¿Toma usted cortisona, prednisona, otros esteroides, drogas anticáncer, o ha estado expuesto a un tratamiento con rayos X?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ¿En el curso del año pasado, ha recibido usted alguna transfusión de sangre, plasma, o una medicamento llamado gamaglobulina inmunológica?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Para mujeres: ¿Es posible que usted esté embarazada o que quede embarazada en el próximo mes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ¿Ha recibido usted alguna vacuna durante las últimas cuatro semanas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Este formulario ha sido completado por: _____

Fecha: ____/____/____
(mes) (día) (año)

Este formulario ha sido repasado por: _____

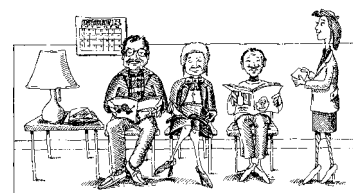
Fecha: ____/____/____
(mes) (día) (año)

Trajo su tarjeta de vacunación? sí no

Es importante que usted tenga una tarjeta personal con el registro de sus vacunas. Si usted no tiene una tarjeta, pídale a su proveedor de atención de la salud le dé una. Traiga esta tarjeta cada vez que busque atención médica. Asegúrese de que su proveedor atención de la salud le anote todas las vacunas en su tarjeta.

Understanding the Screening Questionnaire for Adult Immunization

The information below has been adapted from *Epidemiology & Prevention of Vaccine-Preventable Diseases*, WL Atkinson et al., editors, CDC, 8th edition, Feb. 2004, and the 2002 General Recommendations on Immunization, *MMWR* 2002;51(RR-2).



1. Are you sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, 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, or any vaccine?

History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive list of vaccine components, see reference 3.

3. Have you ever had a serious reaction after receiving a vaccination?

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 measles outbreak).

4. Do you have cancer, leukemia, AIDS, or any other immune system problem?

Live virus vaccines (e.g., MMR, varicella, and the intranasal live attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected individuals who do not have evidence of severe immunosuppression. Immunosuppressed persons should not receive varicella vaccine or LAIV. For details, consult the ACIP recommendations (4, 5, 6).

5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?

Live virus vaccines (e.g., MMR, 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, 6). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can only be given to healthy individuals ages 5–49 years.

6. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?

Certain live virus vaccines (e.g., MMR, varicella) may need to be deferred, depending on several variables. Consult the ACIP Statement “General Recommendations on Immunization” (1) or *2003 Red Book*, p. 423 (2), for the most current information on intervals between immune globulin or blood product administration and MMR or varicella vaccination.

7. For women: Are you pregnant or is there a chance you could become pregnant during the next month?

Live virus vaccines (e.g., MMR, varicella, LAIV) are contraindicated in the month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 6). Sexually active women in their childbearing years who receive MMR or varicella vaccination should be instructed to practice careful contraception for one month following receipt of either vaccine (8, 9). Inactivated vaccines may be given to a pregnant woman whenever indicated.

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

If two live virus parenteral vaccines (e.g., MMR, varicella) are not given on the same day, the doses must be separated by at least 28 days. Other vaccines may be given at any spacing interval if they are not administered simultaneously. (For travelers, see reference 10.)

References:

1. CDC. General recommendations on immunization. *MMWR* 2002; 51 (RR-2).
2. AAP. *2003 Red Book: Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: AAP, 2003.
3. Table of Vaccine Components: www.cdc.gov/nip/publications/pink/appendices/A/excipient2.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: updated recommendations of the ACIP. *MMWR* 1999; 48 (RR-6).
6. CDC. Using live, attenuated influenza vaccine for prevention and control of influenza. *MMWR* 2003; 52 (RR-13).
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/nip/publications/hsct-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 varicella. *MMWR* 1996; 45 (RR-11).
10. CDC. Health Information for International Travel, 2003–2004, DHHS, Spacing of Immunobiologics, go to www.cdc.gov/travel/vaccinations/recommendations.htm#spacing