### PREVENTION AND SCREENING

#### Measure | Member Population | Screening, Test or Care Needed | How You Can Prevent or Close Gap *
--- | --- | --- | ---
**Childhood Immunization Status** (CIS) Combo 10 | Children age 2 | Administered all doses of the following vaccines before child's 2nd birthday: 4 DTP, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1 Vzv, 4 Pneumococcal conjugate, 1 HepA, 3 Rotavirus (2 if administer 2-dose version, OR 3 if administer 3-dose version), 2 Influenza | Contact members on your Care Opportunity Report and schedule an appointment to come for a visit and get Immunizations. The following CPT codes indicate an Immunization: Dtp - 90700, 90721, 90723, 90698 IPV - 90713, 90698, 90723 MMR - 90707, 90710 Hib - 90646-90648, 90721, 90748, 90698 Hep B - 90723, 90740, 90744, 90747, 90748 Vzv - 90710, 90716 PCV - 90696, 90670 Hep A - 90633 Rotavirus - 90680, 90681 Influenza - 90655, 90657, 90661, 90662, 90673, 90685, 90687
If the member already had vaccine(s), or has had an anaphylactic or other adverse reaction to the vaccine, document the date(s). Submit medical record with notation of vaccines to AvMed when requested.

#### Chlamydia Screening in Women (CHL) | Sexually active women age 16-24 | A Chlamydia test every year | Consider routine Chlamydia screening using a urine sample for all sexually active female members in this age range. Screen at least once a year during any visit (sick or well visit) Take the opportunity to counsel and educate all members, including adolescents, on STDs The following CPT codes indicate a Chlamydia screening: 87110, 87270, 87320, 87490-87492, 87810 | Contact members on your Care Opportunity Report and confirm they’ve had their Well Women’s visit. If member had a screening in the current year, document the date and result, if available. Submit the medical record to AvMed. If member has not had a screening, consider scheduling the member’s OB/GYN visit while they are on the phone to increase likelihood the member receives a Chlamydia screening. If the member is an adolescent due for a wellness visit, schedule visit and use it as an opportunity to screen for Chlamydia and educate on STDs.

#### Adult BMI Assessment (ABA) | Ages 18-74 | For members 18-20: a BMI percentile, weight, AND height documented every 1-2 years. If member had a screening in the current year, document the date and result, if available. Submit the medical record to AvMed. If member has not had a screening, consider scheduling the member’s OB/GYN visit while they are on the phone to increase likelihood the member receives a BMI Assessment. If the member is an adolescent due for a wellness visit, schedule visit and use it as an opportunity to screen for BMI and educate on healthy weight. | Include appropriate diagnosis code on claim for every visit to indicate weight was measured and BMI value or BMI percentile was documented. ICD 10 BMI %tile: Z68.51 - Z68.54 Be sure to measure and document weight, height, BMI percentile on every patient's record at least once a year. Submit medical record showing weight, height, and BMI percentile measured during the current year, upon AvMed's request.

#### Immunizations for Adolescents (IM) (combo 2) | Adolescents ages 9-13 | Administer the following on or between member’s 11th and 13th birthdays: 1 meningococcal vaccine AND 10th and 13th birthdays: 1 hepatitis, diphtheria toxoids, and acellular pertussis vaccine (Tdap) AND 9th and 13th birthdays: 2 HPV vaccinations at least 146 days apart OR 3 HPV vaccinations on different dates of service | Contact members on your Care Opportunity Report and schedule an appointment to come for a visit and get their Immunizations. The following CPT codes indicate an Immunization: Tdap - 90715 HPV - 90649, 90650, 90651 Meningococcal - 90644, 90734 If the member already had required vaccine or has had an anaphylactic or other adverse reaction to the vaccine, document the date. Submit medical record with notation of the vaccines to AvMed when requested.

#### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) | Children ages 3-17 | Conduct the following at least once a year from ages 2 to 18 years. BMI percentile documentation AND Counseling for Nutrition AND Counseling for Physical Activity | Submit the following codes on the claim: BMI Percentile: ICD-10: Z68.51 - Z68.54 Nutritional Counseling: Procedure Codes: G0270 S9449 97802 G0271 S9452 97803 G0447 S9470 97804 ICD-10: Z68.51 - Z68.54 Physical Activity Counseling: S9451 ICD-10 202.5 G0447 Document all three components on the Member’s medical record at least once a year. Submit medical record documentation to AvMed upon request. Medical record must show some discussion of nutrition and physical activity and the BMI must be plotted or show the percentile.
### RESPIRATORY CONDITIONS

<table>
<thead>
<tr>
<th>Measure</th>
<th>Member Population</th>
<th>Screening, Test or Care Needed</th>
<th>How You Can Prevent or Close Gap *</th>
<th>Preferred Method</th>
<th>Acceptable Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Testing for Children With Pharyngitis (CWP)</td>
<td>Children age 2-18 who were diagnosed with pharyngitis, tonsillitis or strep throat AND were dispensed an antibiotic</td>
<td>Administer a group A streptococcus (strept) test within three days of diagnosis</td>
<td>Administer or order a strep test for children with throat infections when prescribing an antibiotic. Include code for strep test on claim.</td>
<td>87070 87650</td>
<td>87071 87651</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>87081 87652</td>
<td>87430 87880</td>
</tr>
</tbody>
</table>

| Appropriate Treatment for Children With Upper Respiratory Infection (URI) | Children age 3 months-18 years with an upper respiratory infection | Avoid prescribing an antibiotic if the only diagnosis is an upper respiratory infection. | If an upper respiratory infection is the only condition, avoid writing an antibiotic prescription. | If prescribing an antibiotic for a bacterial infection (or co-morbid condition), use diagnosis code for bacterial infection AND/or co-morbid condition when submitting claim. Code any secondary conditions. | 87070 87650 | 87071 87651 |
| | | | | | 87081 87652 | 87430 87880 |

| Asthma Medication Ratio (AMR)** | Members age 5-64 with persistent asthma | At least 50% or greater of all asthma medications filled should be controller medications. | Take the opportunity of every appointment to talk to your members about the importance of taking controller medications to control their asthma. Inquire about and address, where possible any barrier to adherence the member may be experiencing such as side effects, costs, or perceptions toward medication. | 87070 87650 | 87071 87651 |
| | | | | | 87081 87652 | 87430 87880 |

| Medication Management for People with Asthma (MMA)** | Members age 5-85 with persistent asthma | Adherence to asthma controller medication for at least 75% (preferred) or 50% of their treatment period. Treatment period starts the date of the first filled asthma prescription and ends the last day of the year. | Take the opportunity of every appointment to talk to your members about the importance of taking prescribed medications. Inquire about and address, where possible any barrier to adherence the member may be experiencing such as side effects, costs, perceptions toward medication, etc. | 87070 87650 | 87071 87651 |
| | | | | | 87081 87652 | 87430 87880 |

### BEHAVIORAL HEALTH CONDITIONS

<table>
<thead>
<tr>
<th>Measure</th>
<th>Member Population</th>
<th>Screening, Test or Care Needed</th>
<th>How You Can Prevent or Close Gap *</th>
<th>Preferred Method</th>
<th>Acceptable Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</td>
<td>Children ages 6-12 who had prescription for ADHD</td>
<td>Initiation Phase: At least one follow-up visit with practitioner with prescribing authority during 30-day Initiation Phase.</td>
<td>Contact members on your Care Opportunity Report and schedule appointments to come for follow up visits. Submit claims showing members had follow up visits. Use applicable CPT Codes when submitting claims.</td>
<td>87070 87650</td>
<td>87071 87651</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>87081 87652</td>
</tr>
</tbody>
</table>

### RELEVANT MEDICATIONS BY MEASURE

#### ADHD Medications

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS stimulants</td>
<td>Amphetamine- dextroamphetamine</td>
</tr>
<tr>
<td></td>
<td>Dexmethylphenidate</td>
</tr>
<tr>
<td></td>
<td>Lisdexamfetamine</td>
</tr>
<tr>
<td></td>
<td>Clonidine</td>
</tr>
<tr>
<td></td>
<td>Atomoxetine</td>
</tr>
<tr>
<td>Antibody inhibitor</td>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Inhaled corticosteroids</td>
<td>Guanfacine</td>
</tr>
<tr>
<td></td>
<td>Methylphenidate</td>
</tr>
<tr>
<td>Leukotriene modifiers</td>
<td>Dextroamphetamine</td>
</tr>
<tr>
<td>Most cell stabilizers</td>
<td>Fluticasone</td>
</tr>
<tr>
<td>Methylxanthines</td>
<td>Fluticasone CFC free</td>
</tr>
</tbody>
</table>

#### Antiasthmatic combinations

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dyphylline-guaifenesin</td>
</tr>
<tr>
<td></td>
<td>Guaifenesin-theophylline</td>
</tr>
<tr>
<td>Antibody inhibitor</td>
<td>Omalizumab</td>
</tr>
<tr>
<td>Inhaled steroid combinations</td>
<td>Budesonide-formoterol</td>
</tr>
<tr>
<td></td>
<td>Fluticasone-salmeterol</td>
</tr>
<tr>
<td></td>
<td>Mometasone-formoterol</td>
</tr>
<tr>
<td></td>
<td>Beclometasone</td>
</tr>
<tr>
<td></td>
<td>Budesonide</td>
</tr>
<tr>
<td></td>
<td>Ciclosporin</td>
</tr>
<tr>
<td></td>
<td>Flunisolide</td>
</tr>
<tr>
<td></td>
<td>Fluticasone CFC free</td>
</tr>
<tr>
<td></td>
<td>Mometasone</td>
</tr>
<tr>
<td>Leukotriene modifiers</td>
<td>Montelukast</td>
</tr>
<tr>
<td>Most cell stabilizers</td>
<td>Zolmitracet</td>
</tr>
<tr>
<td>Methylxanthines</td>
<td>Zileuton</td>
</tr>
<tr>
<td></td>
<td>Cromolyn</td>
</tr>
<tr>
<td></td>
<td>Dyphylline</td>
</tr>
<tr>
<td></td>
<td>Theophylline</td>
</tr>
</tbody>
</table>

#### Asthma Controller Medications

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Antihistaminic combinations</td>
</tr>
</tbody>
</table>
| Antibody inhibitor | | *
| | | *
| | Antibody inhibitor | *
| | Inhaled corticosteroids | *
| | Leukotriene modifiers | *
| | Most cell stabilizers | *
| | Methylxanthines | *

#### Asthma Reliever Medications

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-acting inhaled beta-2 agonists</td>
<td>Abuterol</td>
</tr>
<tr>
<td></td>
<td>Levalbuterol</td>
</tr>
<tr>
<td></td>
<td>Pirbuterol</td>
</tr>
</tbody>
</table>

### VACCINATION & WELL CHILD FORMS & TOOLS

#### Vaccination

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Adolescent Vaccination Forms</td>
<td>Contraindication Screening Checklist: Children &amp; Teens Form</td>
</tr>
<tr>
<td>Notification of Vaccination Patient Form</td>
<td>Children &amp; Teens Information for Healthcare Professionals</td>
</tr>
<tr>
<td>Addressing Parents about HPV</td>
<td></td>
</tr>
<tr>
<td>For more up to date forms:</td>
<td><a href="http://www.cdc.gov/vaccines">http://www.cdc.gov/vaccines</a></td>
</tr>
</tbody>
</table>

#### Well Child

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI Chart for plotting (paper medical record)</td>
<td>Note: EMR systems require you to turn on the BMI percentile and if plotting, the BMI %, percentile must be present.</td>
</tr>
<tr>
<td>Nutrition Counseling</td>
<td></td>
</tr>
</tbody>
</table>
| - If paper medical record, provide discussion of nutrition. | *
| - EMR use check boxes | *
| Physical Activity Counseling | *
| - If paper medical record, provide discussion of physical activity. | *
| - EMR use check boxes | *
**Vaccine Administration Record for Children and Teens**

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child’s parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient’s personal record card.

<table>
<thead>
<tr>
<th>Vaccine Type of Vaccine</th>
<th>Date given (mo/day/yr)</th>
<th>Funding Source (F,S,P)</th>
<th>Route &amp; Site</th>
<th>Vaccine Information Statement (VIS)</th>
<th>Vaccinator (initials or title) &amp; Lot #</th>
<th>Mfr. Date on VIS</th>
<th>Date given</th>
</tr>
</thead>
</table>

**See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).**

### How to Complete This Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
6. For combination vaccines, fill in a row for each antigen in the combination.

### Abbreviation and Trade Names

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Trade Name and Manufacturer</th>
</tr>
</thead>
</table>

### Vaccine Administration Record for Children and Teens

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<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type of Vaccine</th>
<th>Date given (mo/day/yr)</th>
<th>Funding Source (F,S,P)</th>
<th>Route &amp; Site</th>
<th>Vaccine Information Statement (VIS)</th>
<th>Vaccinator (initials of title) &amp; Lot #</th>
<th>Mfr. Date on VIS</th>
<th>Date given</th>
</tr>
</thead>
</table>

**See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, Haemophilus influenzae type b, polio, pneumococcal, and rotavirus vaccines.**

### How to Complete This Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
6. For combination vaccines, fill in a row for each antigen in the combination.

### Abbreviation and Trade Names

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Trade Name and Manufacturer</th>
</tr>
</thead>
</table>

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**Technical content reviewed by the Centers for Disease Control and Prevention**
Notification of Vaccination Letter Template

Dear doctor or nurse at __________________________:

We recently provided vaccination services to one of your patients. We want to make certain that you have information about the vaccines we administered so you can update your patient’s medical record. Please contact us if you have any questions about this information.

☐ We provided the patient (or parent) with a written record of the vaccination(s) given.

☐ We entered information about the vaccine(s) we administered in the regional immunization information system.

Patient’s name: ____________________________ Patient’s birthdate: ____________

(For a child, parent’s name: _______________ Parent’s birthdate: ____________)

The vaccine(s) we administered on ______________________ is/are checked below.

Date

☐ Hepatitis B (Engerix-B, Recombivax HB)

☐ DTaP (age 6 yrs and younger)

☐ DTaP-HepB-IPV (Pediarix)

☐ DTaP-IPV (Kinrix)

☐ DTaP-IPV/Hib (Pentacel)

☐ DT (through age 6 yrs)

☐ Tdap (age 7 yrs and older)

☐ TD (age 7 yrs and older)

☐ Hib (monovalent)

☐ ActHIB

☐ Hibrix

☐ PedvaxHIB

☐ Hib-HepB (Convarx)

☐ Hib-MenCY (MenHibrix)

☐ Pneumococcal conjugate (PCV13)

☐ Pneumococcal polysaccharide (PPSV23)

☐ Rotavirus

☐ RV1 (Rotarix)

☐ RV5 (Rotavac)

☐ IPV (Polio)

☐ MMR

☐ Varicella (Varivax)

☐ MMRV (ProQuad)

☐ Hepatitis A (Havrix, Vaqta)

☐ DTaP (age 6 yrs and younger)

☐ Hib-MenC (MenHibrix)

☐ Meningococcal conjugate (MCV4)

☐ MCV4-D (Menrix)

☐ MCV4-CRM (Menveo)

☐ Meningococcal polysaccharide (MPSV4)

☐ Influenza

☐ Brand

☐ Dose (mL)

☐ Route

☐ Zoster (shingles) (Zostavax)

☐ Other

Name of clinic providing services

Address

City, State, Zip

Contact person

Email address

Phone number

Technical content reviewed by the Centers for Disease Control and Prevention

We’ll protect your child by having them stay seated after the shot. Sometimes kids faint when they get shots and they could be injured if they fall from fainting.

We provided the patient (or parent) with a written record of the vaccination(s) given.

We entered information about the vaccine(s) we administered in the regional immunization information system.

We recently provided vaccination services to one of your patients. We want to make certain that you have information about the vaccines we administered so you can update your patient’s medical record. Please contact us if you have any questions about this information.

WHEN PARENTS SAY:

Why does my child need the HPV vaccine?

HPV vaccine is important because it prevents cancer. That is why I recommend that your daughter/son be vaccinated today.

What diseases are caused by HPV?

Certain HPV types can cause cancer of the cervix, vagina, and/ or vulva in females, cancer of the penis in men, and in both females and males, cancers of the anus and the throat. We can help prevent infection with the HPV types that cause these cancers by starting the HPV vaccine series for your child today.

Is my child really at risk for HPV?

HPV is a very common and widespread virus that infects both females and males. We can help protect your child from the cancers and diseases caused by the virus by starting HPV vaccination today.

Why do they need HPV vaccine at such a young age?

HPV vaccination works best at the recommended ages of 11 or 12 years.

Why do my child need the HPV vaccine at such a young age?

I have some concerns about the safety of the vaccine—I keep reading things online that says HPV vaccination isn’t safe. Do you really know if it’s safe?

I know there are stories in the media and online about vaccines, and I can see how that could concern you. However, I want you to know that HPV vaccine has been carefully studied for many years by medical and scientific experts. I believe HPV vaccine is very safe. Vaccines, like any medication, can cause side effects. With HPV vaccination this could include pain, swelling, and/or redness where the shot is given, or possibly headache. Sometimes kids faint when they get shots and they could be injured if they fall from fainting. We’ll protect your child by having them stay seated after the shot.

Could HPV vaccine cause my child to have problems with infertility?

There is no data available to suggest that getting HPV vaccine will have an effect on future fertility. However, women who develop cervical cancer could require treatment that would limit their ability to have children.

I’m just worried that my child will perceive this as a green light to have sex.

Numerous research studies have shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

How do you know if the vaccine works?

Ongoing studies are showing that HPV vaccination works very well and has decreased HPV infection, genital warts, and cervical precancers in young people in the years since it has been available.

Why do boys need HPV vaccine?

HPV infection can cause cancers of the penis, anus, and throat in men and it can also cause genital warts. HPV vaccine can help prevent the infection that lead to these diseases.

Would you get HPV vaccine for your kids?

Yes, I have given HPV vaccine to my child (or grandchild, etc) because I believe in the importance of this cancer-preventing vaccine. The American Academy of Pediatrics, the American Academy of Family Physicians, cancer centers, and the CDC also agree that getting the HPV vaccine is very important for your child.

[Addressing Parents’ Top Questions about HPV VACCINE]

Parents may be interested in vaccinating, yet still have questions. Some parents might just need additional information from you, the clinician they trust. Taking the time to answer their questions and address their concerns can help parents to accept a recommendation for HPV vaccination.

TRY SAYING:

HPV-Vaccine

HPV is a common and widespread virus that infects both females and males. We can help protect your child from the cancers and diseases caused by the virus by starting HPV vaccination today.

HPV vaccination works best at the recommended ages of 11 or 12 years.

HPV vaccination isn’t safe. Vaccines, like any medication, can cause side effects. With HPV vaccination this could include pain, swelling, and/or redness where the shot is given, or possibly headache. Sometimes kids faint when they get shots and they could be injured if they fall from fainting. We’ll protect your child by having them stay seated after the shot.

There is no data available to suggest that getting HPV vaccine will have an effect on future fertility. However, women who develop cervical cancer could require treatment that would limit their ability to have children.

Numerous research studies have shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

Ongoing studies are showing that HPV vaccination works very well and has decreased HPV infection, genital warts, and cervical precancers in young people in the years since it has been available.

HPV infection can cause cancers of the penis, anus, and throat in men and it can also cause genital warts. HPV vaccine can help prevent the infection that lead to these diseases.

Yes, I have given HPV vaccine to my child (or grandchild, etc) because I believe in the importance of this cancer-preventing vaccine. The American Academy of Pediatrics, the American Academy of Family Physicians, cancer centers, and the CDC also agree that getting the HPV vaccine is very important for your child.
For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer “yes” to any question, it does not necessarily mean your child 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.

1. Is the child sick today?
2. Does the child have allergies to medications, food, a vaccine component, or latex?
3. Has the child had a serious reaction to a vaccine in the past?
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), or a blood disorder? Is he/she on long-term aspirin therapy?
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?
6. If your child is a baby, have you ever been told he or she has had intussusception?
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immunosuppressive illness?
9. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticonvulsants? Drugs for the treatment of rheumatoid arthritis, Crohn’s disease, or psoriasis; or had radiation treatments?
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?
11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?
12. Has the child received vaccinations in the past 4 weeks?

Did you bring your immunization record card with you? yes no

It is important to have your personal record of your child’s vaccinations. If you don’t have one, ask your child’s healthcare provider to give you one with all your child’s vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care, school, for employment, or for international travel.

Form completed by: ___________________________ Date: __________
Form reviewed by: ___________________________ Date: __________

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. In the child sick today? (all vaccines)

There is no evidence that acute infectious illness reduces vaccine efficacy or increases vaccine adverse events (1,2). However, a prescription with moderate to severe acute illness, all vaccines should be delayed at least until the child recovers (3). Vaccines should be given to all children who are Febrile with rash or other acute illnesses that are not otherwise attributable to vaccination. Do not withhold vaccination if a person is taking aspirin therapy.

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., stoppers, stoppered syringes and plunger tips, stoppers). If a person has had an anaphylactic reaction after eating peanuts, they do not administer vaccines containing peanut protein. A local reaction to a prior vaccine dose or vaccine component, including excipients, is not a contraindication to subsequent doses of vaccine or vaccine component. For information on vaccines supplied in vials or syringes containing latex, see reference 5. For an extensive list of vaccine components, see references 3 and 4. An anaphylactic reaction to influenza vaccine (IFV) may be used to rule out a person age 18 years and older with skin or upper respiratory symptoms of anaphylaxis. Children and teens younger than 18 years who have experienced a systemic or anaphylactic reaction (e.g., difficulties breathing, chest tightness, or collapse) after eating eggs can usually be vaccinated with inactivated influenza vaccine (IIV) with appropriate recommendations (see reference 6).

3. Has the child had a health problem in the past? (all vaccines)

History of anaphylactic reaction (see question 2) is a contraindication to vaccines within 7 days following DTP/DTaP. STIP or DTaP (not Tdap) include the following: 1) seizure within 3 days of a dose, 2) pain or local edema or swelling within 48 hours of a dose, 3) convulsion lasting for 3 or more hours within 48 hours of a dose, and 4) fever of 38°C (100.4°F) within 48 hours of a previous dose. There are other adverse events that might have occurred following administration of vaccines that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise where 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), or a blood disorder? Is he/she on long-term aspirin therapy?

A CBC performed to evaluate anemia of chronic disease (e.g., inflammatory bowel disease or malignancy) may be immunosuppressive. The use of live vaccines should be avoided in children undergoing chemotherapeutic agents (e.g., methotrexate, etanercept) and in patients who have undergone organ transplantation (e.g., liver, heart, kidney). HIV-infected children should be vaccinated as soon as possible, but only if they are not taking medications that may affect the immune system (e.g., hydroxyurea, azathioprine). For patients who have been treated for HIV infection with auras or other immune-suppressive medications, consult a rheumatologist or hematologist for advice. Live vaccines are not given to children on long-term aspirin therapy who are at risk for Reye’s syndrome.

5. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticonvulsants? Drugs for the treatment of rheumatoid arthritis, Crohn’s disease, or psoriasis; or had radiation treatments?

6. 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?

7. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?

8. Has the child received vaccinations in the past 4 weeks?

Form completed by: ___________________________ Date: __________
Form reviewed by: ___________________________ Date: __________
You may have relevant information regarding a member that you are unable to submit via claim. In this case, you can close the gap by submitting the medical record indicating the member has already received the relevant service or has a condition that excludes them from the measure. All medical records should be faxed to AvMed Corporate Quality Improvement at 1-800-331-3843.